

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
BY
AGENCY CLERK

2021 JUL -6 A 10:30

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

TRINITY AL SENIOR HOUSING, LLC,
d/b/a THE WATERMARK AT TRINITY,

Respondent.

AHCA No: 2021003863

License No. 12868

File No. 11969017

Provider Type: Assisted Living Facility

RENDITION NO.: AHCA-21-722-S-OLC

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)

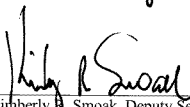
2. The Respondent shall pay the Agency \$10,500.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest 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. The Respondent shall comply with the terms of the settlement agreement.

4. The agency action seeking license revocation is withdrawn.

ORDERED at Tallahassee, Florida, on this 6th day of July, 2021.



Kimberly J. Smoak, 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 correct copy of this Final Order was served on the below-named persons by the method designated on this 26 day of July, 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)
Thomas J. Walsh II, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Radha V. Bachman, Esq. FisherBroyles, LLP 4830 West Kennedy Boulevard, Suite 600 Tampa, FL 33609 Radha.bachman@fisherbroyles.com (Electronic Mail)

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

TRINITY AL SENIOR HOUSING, LLC d/b/a
THE WATERMARK AT TRINITY,

Respondent.

_____ /

Case No: 2021003863
Facility Type: Assisted Living
File No. 11969017
License No. 12868

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, State of Florida Agency for Health Care Administration ("the Agency"), by and through its undersigned counsel, and files this Administrative Complaint against the Respondent Trinity AL Senior Housing, LLC d/b/a The Watermark at Trinity ("Respondent"), pursuant to Sections 120.569 and 120.57, Florida Statutes (2019), and alleges:

NATURE OF THE ACTION

This is an action against an assisted living facility to revoke Respondent's licensure to operate an assisted living facility in the State of Florida and to impose an administrative fine in the amount of ten thousand five hundred dollars (\$10,500.00) based upon one (1) Class I and one (1) unclassified deficient practice.

JURISDICTION AND VENUE

1. The Agency has jurisdiction pursuant to §§ 20.42, 120.60, and Chapters 408, Part II, and 429, Part I, Florida Statutes (2019).
2. Venue lies pursuant to Florida Administrative Code R. 28-106.207.

PARTIES

3. The Agency is the regulatory authority responsible for licensure of assisted living

facilities and enforcement of all applicable federal regulations, state statutes and rules governing assisted living facilities pursuant to the Chapters 408, Part II, and 429, Part I, Florida Statutes, and Chapter 58A-5, Florida Administrative Code, respectively.

4. Respondent operates a one hundred seventeen (117) bed assisted living facility located at 1960 Blue Fox Way, Trinity, Florida 34655, and is licensed as an assisted living facility, license number 12868.

5. Respondent was at all times material hereto a licensed facility under the licensing authority of the Agency and was required to comply with all applicable rules and statutes.

COUNT I

6. The Agency re-alleges and incorporates paragraphs (1) through (5) as if fully set forth herein.

7. That Florida law provides:

(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

(a) Live in a safe and decent living environment, free from abuse and neglect.

(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.

(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.

(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.

(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.

(g) Share a room with his or her spouse if both are residents of the facility.

(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.

(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making appointments for health care services, the provision of or arrangement of transportation to health care appointments, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.

(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

(2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida.
§ 429.28(1) and (2), Florida Statutes (2020).

8. That Florida law provided:

(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:

- (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.
- (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.
- (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.
- (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.
- (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
- (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

...

(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.

- (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C.
- (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
- (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
- (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
 1. Resident responsibilities;
 2. Alcohol and tobacco use;
 3. Medication storage;
 4. Resident elopement;
 5. Reporting resident abuse, neglect, and exploitation;
 6. Administrative and housekeeping schedules and requirements;
 7. Infection control, sanitation, and universal precautions; and,
 8. The requirements for coordinating the delivery of services to residents by third

party providers.

(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.

(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical restraints by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical restraint.

Rule 59A-36.007(1) and (6), Florida Administrative Code.

