STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION BENGY CL

STATE OF FLORIDA. AGENCY FOR HEALTH CARE ADMINISTRATION,

2021 MAR 25 P 12: 10

Petitioner,

v.

AHCA NO.: 2020002043

RENDITION NO.: AHCA-Z1 - 288 -S-OLG

KENSINGTON MANOR SARASOTA FL. LLC d/b/a HEARTLAND HEALTH CARE CENTER NORTH SARASOTA.

Respondent	t.
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FINAL ORDER

Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

- The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)
- The Respondent shall pay the Agency \$500.00. The action seeking license revocation is 2. withdrawn. 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 at Tallahassee, Florida, on this 25 day of March

Molly McKinstry, Deputy 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 CERTIFY that a true and corr	ect copy of this Final		the below-named
persons by the method designated on this	255 day of	March	, 2021

Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 3 Tallahassee, Florida 32308

Telephone: (850) 412-3630

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
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