

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

2021 FEB 18 P 12: 1

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION.

Petitioner,

v.

RENDITION NO.: AHCA- 21 - 151 -S-OLC

AHCA NO.: 2018007736

CENTRE POINTE HRC, LLC d/b/a CENTRE POINTE HEALTH AND REHAB CENTER.

Respondent.	

FINAL ORDER

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

- 1. 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)
- 2. The Respondent shall pay the Agency \$2,500.00 and is assigned conditional licensure status effective April 4, 2018 and ending May 3, 2018. 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 31 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 day of tebruary, 2021.

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

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

Telephone: (850) 412-3630

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