

2020 JAN 31 P 12: 02

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

Case No.: 2019009360
Facility Type: Nursing Home
License No.: 1588096

ARBOR FACILITY, INC. d /b/a
CYPRESS CARE 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 Election of Rights form advised of the right to an administrative hearing. The Respondent returned the Election of Rights form selecting "Option 1" (Ex. 2), thus waiving the right to a hearing to contest the allegations and sanction sought in the Administrative Complaint.

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

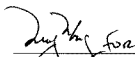
2. The findings of fact and conclusions of law set forth in the Administrative Complaint are adopted and incorporated by reference into this Final Order.

3. The Respondent shall pay the Agency \$26,000.00. 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

3. Conditional licensure status is imposed on the Respondent beginning May 24, 2019 and ending on July 15, 2019.

ORDERED at Tallahassee, Florida, on this 31 day of January, 2020.



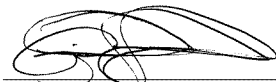
Mary C. Mayhew, Secretary
Agency for Health Care Administration

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 CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 31st day of January, 2020.



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)
Thomas J. Walsh II, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Dwayne Graham Administrator Arbor Facility, Inc. d/b/a Cypress Care Center 490 South Old Wire Road Wildwood, Florida 34785 (U.S. Mail)

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

Case No.: 2019009360
Facility Type: Nursing Home
License No.: 1588096

ARBOR FACILITY, INC. d /b/a
CYPRESS CARE CENTER,

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW the Agency for Health Care Administration (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against Arbor Facility, Inc. d/b/a Cypress Care Center (hereinafter "Respondent"), pursuant to §§120.569 and 120.57 Florida Statutes (2018), and alleges:

NATURE OF THE ACTION

This is an action to change Respondent's licensure status from Standard to Conditional commencing May 24, 2019 through July 15, 2019, to impose administrative fines in the amount of twenty thousand dollars (\$20,000.00), and the imposition of a two (2) year survey cycle and its six thousand dollar (\$6,000.00) fee, for a total assessment of twenty-six thousand dollars (\$26,000.00) based upon Respondent being cited for two (2) isolated State Class I deficiencies.

JURISDICTION AND VENUE

1. The Agency has jurisdiction pursuant to §§ 120.60 and 400.062, Florida Statutes (2018).
2. Venue lies pursuant to Florida Administrative Code R. 28-106.207.

PARTIES

3. The Agency is the regulatory authority responsible for licensure of nursing homes and enforcement of applicable federal regulations, state statutes and rules governing skilled nursing facilities pursuant to the Omnibus Reconciliation Act of 1987, Title IV, Subtitle C (as amended), Chapters 400, Part II, and 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code.
4. Respondent operates a one hundred eighty (180) bed nursing home, located at 490 South Old Wire Road, Wildwood, Florida 34785, and is licensed as a skilled nursing facility license number 1588096.
5. Respondent was at all times material hereto, a licensed nursing facility under the licensing authority of the Agency, and was required to comply with all applicable rules, and statutes.

COMMON FACTUAL ALLEGATIONS

6. That Petitioner completed a survey of Respondent and its operations on May 24, 2019.
7. That Petitioner's representative reviewed Respondent's records related to resident number one (1) and noted:
 - a. The resident's admission date was February 7, 2016.
 - b. Diagnoses included depressed mood, type 2 diabetes with polyneuropathy (Diabetes complications such as damage to blood vessels and nerves can affect your sweat glands so your body cannot cool as effectively. That can lead to heat exhaustion and heat stroke, which is a medical emergency. Polyneuropathy in diabetes is a neurological disorder [neuropathy] of all the nerves in the body as a result of diabetes. It can be accompanied by pain

and/or loss of function when these nerves do not work properly), chronic kidney disease (body temperatures in excess of 104 degrees Fahrenheit will cause significant problems for the kidneys. Dehydration will lead to low blood pressure and decreased kidney function. Heart failure and shock can lead to kidney failure during episodes of severe heat stroke), adjustment disorder with depressed mood, hypertension (one of the most common causes of heat intolerance is medication. Blood pressure medications and decongestant may decrease the blood flow to your skin. This inhibits sweat production), abnormality of gait and mobility, muscle weakness, malignant neoplasm of prostate, history of falling.