9. That on February 15, 2021, the Agency completed a survey of Respondent's facility and its operations.
10. That based upon the review of records, observation, and interview, Respondent failed to provide care and services appropriate to resident needs, including supervision, and the failure to provide a safe and decent living environment to residents including but not limited to including but not limited to its failure to implement its infection control policies and procedures to mitigate the spread of COVID-19, and the failure to quarantine/isolate three (3) residents who were asymptomatic and positive for COVID-19, which placed all residents in the memory care unit at imminent risk, the same being contrary to the mandates of law.
11. That the COVID-19 virus is a transmissible respiratory infection that presents severe risk to persons who are aged, infirm, or suffer from co-morbidities including, but not limited to, immune system deficiency, respiratory disease, diabetes, and obesity. See Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, Publications of the Centers for Disease Control.

12. That Petitioner's representative interviewed on February 15, 2021 commencing at 10:00 a.m. Respondent's administrator who indicated:
- a. She had a list of fifteen (15) residents that were COVID-19 positive.
 - b. At 10:15 a.m., she was unsure of the exact number of positive COVID-19 residents in the facility.
13. That Petitioner's representative observed Respondent's memory care B wing on February 15, 2021 at 11:00 a.m. and noted:
- a. There were three (3) resident private room doors containing signage indicating the room housed a COVID-19 positive resident.
 - b. The three (3) COVID-19 positive isolation room doors were open alongside the open doors of COVID-19 negative residents.
 - c. There was used personal protective equipment (PPE), including gowns and gloves found in the hallway in an unsealed red hazardous waste bag outside of the room of COVID-19 positive resident number twenty (20).
14. That Petitioner's representative reviewed Respondent's records regarding residents numbered sixteen (16), seventeen (17), and twenty (20) during the survey and noted:
- a. The Resident Health Assessment, AHCA form 1823, for resident number sixteen (16), dated January 22, 2019, revealed a diagnosis of Alzheimer's Disease.
 - b. The Resident Health Assessment, AHCA form 1823, for resident number seventeen (17), dated November 22, 2019, revealed a diagnosis of Dementia.
 - c. The Resident Health Assessment, AHCA form 1823, for resident number twenty (20), dated August 7, 2019, revealed a diagnosis of Dementia.
15. That Petitioner's representative interviewed on February 15, 2021 at 11:30 a.m. Respondent's administrator who indicated:

- a. The open red bag of discarded personal protective equipment found in the hallway outside of the room of resident number twenty (20) should not be there.
- b. The administrator was not able to say where the closed garbage receptacle for resident number twenty (20) was and confirmed it was not located inside the room for used personal protective equipment disposal, as it should be.

16. That Petitioner's representative observed Respondent's memory care B wing during the survey on February 15, 2021:

- a. At 11:04 a.m., Resident number sixteen (16), a COVID positive resident, was seen wandering down the hall of the B wing of the Memory Care Unit without a mask.
- b. No facility staff were visible.
- c. At 1:20 and 1:28 p.m., resident number sixteen (16) was seen wandering down the hall of the B wing of the Memory Care Unit while staff were present.

17. That Petitioner's representative interviewed on February 15, 2021 at 11:04 a.m. Respondent's staff member "G" and noted:

- a. She stated resident number sixteen (16) wanders a lot, is always out of the room, and needs frequent redirection back to the room.
- b. The staff member was wearing a surgical mask and face shield.

18. That Petitioner's representative observed Respondent's memory care B wing on February 15, 2021 and noted that at 11:15 a.m. and 1:00 p.m., Respondent's licensed practical nurse supervisor was on the memory care unit leaving the B wing wearing only a surgical mask and face shield.

19. That Petitioner's representative interviewed on February 15, 2021 at 1:30 p.m. Respondent's staff member "F" and noted:

- a. She stated resident number sixteen (16) wanders around the B wing of the Memory Care unit often wanting to go home.
- b. The resident will wander out of the hallway through the double doors as far as the unit's dining room.

20. That Petitioner's representative interviewed on February 15, 2021 at 2:16 p.m.

Respondent's administrator who indicated:

- a. She kept the residents who tested positive for COVID-19 in their own rooms on the memory care unit and expected that they would stay in their rooms if they were told to do so.
- b. She relied on the staff to tell her if someone was not compliant with staying in their room.

