

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

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AHCA
AGENCY CLERK

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STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH CASE Nos. 19-1819

19-3125

v.

AHCA Nos. 2018015626

2019006429

ALEX BELLAMY,

License No. 6906928

File No. 52963393

Respondent.

Provider Type: Adult Family Care Home

FINAL ORDER

THIS CAUSE came on for consideration before the Agency for Health Care Administration (“the Agency”), which finds and concludes as follows:

1. The Agency issued the Respondent the attached Second Amended Administrative Complaint. (Ex. 1) The case(s) were forwarded to the Presiding Officer for a formal hearing to be conducted pursuant to Section 120.57(2), Florida Statutes.

2. The Respondent voluntarily withdrew his request for hearing. Thereafter, the Presiding Officer subsequently entered an Amended Order Closing Files and Relinquishing Jurisdiction. (Ex. 2)

Based upon the foregoing, it is **ORDERED**:

3. The Respondent’s request for hearing is dismissed.

4. The Second Amended Administrative Complaint is upheld and the Respondent’s license is REVOKED.

5. In accordance with Florida law, the Respondent is responsible for retaining and appropriately distributing all client records within the timeframes prescribed in the authorizing statutes and applicable administrative code provisions. The Respondent is advised of Section 408.810, Florida Statutes.

6. In accordance with Florida law, the Respondent is responsible for any refunds that may have to be made to the clients.

7. The Respondent is given notice of Florida law regarding unlicensed activity. The Respondent is advised of Section 408.804 and Section 408.812, Florida Statutes. The Respondent should also consult the applicable authorizing statutes and administrative code provisions. The Respondent is notified that the cancellation of an Agency license may have ramifications potentially affecting

accrediting, third party billing including but not limited to the Florida Medicaid program, and private contracts.

8. The Respondent shall pay the Agency \$2,250.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Central Intake Unit
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 61
Tallahassee, Florida 32308

ORDERED in Tallahassee, Florida, on this 6 day of January, 2020.




Mary C. Mayhew, Secretary
Agency For Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was furnished to the below named persons by the method designated on this 7th day of January, 2020.



Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 3
Tallahassee, Florida 32308
(850) 412-3630

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Keisha Woods, Unit Manager Assisted Living Facility Licensure Unit Agency for Health Care Administration (Electronic Mail)
Central Intake Unit Agency for Health Care Administration (Electronic Mail)	Karla Beasley, Field Office Manager Field Office #2 Agency for Health Care Administration (Electronic Mail)
Katrina Derico-Harris Medicaid Accounts Receivable Agency for Health Care Administration (Electronic Mail)	Katie Jackson, Assistant General Counsel Office of the General Counsel Agency for Health Care Administration (Electronic Mail)
Nicholas Constantino Medicaid Contract Management Agency for Health Care Administration (Electronic Mail)	Alex Bellamy Adult Family Care Home 1671 Monroe Sheffield Road Chipley, FL 32428 (U.S. Mail)
G.W. Chisenhall, Presiding Officer Division of Administrative Hearings The DeSoto Building 1230 Apalachee Parkway Tallahassee, FL 32399-3060 (Electronic Mail)	John E. Terrel, Attorney for Petitioner 1700 North Monroe Street, Suite 11-116 Tallahassee, Fl. 32303 (U.S. Mail)

NOTICE OF FLORIDA LAW

408.804 License required; display.--

(1) It is unlawful to provide services that require licensure, or operate or maintain a provider that offers or provides services that require licensure, without first obtaining from the agency a license authorizing the provision of such services or the operation or maintenance of such provider.

(2) A license must be displayed in a conspicuous place readily visible to clients who enter at the address that appears on the license and is valid only in the hands of the licensee to whom it is issued and may not be sold, assigned, or otherwise transferred, voluntarily or involuntarily. The license is valid only for the licensee, provider, and location for which the license is issued.

408.812 Unlicensed activity. --

(1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

(2) The operation or maintenance of an unlicensed provider or the performance of any services that require

licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.

(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined \$1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of \$1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,**

Petitioner,

v.

ALEX BELLAMY,

Respondent.

**DOAH No. 19-1918
AHCA No. 2018015626**

AFFIDAVIT OF MARQUITTA FRANKLIN

STATE OF FLORIDA

COUNTY OF LEON

Before me, the undersigned authority appeared, Marquita Franklin, who having been first sworn, says:

1. My name is Marquita Franklin. I am over 18 years of age and have personal knowledge of the facts and information provided in this affidavit.

2. I am currently employed by the State of Florida, Agency for Health Care Administration. My employment began July 6, 2018.

3. I am the property owner of 739 East Blvd., Chipley, Florida 32428.

4. In August 2017, ALEX BELLAMY, began to reside at the property located at 739 East Blvd., Chipley, Florida 32428.

5. ALEX BELLAMY and I established a verbal agreement for a \$520 rent payment to be made every month on the 3rd. There was an additional agreement that when the betterment of his circumstances occurred, that we would revisit his rent obligations. The agreement was that rent would increase within a year.

EXHIBIT A

6. ALEX BELLAMY initially made payment with cash, and then payments were made through Cash App, a mobile phone application used for monetary transfers.