- c. Medications prescribed for the resident included Lisinopril, used to treat high blood pressure.
- d. The resident's Care Plan for Activities documented:
 - i. "Resident prefers to sit outside on patio."
 - ii. The Care Plan was initiated January 17, 2019.
 - iii. There were no measurable objectives or monitoring directives for the resident going outside unassisted.
 - iv. The resident had an objective for "periods of forgetfulness requiring cues and supervision for decision making," dated February 13, 2017.
- e. The resident's most recent Minimum Data Set, dated April 16, 2019, documented a Cognitive score of nine (9), or moderately impaired cognition.
- f. A Social Services Progress Review note, dated April 16, 2019, stated the resident has Impaired Cognitive/Mental Status and requires cues and

- supervision for decision making.
- g. A certified nursing assistant Kiosk report note, dated May 18, 2019, showed the resident consumed the lunch meal.
 - h. The resident's medication administration record reflected the resident was administered the physician ordered medications due at 1:00 p.m. on May 18, 2019 between 12:30 and 12:45 p.m.
 - i. No additional documentation was provided related to the supervision of the resident.
8. That Petitioner's representative interviewed Respondent's staff member "A," a licensed practical nurse, regarding resident number one (1) on May 21, 2019 at 2:00 p.m. who indicated:
- a. "I responded to the call for help from the Kitchen Manager. [The resident] was outside the door in [] wheelchair but had become unresponsive. I attempted a sternum rub, but [the resident] was unresponsive. [The resident] felt very warm to the touch.
 - b. "Emergency services were called. [The resident] was transferred to the hospital where [the resident] later passed away.
 - c. "I did not know [the resident] was sitting outside the side door, in the hot weather, but it is common for the resident to sit outside the side door."
9. That Petitioner's representative interviewed Respondent's kitchen manager regarding resident number one (1) on May 21, 2019 at 2:45 p.m. who indicated, "I walked by [the resident] at about 2:30 p.m. on May 18, 2019 and [the resident] looked at me. [The resident] was sitting by []self outside the entrance way on the side door of the facility. When I came back, [the resident] was unresponsive and drooling. I called the nurse immediately. [The resident]

frequently sits outside unsupervised."

10. That Petitioner's representative reviewed the Situation, Background, Assessment, Recommendation (SBAR) Communication Form for resident number one (1) dated May 18, 2019 with times of 3:10 p.m. and 3:18 p.m. and noted documentation that blood pressure elevated, blisters on skin noted by nurses providing ice packs for body temperature, bilateral pupils non-reactive to light, pinpoint, no reaction to sternum rub.

11. That Petitioner's representative reviewed the Sumter EMS (Emergency Medical Services) Pre-Hospital Care Report, dated May 18, 2019, regarding resident number one (1) and noted:

- a. Physical Findings: Extremities: Positive: Burn - Superficial.
- b. Impression: Primary Impression: Environmental, Secondary Impression: Cardiac - Cardiac Arrest.
- c. Narrative: Arrived on scene to find Patient supine in bed with no clothes on. Patient was unresponsive. GCS (Glasgow Coma Scale) 5, (The GCS is the most common scoring system used. The GCS scored between 3 and 15, 3 being the worse, and 15 the best). Ataxic Respirations (abnormal pattern of breathing, irregularity of breathing). Staff at the facility stated Patient was helped outside in the Spanish Villa around noon and when they spoke to [patient] again approximately around 3:00 PM [the patient] was unresponsive and not following commands. Sumter FF (Fire Fighters) proceeded to take Patient's temperature which was 107 Fahrenheit. Patient's initial blood pressure was 70/40. Patient was given ice packs to body for cooling. Given 500 ml of fluid. Presented with fluid in [] lungs. Approximately 3 cycles of

blood pressure monitoring showed abnormal blood pressures or timed out and gave us no reading. Patient was assisted onto EMS stretcher. Given oxygen at 15 L non-rebreather. Patient was then taken to the ambulance to attempt intubation. During reassessment Patient appeared to have constricted pupils. Another temperature was taken which was still 107 Fahrenheit. Suctioned airway and after retracting the Yankour the Patient appeared to start to gag and soon after started vomiting. Patient was placed on his right side to avoid aspiration in lungs and continued suctioning.