21. That Petitioner's representative interviewed on February 15, 2021 at 2:16 p.m.

Respondent's director of nursing who indicated that they did not want to move the COVID-19 positive residents out of their rooms and environment they are used to.

22. That Petitioner's representative interviewed on February 15, 2021 at 2:45 p.m.

Respondent's administrator who, when asked for a copy of the facility current infection control policy, responded, "What exactly do you need from that policy?"

23. That Petitioner's representative observed Respondent's memory care unit on February 15, 2021 from 11:04 a.m. to 1:28 p.m. and from 4:45 to 4:52 p.m. and noted:

- a. The doors of residents numbered sixteen (16), seventeen (17), and twenty (20) were wide open.
- b. There was no barrier, and anyone could walk in or out of those rooms.
- c. The residents were ambulatory and could leave when they wanted.

24. That Petitioner's representative observed Respondent's memory care unit on February 15, 2021 from 11:00 a.m. to 3:00 p.m. and noted Respondent's staff member "D" was only wearing a surgical mask, where there was a total of six (6) residents that were positive for COVID-19.

25. That Petitioner's representative interviewed on February 15, 2021 at 3:03 p.m. Respondent's licensed practical nurse supervisor who indicated:

- a. She assessed the residents who are COVID positive for their temperature and oxygen levels throughout the day.
- b. She also floats to other floors and does hands on assessments for residents who are not COVID positive on the same day as well.

26. That Petitioner's representative interviewed on February 15, 2021 at 4:43 p.m. Respondent's staff member "H," a caregiver/ medication technician, who indicated:

- a. Residents numbered sixteen (16), seventeen (17), and twenty (20) were the COVID positive residents on the wing.
- b. When asked if she was trained to close the door of the resident rooms who are COVID positive, she stated, "I don't know, I just came back today, ask [staff member "G"]."

27. That Petitioner's representative observed Respondent's staff member "H" on February 15, 2021 wearing a surgical mask while handling COVID-19 positive residents numbered sixteen (16), seventeen (17), and twenty (20) medications within the memory care unit.

28. That Petitioner's representative observed and interacted with Respondent's staff member "G," a caregiver/ medication technician, on February 15, 2021 at 4:48 p.m. and noted:

- a. The staff member was on memory care B unit and was passing dinner to both COVID-19 positive and non-positive residents within their rooms.

- b. The staff member had personal protective equipment that consisted of a gown, gloves, KN95 mask and face shield and shoe booties.
- c. She entered the room of resident number sixteen (16) and placed a food tray on the table inside the room.
- d. The staff member discarded the gown, gloves, mask, and shield inside the resident's room near the door entrance, however she did not discard the booties and did not clean or replace her face shield.
- e. The staff member wore shoe booties and face shield entering the main hallway of the unit.
- f. The staff member walked down the hallway to the room of resident number seventeen (17) with a food tray in hand.
- g. All resident food trays were served on white Styrofoam plates and were uncovered.
- h. When asked if she discarded all personal protective equipment inside the room of resident number sixteen (16) before exiting the room, staff member "G" stated, "No. I don't take them off because I am just going to another COVID positive room."
- i. When asked, if she always leaves the COVID-19 positive room door open, she said, "Well, they haven't told us to anything otherwise, so yes."

29. That Petitioner's representative reviewed on February 15, 2021 Respondent's facility policy and procedure entitled " Infection Control Policy," with a revision date of March 9, 2020 and noted it documented the prevention and spread of infection are accomplished by use of approved isolation precautions and other barriers. COVID-19 was a condition that required isolation.

30. That Petitioner's representative reviewed on February 15, 2021 Respondent's facility policy and procedure entitled "Coronavirus Safety Precautions for All Associates," with a revision date of May 5, 2021 and noted it required that staff should use standard precautions for every interaction every time, including hand hygiene and use of personal protective equipment.

31. That Petitioner's representative reviewed of the Centers for Disease Control guidelines entitled "Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.htm, last updated on February 10, 2021, and noted it recommended to remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area.