7. On or about October 9, 2017, during the course of my employment with the Agency, Keisha Woods, my supervisor at that time approached me regarding my role as a property owner. She inquired as to the status of my ownership at the property located at 739 East Blvd., Chipley, Florida 32428.

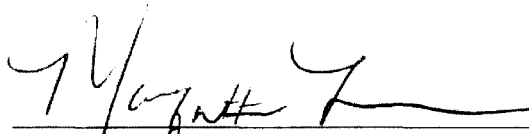
8. I confirmed my status as a property owner of 739 East Blvd., Chipley, Florida 32428.

9. At that time, I stated that I was unaware of the operation of an adult family care at the property located at 739 East Blvd., Chipley, Florida 32428.

10. After this denial, Ms. Woods presented a copy of a lease agreement (s) submitted by ALEX BELLAMY that I allegedly signed.

11. At that time, I denied signing a lease agreement (s) regarding my property located at 739 East Blvd., Chipley, Florida 32428.

FURTHER AFFIANT SAYETH NOT.



Marquitta Franklin

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 10th day of April, 2019, by Marquitta Franklin, who is personally known to me or who produced _____ as identification.



Notary Public, State of Florida



DESHARI ATKINS
MY COMMISSION # GG 038269
EXPIRES: October 12, 2020
Bonded Thru Buogel Notary Services

Print, Type, or Stamp Name of Notary Public

10/12/20

My Commission Expires

May 9, 2019

Alex Bellamy (Tenant)
739 East Blvd
Chipley, FL 32428

Marquitta Franklin, Landlord, hereby give you Alex Bellamy, Tenant, and all other occupants on the agreed upon month-to month rental agreement, thirty (30) days' notice to vacate the dwelling located at 739 East Blvd, Chipley, FL, 32428.

Listed below are the reasons for the eviction:

1. Falsified Lease
2. Amount agreed upon \$900.00 (month-to-month) has never been paid. Landlord has only received rent in the amount of \$520.00 every month. This amount was never agreed upon.

YOU MUST VACATE THE PREMISES BY: June 9th, 2019.

If you remain in the dwelling on or after June 9th, 2019, I will proceed with legal actions to have you removed from the property.


Landlord Signature & Date

EXHIBIT B

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

CHIEF OF POLICE

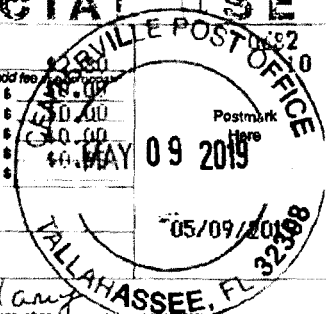
7019 0160 0000 3133 2567

Certified Mail Fee **\$3.50**

- Extra Services & Fees (check box, add fee)
- Return Receipt (hardcopy) \$0.00
 - Return Receipt (electronic) \$0.00
 - Certified Mail Restricted Delivery \$0.00
 - Adult Signature Required \$0.00
 - Adult Signature Restricted Delivery \$0.00

Postage **\$0.55**

Total Postage and Fees **\$6.85**



Sent To **Alex Bellamy**

Street and Apt. No., or PO Box No.

1739 East Blvd

City, State, ZIP+4®
Tallahassee FL 32308

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,**

Petitioner,

v.

**DOAH Nos. 19-1918
19-3125**

ALEX BELLAMY,

Respondent.

_____ /

AFFIDAVIT OF MARQUITTA FRANKLIN

STATE OF FLORIDA

COUNTY OF LEON

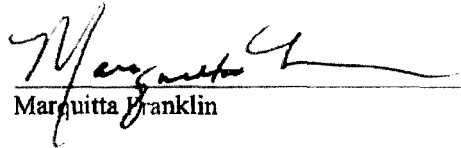
Before me, the undersigned authority appeared, Marquitta Franklin, who having been first sworn, says:

1. My name is Marquitta Franklin. I am over 18 years of age and have personal knowledge of the facts and information provided in this affidavit.
2. I am the sole owner of the property located at 739 East Blvd., Chipley, Florida 32428.
3. In August 2017, ALEX BELLAMY, began to reside at the above-referenced property.
4. On or about May 9, 2019, I mailed a certified Notice to Vacate (hereinafter "Notice") letter to ALEX BELLAMY. See Exhibit A.
5. Pursuant to this Notice, ALEX BELLAMY was provided thirty (30) days, from the date of the letter, to vacate the premises located at 739 East Blvd., Chipley, FL 32428.

EXHIBIT C

6. ALEX BELLAMY has since vacated the property and the locks were changed.


FURTHER AFFIANT SAYETH NOT.

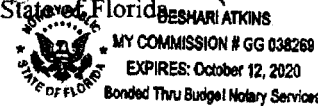


Marquitta Franklin

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 3rd day of July, 2019, by Marquitta Franklin, who is personally known to me or who produced _____ as identification.



Notary Public, State of Florida BESHARI ATKINS

MY COMMISSION # GG 038269
EXPIRES: October 12, 2020
Bonded Thru Budget Notary Services

Print, Type, or Stamp Name of Notary Public

10/12/20

My Commission Expires