- d. Reassessment Patient appeared [] was no longer breathing. Carotid checked and appeared Patient had no pulse, CPR (Cardiopulmonary Resuscitation) was started along with emergency transport to Leesburg Hospital. During rhythm checks Patient was in PEA (Pulseless Electrical Activity). Patient head to toe showed superficial burns bilaterally to thighs. Patient care transferred to ER RN (Emergency Room Registered Nurse). Patient unable to sign due to death with a rectal temperature of 107 Fahrenheit at hospital.

12. That Petitioner's representative reviewed records from Leesburg Regional Medical Center Emergency Department, dated May 18, 2019, regarding resident number one (1) and noted:

- a. History of Present Illness: Presents to ED from Cypress Nursing Facility via EMS for unresponsiveness. Per EMS, patient was last seen normal at noon when staff members took the patient outside. Patient was left outside unattended until the patient was found unconscious by staff members at 3:00 PM. Per EMS, patient was unresponsive on scene with a rectal temperature of

107, GCS of 5, heart rate ranging from 60-70 beats per minute (BPM), Blood Glucose Level (BGL) 215, and blood pressure (BP) of 70/40. After EMS loaded the patient into the ambulance, [the patient] lost [] pulse and was in asystole at approximately 3:25 PM. EMS started CPR and administered a total of three epinephrine and one bicarb during transport.

b. Physical Exam:

- i. General: Patient is unresponsive.
- ii. Eye: Pupils 5 mm, fixed, dilated, and nonreactive to light.
- iii. Lungs: No spontaneous respiratory movement, coarse breath sounds bilaterally with manual ventilation.
- iv. Heart: No active heart tones.
- v. Abdomen: Soft, distended.
- vi. Musculoskeletal: No edema, no spontaneous muscle movement, unresponsive to nay stimuli.
- vii. Skin: Multiple blisters to anterior thighs.
- viii. Neurologic: Unable to be assessed due to patient's condition.
- ix. Psychiatric: Patient was unresponsive.
- x. Medical Decision Making: Time of death: 4:42 PM. Total Critical Care time 35 minutes spent engaged in work directly related to patient care.

- c. Reexamination/reevaluation: Patient arrived in emergency department at 4:16 PM where CPR and ACLS (Advanced Cardiac Life Support) protocol was taken over by nursing staff. Patient was intubated and had a central line placed. A total of eight epinephrine, one calcium, and one amiodarone was

administered by nursing staff throughout patient care. On exam the patient did not respond to verbal or physical stimuli. Patient remained PEA the entire time with absent peripheral pulses. Pupils are fixed and dilated; absent corneal reflex. Patient was pronounced at 4:42 PM. Assessment/Plan: Acute respiratory failure, Aspiration, Cardiac arrest, Hyperthermia (the condition of having a body temperature greatly above normal).

13. That Petitioner's representative interviewed on May 21, 2019, commencing at 7:00 a.m., Respondent's certified nursing assistants "f" through "M" and "O" through "U," who worked on the 200, 300 and 400 halls, and all stated that all aides are supposed to know where their residents are at all times, and confirmed that resident number one (1) frequently was outside alone.
14. That Petitioner's representative interviewed on May 21, 2019 at 1:15 p.m. the assigned local law enforcement Detective Sergeant regarding resident number one (1) who stated, "I observed part of the autopsy of [the resident]. The physician stated Hyperthermia would be one of the causes of death."
15. That Petitioner's representative interviewed on May 21, 2019 at 2:15 p.m. Respondent's risk manager regarding resident number One (1) who indicated:
 - a. "I expect the staff to be checking on the residents. The staff are trained frequently about knowing their residents and monitoring them. The nurses should be monitoring the Aides throughout the shift, to ensure they are doing their jobs.
 - b. "We did not know why [resident number one (1)] was unresponsive before they called for Emergency Services. There was a mistake when the CNA did

not know the location of the resident and [the resident's] condition. [The resident] frequently sits outside."