32. That Petitioner's representative reviewed the Centers for Disease Control guidelines entitled "Infection Prevention and Control (IPC) Guidance for Memory Care Units" (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>), last updated on May 12, 2020, and noted it recommended:

- a. Dedicated personnel should work only on memory care units when possible and try to keep staff consistent and to limit personnel on the unit to only those essential for care.
- b. Implement universal use of eye protection and N95 or other respirators for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID.
- c. Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of resident and healthcare personnel.

33. That Petitioner's representative reviewed the Centers for Disease Control guidelines entitled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During Coronavirus Disease 2019 (COVID-19) Pandemic" (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>), last updated on February 10, 2021, and noted it recommended:

- a. Personal protective equipment recommended for a patient with suspected or confirmed COVID-19 includes the following: Respirator, eye protection, gloves and gown. Eye protection must be clean and disinfected after use.
- b. Clean gowns should be worn upon entry into a patient room or area.

34. That Petitioner's representative interviewed on February 15, 2021 at 6:00 p.m. Respondent's administrator who confirmed there were only ten (10) residents in the facility that were positive for COVID-19.

35. That the above reflects the failure of Respondent to provide care and services, including personal supervision, appropriate to the needs of residents, and the failure to provide a safe and decent living environment to residents including but not limited to:

- a. The failure to implement its infection control policies and procedures to mitigate the spread of COVID-19.
- b. The failure to quarantine/isolate three (3) residents who were asymptomatic and positive for COVID-19, which placed all residents in the memory care unit at imminent risk
- c. The failure to ensure staff and residents wear personal protective equipment to minimize the risk of transmission of contagion.

36. The Agency determined that this deficient practice was a condition or occurrence related to the operation and maintenance of a provider or to the care of clients which the agency

determines present an imminent danger to the clients of the provider or a substantial probability that death or serious physical or emotional harm would result therefrom. The condition or practice constituting a class I violation shall be abated or eliminated within 24 hours, unless a fixed period, as determined by the agency, is required for correction. The agency shall impose an administrative fine as provided by law for a cited class I violation. A fine shall be levied notwithstanding the correction of the violation.

37. That the same constitutes a Class I offense as defined in Florida Statute 429.19(2)(a) (2019).

WHEREFORE, the Agency intends to impose an administrative fine in the amount of ten thousand dollars (\$10,000.00) against Respondent, an assisted living facility in the State of Florida, pursuant to § 429.19(2)(a), Florida Statutes (2019).

COUNT II

38. The Agency re-alleges and incorporates paragraphs (1) through (5) as if fully set forth herein.

39. That on February 15, 2021, the Agency completed a survey of Respondent's facility and its operations.

40. Under Florida law, the Agency shall require level 2 background screening for personnel as required in Section 408.809(1)(e) pursuant to Chapter 435 and Section 408.809. § 429.174, Fla. Stat. (2020).

41. Under Florida law, level 2 background screening pursuant to Chapter 435 must be conducted through the Agency on each of the following persons, who are considered employees for the purposes of conducting screening under Chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the

financial operation of the licensee or provider. (d) Any person who is a controlling interest if the Agency has reason to believe that such person has been convicted of any offense prohibited by Section 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the Agency a description and explanation of the conviction at the time of license application. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor's employer or the licensee. § 408.809(1), Fla. Stat. (2020).

42. Under Florida law, every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in

the national retained print arrest notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. (3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. § 408.809(2), Fla. Stat. (2020).

43. Under Florida law, in addition to the offenses listed in Section 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an arrest awaiting final disposition for, must not have been found guilty of, regardless of

adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the offenses or any similar offense of another jurisdiction listed in Section 408.809(4). § 408.809(4), Fla. Stat. (2020).

44. Under Florida law, if an employer or Agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. § 435.06(1), Fla. Stat. (2020).