16. That Petitioner's representative interviewed on May 21, 2019 at 2:25 p.m. Respondent's administrator regarding resident number one (1) and the administrator stated:

- a. "I expect the nurses and the CNAs to give the residents the care they need. I expect them to check on each resident at least once per hour. Residents may be fine one day and not the next, so do not assume everything is fine.
- b. "There was a mistake when the CNA did not know the location of the resident and [the resident's] condition. [The resident] frequently sits outside unsupervised.
- c. "There are no policies or programs for residents going outside, including cognitively impaired residents who move in and out of the facility without supervision."

17. That Petitioner's representative interviewed on May 22, 2019 at 2:15 p.m. Respondent's weekend supervising nurse who indicated:

- a. There is no process or program for residents staying outside unsupervised.
- b. "I expect the CNA assigned to any resident to know the location of the resident at all times. There was a mistake when the CNA did not know the location of the resident and [the resident's] condition."

COUNT I

18. The Agency re-alleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth herein.

19. That pursuant to Florida law

- (4) Each facility shall maintain policies and procedures in the following areas:
- (a) Activities;
 - (b) Advance directives;
 - (c) Consultant services;
 - (d) Death of residents in the facility;
 - (e) Dental services;
 - (f) Staff education, including HIV/AIDS Training as required by Section 381.0035, F.S.;
 - (g) Diagnostic services;
 - (h) Dietary services;
 - (i) Disaster preparedness;
 - (j) Fire prevention and control;
 - (k) Housekeeping;
 - (l) Infection control;
 - (m) Laundry service;
 - (n) Loss of power, water, air conditioning or heating;
 - (o) Medical director/consultant services;
 - (p) Medical records;
 - (q) Mental health;
 - (r) Nursing services;
 - (s) Pastoral services;
 - (t) Pharmacy services;
 - (u) Podiatry services;
 - (v) Resident care planning;
 - (w) Resident identification;
 - (x) Resident's rights;
 - (y) Safety awareness;
 - (z) Social services;
 - (aa) Specialized rehabilitative and restorative services;
 - (bb) Therapeutic spa services, if offered;
 - (cc) Volunteer services; and,
 - (dd) The reporting of accidents or unusual incidents involving any resident, staff member, volunteer or visitor. This policy shall include reporting within the facility and to the Agency as required by Section 400.147, F.S. Rule 59A-4.106(4), Florida Administrative Code.

20. That based upon observation, the review of records, and interview, Respondent failed to maintain and implement policies and procedures to address safety awareness for resident care

and supervision when residents are temporarily outside the facility in the elements, the same being contrary to the mandates of law.

21. That the above reflects Respondent's failure to maintain and implement policies and procedures to address for resident care and supervision when residents are temporarily outside the facility in the elements, including but not limited to:

- a. The failure to establish policies and procedures to ensure residents are monitored when residents are enjoying the out-of-doors to ensure resident health and safety.
- b. The failure to implement policy and procedure for the monitoring of residents while residents are enjoying the out-of-doors.

22. That the above described noncompliance caused or is likely to cause serious injury, harm, impairment, or death to residents.

23. That the Agency determined that this deficient practice presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility, and cited Respondent with an isolated Class I deficient practice.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of ten thousand dollars (\$10,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(8)(a), Florida Statutes (2018).

COUNT II

24. The Agency re-alleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth herein.

25. That pursuant to Florida law, all licensees of nursing homes facilities shall adopt and

make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. § 400.022(1)(l), Fla. Stat. (2018).

26. That Florida law provides the following: “‘Practice of practical nursing’ means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist. A practical nurse is responsible and accountable for making decisions that are based upon the individual’s educational preparation and experience in nursing.” § 464.003(19), Fla. Stat. (2018).

27. That Petitioner completed a survey of Respondent and its operations on November 9, 2018.

28. That based upon observation, the review of records, and interview, Respondent failed to assure each resident the right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, including but not limited to the failure to implement appropriate safety precautions for residents enjoying the out-of-doors, the same being contrary to the mandates of law.

29. That the above reflects Respondent's failure to assure each resident the right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, including but not limited to the failure to implement appropriate safety precautions for residents enjoying the out-of-doors and in the elements, including but not limited to:

- a. The failure to provide supervision of a resident who was known to spend significant time out-of-doors to ensure the resident's safety.
- b. The failure to implement procedures to protect a resident from environmental risks presented where the resident:
 - i. Takes medications which impact the resident's ability to withstand outside environmental risks including exposure to sun and heat.
 - ii. Suffers from known cognitive deficiencies which negatively impact the resident's ability to make reasoned decisions related to exposure to sunlight and heat.
 - iii. Had no plan of care to address the resident's safety and well-being while out-of-doors despite Respondent's actual knowledge and documented history of the resident spending significant time outside the facility and in the out-of-doors. That the above described noncompliance caused or is likely to cause serious injury, harm, impairment, or death to residents.

30. That the above described noncompliance caused or is likely to cause serious injury, harm, impairment, or death to residents.

31. That the Agency determined that this deficient practice presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility, and cited Respondent with an isolated Class I deficient practice.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of ten thousand dollars (\$10,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(8)(a), Florida Statutes (2018).

COUNT III

32. The Agency re-alleges and incorporates paragraphs one (1) through five (5) and Counts I and II of this Complaint as if fully recited herein.

33. That Respondent has been cited with for two (2) State Class I deficiencies and therefore is subject to a six (6) month survey cycle for a period of two years and a survey fee of six thousand dollars (\$6,000) pursuant to Section 400.19(3), Florida Statutes (2018).

WHEREFORE, the Agency intends to impose a six (6) month survey cycle for a period of two years and impose a survey fee in the amount of six thousand dollars (\$6,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to Section 400.19(3), Florida Statutes (2018).

COUNT IV


34. The Agency re-alleges and incorporates paragraphs one (1) through five (5) and Counts I and II of this Complaint as if fully set forth herein.

35. Based upon Respondent's two (2) State Class I deficiencies, it was not in substantial compliance at the time of the surveys with criteria established under Part II of Florida Statute 400, or the rules adopted by the Agency, a violation subjecting it to assignment of a conditional

licensure status under § 400.23(7)(a), Florida Statutes (2018).

WHEREFORE, the Agency intends to assign a conditional licensure status to Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(7), Florida Statutes (2018) commencing May 24, 2019, and ending July 15, 2019.

Respectfully submitted this 11 day of December, 2019.


Thomas J. Walsh II, Esquire
Fla. Bar. No. 566365
Agency for Health Care Admin.
525 Mirror Lake Drive, 330G
St. Petersburg, FL 33701
727.552.1947 (office)
Facsimile 727.552.1440
walsht@ahca.myflorida.com

DISPLAY OF LICENSE

Pursuant to § 400.23(7)(e), Fla. Stat. (2019), Respondent shall post the most current license in a prominent place that is in clear and unobstructed public view, at or near, the place where residents are being admitted to the facility.

Respondent is notified that it has a right to request an administrative hearing pursuant to Section 120.569, Florida Statutes. Respondent has the right to retain and be represented by an attorney in this matter. Specific options for administrative action are set out in the attached Election of Rights.

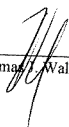
All requests for hearing shall be made to the attention of: ***The Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Bldg #3, MS #3, Tallahassee, Florida, 32308, (850) 412-3630.***

RESPONDENT IS FURTHER NOTIFIED THAT A REQUEST FOR HEARING MUST BE RECEIVED WITHIN 21 DAYS OF RECEIPT OF THIS COMPLAINT OR WILL RESULT IN AN ADMISSION OF THE FACTS ALLEGED IN THE COMPLAINT AND THE ENTRY OF A FINAL ORDER BY THE AGENCY.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served by U.S. Certified Mail, Return Receipt No. 7004 2510 0001 4448 4316 on December 17, 2019, to Dwayne Graham, Administrator, Arbor Facility, Inc. d/b/a Cypress Care Center, 490 South Old Wire Road, Wildwood, Florida 34785, and by Regular U.S. Mail to Corporation Service Company, Registered Agent for Arbor Facility, Inc., 1201 Hays Street, Tallahassee, Florida 32301.

Copy furnished to:
Aleta Garner
Field Office Manager
Agency for Health Care Admin.