45. Under Florida law, (a) an employer may not hire, select, or otherwise allow an employee to have contact with any vulnerable person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any vulnerable person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the Agency as provided under Section 435.07. (b) If an employer becomes aware that an employee has been arrested for a disqualifying offense, the employer must remove the employee from contact with any vulnerable person that places the employee in a role that requires background screening until the arrest is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in

noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to Section 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with vulnerable persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. § 435.06(2)(a)-(d), Fla. Stat. (2020).

46. Under Florida law, any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if employed, must be dismissed. § 435.06(3), Fla. Stat. (2020).

47. Under Florida law, Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to Sections 408.809 and 429.174, F.S. Rule 59A-36.010, Florida Administrative Code.

48. Under Florida law, a person who serves as a controlling interest of, is employed by, or contracts with a licensee on July 31, 2010, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by July 31, 2015, in compliance with the following schedule. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency

within 30 days after receipt of the rescreening results by the person. The rescreening schedule shall be: (a) Individuals for whom the last screening was conducted on or before December 31, 2004, must be rescreened by July 31, 2013. (b) Individuals for whom the last screening conducted was between January 1, 2005, and December 31, 2008, must be rescreened by July 31, 2014. (c) Individuals for whom the last screening conducted was between January 1, 2009, through July 31, 2011, must be rescreened by July 31, 2015. § 408.809(5), Fla. Stat. (2020).

49. Under Florida law, "Staff" means any person employed by a facility; or contracting with a facility to provide direct or indirect services to residents; or employees of firms under contract to the facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service which counts toward meeting any staffing requirement of this rule chapter. Rule 59A-36.002(34), Florida Administrative Code.

50. Based upon record review and interview, the Respondents failed to ensure that the Facility staff had the required background screening or exemption for one (1) staff member, the same being contrary to law.

51. That Petitioner's representative reviewed Respondent's personnel records and the Agency's criminal history background screening data base during the survey and noted:

- a. The personnel record for staff member "B" contained no evidence of a level II background screening.
- b. The Agency's background screening website reflected on February 15, 2020 that "A New Screening Is Required" for staff member "B."
- c. Staff member "B": was hired on November 23, 2020 as a direct care aide.

52. That Petitioner's representative interviewed Respondent's administrator and reviewed Respondent's personnel records with the administrator on February 15, 2021 commencing at 4:00 and 6:10 p.m. and noted:

- a. The administrator confirmed staff member "B" is on the current staffing schedule and provides direct care to the resident on a daily basis.
- b. Upon review of the staff member's personal files with surveyor, the administrator confirmed the above described findings.
- c. "No, the background screening is not in the file, she doesn't have one."

53. That Respondent allowed staff member "B" continued direct contact with residents and their property without knowledge of the staff member's eligibility status.

54. That providers are required to obtain and maintain such records as criminal history background screening for Agency review in personnel records. *See*, Rule 59A-36.015(2)(a), Florida Administrative Code.

55. That Respondent allowed individuals, in an employment or volunteer role, access to residents, their records, and property, without having obtained a criminal history background check on the individual, the same being contrary to the mandates of law.

56. The Respondent's actions or inactions constituted a violation of Sections 429.174 and 408.809, Florida Statutes (2019).

57. Under Florida law, in addition to the requirements of part II of Chapter 408, the Agency may deny, revoke, and suspend any license issued under this part and impose an administrative fine in the manner provided in Chapter 120 against a licensee for a violation of any provision of Part I or Chapter 429, Part II of Chapter 408, or applicable rules, or for any of the following actions by a licensee, for the actions of any person subject to level 2 background screening under Section 408.809, Florida Statutes, or for the actions of any facility employee: . . . Failure to comply with the background screening standards of Chapter 429, Part I, Section 408.809(1), or Chapter 435, Florida Statutes. § 429.14(1)(f), Fla. Stat. (2020).

58. Under Florida law, regardless of the class of violation cited, instead of the fine amounts listed in paragraphs (a)-(d), the agency shall impose an administrative fine of \$500 if a facility is found not to be in compliance with the background screening requirements as provided in s. 408.809. § 429.19(2)(e), Fla. Stat. (2020).

59. Under Florida law, the Agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include: Violating any provision of this part, authorizing statutes, or applicable rules. § 408.813(3)(b), Fla. Stat. (2020).

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, seeks to impose an administrative fine of five hundred dollars (\$500.00) against the Respondent.

COUNT III

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

61. That under Florida law,

In addition to the grounds provided in authorizing statutes, grounds that may be used by the agency for denying and revoking a license or change of ownership application include any of the following actions by a controlling interest:

(b) An intentional or negligent act materially affecting the health or safety of a client of the provider.

(c) A violation of this part, authorizing statutes, or applicable rules.

§ 408.815(1)(b-c), Fla. Stat. (2020).

62. That under Florida law:

In addition to the requirements of part II of chapter 408, the agency may deny, revoke, and suspend any license issued under this part and impose an administrative fine in the manner provided in chapter 120 against a licensee for a violation of any provision of this part, part II of chapter 408, or applicable rules,

or for any of the following actions by a licensee, any person subject to level 2 background screening under s. 408.809, or any facility staff:

(a) An intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.

(e) A citation for any of the following violations as specified in s. 429.19:

1. One or more cited class I violations.
2. Three or more cited class II violations.
3. Five or more cited class III violations that have been cited on a single survey and have not been corrected within the times specified.

(f) Failure to comply with the background screening standards of this part, s. 408.809(1), or chapter 435.

§ 429.14(1)(a), (e), (f), Fla. Stat. (2020).

63. That Respondent has been cited with one (1) Class I violations of on a single survey of February 15, 2021.

64. That Respondent has been cited with violations of law related to the failure to comply with the background screening standards of Chapter 429, Part I, s. 408.809 (1), or Chapter 435. That each violation reflecting the failure to comply with the background screening standards of Chapter 429, Part I, s. 408.809 (1), or chapter 435, constitutes independent grounds for the revocation of Respondent's licensure as an assisted living facility.

65. That Respondent has violated the minimum requirements of law of Chapters 429, Part II, and Chapter 58A-5, Florida Administrative Code as described with particularity within this complaint.

66. That Respondent's acts and omissions as described with particularity within this complaint constitute intentional or negligent acts materially affecting the health or safety of Respondent's residents.

67. That Respondent has a duty to maintain its operations in accord with the minimum requirements of law and to provide care and services at mandated minimum standards.

68. That based thereon, individually and collectively, the Agency seeks the revocation of the Respondent's licensure.

WHEREFORE, the Agency intends to revoke the license of the Respondent to operate an assisted living facility in the State of Florida.

Respectfully submitted this 17 day of March 2021.

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION

Sebring Building
525 Mirror Lake Dr. N., Suite 330
St. Petersburg, Florida 33701
Telephone: (727) 552-1947
Fax: (727) 552-1440
walsht@ahca.myflorida.com

By: _____
Thomas J. Walsh II, Esq.
Fla. Bar No. 566365

NOTICE

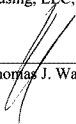
The Respondent is notified that it/he/she has the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. If the Respondent wants to hire an attorney, it/he/she has the right to be represented by an attorney in this matter. Specific options for administrative action are set out in the attached Election of Rights form.

The Respondent is further notified if the Election of Rights form is not received by the Agency for Health Care Administration within twenty-one (21) days of the receipt of this Administrative Complaint, a final order will be entered.

The Election of Rights form shall be made to the Agency for Health Care Administration and delivered to: Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Mail Stop 3, Tallahassee, FL 32308; Telephone (850) 412-3630.

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. 7020 2450 0000 5234 6659 this 17, day of March 2021, to Pamela Lewis, Administrator, Trinity AL Senior Housing, LLC d/b/a The Watermark at Trinity, 1960 Blue Fox Way, Trinity, Florida 34655, and by Regular U.S. Mail to NRAI Services, Inc., Registered Agent for Trinity AL Senior Housing, LLC, 1200 South Pine Island Road, Plantation, Florida 33324.