Thomas J. Walsh II

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: ARBOR FACILITY, INC. d /b/a CYPRESS CARE CENTER
AHCA No. 2019009360

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed agency action by the Agency for Health Care Administration (AHCA). The title may be Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint. Your Election of Rights may be returned by mail or by facsimile transmission, **but must be filed within 21 days** of the day that you receive the attached proposed agency action. **If your Election of Rights with your selected option is not received by AHCA within 21 days of the day that you received this proposed agency action, you will have waived your right to contest the proposed agency action and a Final Order will be issued.**

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

Please return your **Election of Rights** to this address:

Agency for Health Care Administration

Attention: Agency Clerk

2727 Mahan Drive, Mail Stop #3

Tallahassee, Florida 32308.

Telephone: 850-412-3630

Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) _____ I admit to the allegations of facts contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing **OPTION THREE (3)**, by itself, is **NOT** sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing

before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above within 21 days of your receipt of this proposed agency action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. The name, address, telephone number, and facsimile number (if any) of the Respondent.
2. The name, address, telephone number and facsimile number of the attorney or qualified representative of the Respondent (if any) upon whom service of pleadings and other papers shall be made.
3. A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.
4. A statement of when the respondent received notice of the administrative complaint.
5. A statement including the file number to the administrative complaint.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License Type: _____ (ALF? Nursing Home? Medical Equipment? Other Type?)

Licensee Name: _____ License Number: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____

E-Mail (optional) _____

I hereby certify that I am duly authorized to submit this Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Print Name: _____ Title: _____



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 14, 2019

Dwayne Graham, Administrator
Cypress Care Center
490 S Old Wire Rd
Wildwood, FL 34785

File Number: 36001
License Number: 1588096
Provider Type: Nursing Home

RE: 490 South Old Wire Road, Wildwood

Dear Mr. Graham:

The enclosed Nursing Home license with license number 1588096 and certificate number 22645 is issued for the above provider effective May 24, 2019 through May 31, 2019. The license is being issued for: approval of the Status Change to Conditional during licensure period application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care Services Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at <http://ahca.myflorida.com/longtermcare>.

If we may be of further assistance, please contact me by phone at 850-412-4458 or by email at Flora.Austin@ahca.myflorida.com.

Sincerely,

Flora M. Austin

Health Services and Facilities Consultant
Long Term Care Services Unit
Florida Agency for Health Care Administration
Division of Health Quality Assurance

2727 Mahan Drive • MS#33
Tallahassee, FL 32308
AHCA.MyFlorida.com



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)
[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)
[Twitter.com/AHCA_FL](https://twitter.com/AHCA_FL)
[SlideShare.net/AHCAFlorida](https://www.slideshare.net/AHCAFlorida)

View current license information at: Floridahealthfinder.gov

LICENSE #: SNF1588096
CERTIFICATE #: 22645

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE
NURSING HOME
CONDITIONAL

This is to confirm that ARBOR FACILITY, INC. has complied with the rules and regulations adopted by the State of Florida, Agency For Health Care Administration, authorized in Chapter 400, Part II, Florida Statutes, and as the licensee is authorized to operate the following:

CYPRESS CARE CENTER
490 South Old Wire Road
Wildwood, FL 34785

TOTAL: 180 BEDS

Change during licensure period Application
STATUS CHANGE

EFFECTIVE DATE: 05/24/2019

EXPIRATION DATE: 05/31/2019



Molly J. McPherson
Deputy Secretary, Division of Health Quality Assurance



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 14, 2019

Dwayne Graham, Administrator
Cypress Care Center
490 S Old Wire Rd
Wildwood, FL 34785

File Number: 36001
License Number: 1588096
Provider Type: Nursing Home

RE: 490 South Old Wire Road, Wildwood

Dear Mr. Graham:

The enclosed Nursing Home license with license number 1588096 and certificate number 22645 is issued for the above provider effective May 24, 2019 through May 31, 2019. The license is being issued for: approval of the Status Change to Conditional during licensure period application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care Services Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at <http://ahca.myflorida.com/longtermcare>.

If we may be of further assistance, please contact me by phone at 850-412-4458 or by email at Flora.Austin@ahca.myflorida.com.