Thomas J. Walsh II

Copy furnished to:

Patricia R. Cauffman
Field Office Manager
Agency for Health Care Administration

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: AHCA v. Trinity AL Senior Housing, LLC d/b/a The Watermark at Trinity
AHCA No. 2021003863

ELECTION OF RIGHTS

This Election of Rights form is attached to an Administrative Complaint. The Election of Rights form may be returned by mail or by facsimile transmission, but must be filed with the Agency Clerk within 21 days by 5:00 p.m., Eastern Time, of the day that you received the Administrative Complaint. If your Election of Rights form with your selected option (or request for hearing) is not timely received by the Agency Clerk, the right to an administrative hearing to contest the proposed agency action will be waived and an adverse Final Order will be issued. In addition, please send a copy of this form to the attorney of record who issued the Administrative Complaint.

(Please use this form unless you, your attorney or your qualified representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.) The address for the Agency Clerk is:

Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3, Mail Stop #7
Tallahassee, Florida 32308
Telephone: 850-412-3630 Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I waive the right to a hearing to contest the allegations of fact and conclusions of law contained in the Administrative Complaint. 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 fine, sanction or other agency action.

OPTION TWO (2) _____ I admit the allegations of fact contained in the Administrative Complaint, but I wish to be heard at an informal hearing (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, sanction or other agency action should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained in the Administrative Complaint and 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.

Licensee Name: _____

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: _____

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

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

TRINITY AL SENIOR HOUSING, LLC d/b/a
THE WATERMARK AT TRINITY,

Case No: 2021003863
Facility Type: Assisted Living
File No. 11969017
License No. 12868

Respondent.

SETTLEMENT AGREEMENT

Petitioner, State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and Respondent, Trinity AL Senior Housing, LLC d/b/a The Watermark at Trinity (hereinafter "Respondent"), pursuant to Section 120.57(4), Florida Statutes, each individually, a "party," collectively as "parties," hereby enter into this Settlement Agreement ("Agreement") and agree as follows:

WHEREAS, Respondent was at all times relevant an assisted living facility licensed pursuant to Chapters 429, Part I, and 408, Part II, Florida Statutes, Section 20.42, Florida Statutes and Chapter 59A-36, Florida Administrative Code; and

WHEREAS, the Agency issued an Administrative Complaint against the Respondent seeking to revoke Respondent's licensure to operate an assisted living facility in the State of Florida, to impose an administrative fine of and to impose an administrative fine in the amount of ten thousand five hundred dollars (\$10,500.00); and

WHEREAS, the Respondent filed a petition for formal hearing contesting the allegations in the Administrative Complaint; and

WHEREAS, the Parties have agreed to an amicable resolution of this cause, and

NOW THEREFORE, for good and valuable consideration, the sufficiency of which is hereby agreed to and confirmed, the Respondent and the Agency agree as follows:

1. All of the above recitals are true and correct and are expressly incorporated into the Agreement.

2. The Parties agree that the above recitals are binding findings of the Parties.

3. Upon full execution of this Agreement, Respondent agrees to waive any and all appeals and proceedings to which they may be entitled, including but not limited to, an informal proceeding under Subsection 120.57(2), Florida Statutes, a formal proceeding under Subsection 120.57(1), Florida Statutes, appeals under Section 120.68, Florida Statutes; and declaratory and all writs of relief in any court or quasi-court of competent jurisdiction; and agree to waive compliance with the form of the Final Order (findings of fact and conclusions of law) to which it may be entitled, provided, however, that no agreement herein shall be deemed a waiver by any party of its right to judicial enforcement of this Agreement.

4. Upon full execution of the Agreement:

A. The Respondent shall:

(i) Pay an administrative fine of ten thousand five hundred dollars (\$10,500.00) within thirty (30) days of the entry of the Final Order adopting this Agreement.

(ii) Institute regular daily cleaning utilizing Electrostatic Handheld Sprayer and Betco.

(iii) Review its infectious disease policy and procedure quarterly for one year from the date of the Final Order adopting this Agreement to assure proper compliance with the use of personal protective equipment, proper hand hygiene, and resident monitoring decreasing. This review shall be conducted semi-annually during the second year after the date of the Final Order adopting this Agreement and annually thereafter.

(iv) Ensure only dedicated staff serve COVID positive residents.