Sincerely,

Flora M. Austin

Health Services and Facilities Consultant
Long Term Care Services Unit
Florida Agency for Health Care Administration
Division of Health Quality Assurance

2727 Mahan Drive • MS#33
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

View current license information at: Floridahealthfinder.gov

LICENSE #: SNE1588096
CERTIFICATE #: 22645

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE
NURSING HOME
CONDITIONAL

This is to confirm that ARBOR FACILITY INC. has complied with the rules and regulations adopted by the State of Florida, Agency For Health Care Administration, authorized in Chapter 400, Part II, Florida Statutes, and as the licensee is authorized to operate the following:

CYPRESS CARE CENTER
490 South Old Wire Road
Wildwood, FL 34785

TOTAL: 180 BEDS

Change during licensure period Application
STATUS CHANGE

EFFECTIVE DATE: 05/24/2019

EXPIRATION DATE: 05/31/2019



Molly Jucifera
Deputy Secretary, Division of Health Quality Assurance



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

September 6, 2019

Dwayne Graham, Administrator
Cypress Care Center
490 S Old Wire Rd
Wildwood, FL 34785

File Number: 36001
License Number: 1588096
Provider Type: Nursing Home

RE: 490 S Old Wire Rd, Wildwood

Dear Mr. Graham:

The enclosed Nursing Home license with license number 1588096 and certificate number 22893 is issued for the above provider effective July 15, 2019 through May 31, 2021. The license is being issued for: approval of the Status Change to Standard during licensure period application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care Services Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at <http://ahca.myflorida.com/longtermcare>.

If we may be of further assistance, please contact me by phone at 850-412-4458 or by email at Flora.Austin@ahca.myflorida.com.

Sincerely,

Flora M. Austin

Health Services and Facilities Consultant
Long Term Care Services Unit, MS33
Florida Agency for Health Care Administration
Division of Health Quality Assurance

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Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

View current license information at: Floridahealthfinder.gov

LICENSE #: SNFL588096
CERTIFICATE #: 22893

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE
NURSING HOME
STANDARD

This is to confirm that **ARBOR FACILITY INC** has complied with the rules and regulations adopted by the State of Florida, Agency For Health Care Administration, authorized in Chapter 400, Part II, Florida Statutes, and as the licensee is authorized to operate the following:

CYPRESS CARE CENTER
490 South Old Wire Road
Wildwood, FL 34785

TOTAL: 180 BEDS

Change during licensure period Application
STATUS CHANGE

EFFECTIVE DATE: 07/15/2019

EXPIRATION DATE: 05/31/2021



Molly J. Kragg
Deputy Secretary, Division of Health Quality Assurance

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2020 JAN - 8 P 4: 26

RE: ARBOR FACILITY, INC. d/b/a CYPRESS CARE CENTER
AHCA No. 2019009360

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed agency action by the Agency for Health Care Administration (AHCA). The title may be Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint. Your Election of Rights may be returned by mail or by facsimile transmission, but must be filed within 21 days of the day that you receive the attached proposed agency action. If your Election of Rights with your selected option is not received by AHCA within 21 days of the day that you received this proposed agency action, you will have waived your right to contest the proposed agency action and a Final Order will be issued.

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

Please return your Election of Rights to this address:

Agency for Health Care Administration

Attention: Agency Clerk

2727 Mahan Drive, Mail Stop #3

Tallahassee, Florida 32308.

Telephone: 850-412-3630

Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) I admit to the allegations of facts contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) I dispute the allegations of fact contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing

before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above within 21 days of your receipt of this proposed agency action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. The name, address, telephone number, and facsimile number (if any) of the Respondent.
2. The name, address, telephone number and facsimile number of the attorney or qualified representative of the Respondent (if any) upon whom service of pleadings and other papers shall be made.
3. A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.
4. A statement of when the respondent received notice of the administrative complaint.
5. A statement including the file number to the administrative complaint.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License Type: NURSING HOME (ALF? Nursing Home? Medical Equipment? Other Type?)
ARBOR FACILITY, INC. dba

Licensee Name: EXPRESS CARE CENTER License Number: SNF 1588096

Contact Person: DWAYNE E. GRAMM Title: ADMINISTRATOR

Address: 490 S. OLD WIRE RD WILMINGTON, FL 34785
Number and Street City Zip Code

Telephone No. (352) 748-3322 Fax No. (352) 330-0221

E-Mail (optional) dwayne.gramm@expresscarecenter.com

I hereby certify that I am duly authorized to submit this Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: [Signature] Date: 1/8/2020

Print Name: DWAYNE E. GRAMM Title: ADMINISTRATOR