(v) In addition to infection control training for staff upon hire, all staff will undergo the training semi-annually for a period of two (2) years after the date of

the Final Order adopting this Agreement.

(vi) Ensure all staff undergo Centers for Medicare and Medicaid Services Targeted COVID-19 Training Modules for Frontline Staff on hand hygiene, appropriate use of personal protective equipment, co-horting, and caring for residents with dementia in a pandemic.

(vii) Ensure compliance with regulatory requirements related to staff member freedom from communicable disease via semi-annual personnel record audits semi-annually for two (2) years from the date of the Final Order adopting this Agreement.

(viii) Maintain documentation memorializing compliance with subparagraphs (iii) through (vii) of this part.

B. Should the Respondent violate or fail to comply with subparagraphs (A)(iii) through (A)(viii) of this part, said violation shall be deemed a violation of the regulatory standard related thereto, i.e., resident rights, staff training, staff qualifications, and physical plant deficiencies. Notwithstanding the foregoing, nothing contained in subparagraphs (A)(ii) through (vii) of this part shall establish that Respondent failed to engage in such activities prior to the date of the Final Order adopting this Agreement.

C. Count III of the Administrative Complaint seeking license revocation is dismissed.

5. Venue for any action brought to enforce the terms of this Agreement or the Final Order entered pursuant hereto shall lie in Circuit Court in Leon County, Florida.

6. By executing this Agreement, Respondent denies, and the Agency asserts the validity of the allegations raised in the administrative complaint referenced herein. With the terms hereof and except as set forth herein, the Agency releases Respondent from financial responsibility and licensure revocation as raised in the Administrative Complaint referenced herein. No agreement made herein shall preclude the Agency from imposing a penalty against Respondent for any deficiency/violation of statute or rule identified in a future survey of Respondent, which constitutes a "repeat" or "uncorrected" deficiency from surveys identified in the administrative complaint. In said event, Respondent retains the right to challenge the factual allegations related to the deficient practices/ violations alleged in the instant cause.

7. No agreement made herein shall preclude the Agency from using the deficiencies from the surveys identified in the administrative complaint in any decision regarding licensure of Respondent, including, but not limited to, licensure for limited mental health, limited nursing services, extended congregate care, or a demonstrated pattern of deficient performance. The Agency is not precluded from using the subject events for any purpose within the jurisdiction of the Agency. Further, Respondent acknowledges and agrees that this Agreement shall not preclude or estop any other federal, state, or local agency or office from pursuing any cause of action or taking any action, even if based on or arising from, in whole or in part, the facts raised in the administrative complaint. This agreement does not prohibit the Agency from taking action regarding Respondent's Medicaid provider status, conditions, requirements or contract.

8. Upon full execution of this Agreement, the Agency shall enter a Final Order adopting and incorporating the terms of this Agreement and closing the above-styled case.

9. Each party shall bear its own costs and attorney's fees.

10. This Agreement shall become effective on the date upon which it is fully executed by all the parties.

11. Respondent for itself and for its related or resulting organizations, its successors or transferees, attorneys, heirs, and executors or administrators, does hereby discharge the State of Florida, Agency for Health Care Administration, and its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses, and expenses, of any and every nature whatsoever, arising out of or in any way related to this matter and the Agency's actions, including, but not limited to, any claims that were or may be asserted in any federal or state court or administrative forum, including any claims arising out of this agreement, by or on behalf of Respondent or related facilities.

12. This Agreement is binding upon all parties herein and those identified in paragraph eleven (11) of this Agreement.

13. In the event that Respondent was a Medicaid provider at the subject time of the occurrences alleged in the complaint herein, this settlement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

14. Respondent agrees that if any funds to be paid under this agreement to the Agency are not paid within thirty-one (31) days of entry of the Final Order in this matter, the Agency may deduct the amounts assessed against Respondent in the Final Order, or any portion thereof, owed by Respondent to the Agency from any present or future funds owed to Respondent by the Agency, and that the Agency shall hold a lien against present and future funds owed to Respondent by the Agency for said amounts until paid.

15. The undersigned have read and understand this Agreement and have the authority to bind their respective principals to it. Respondent has the capacity to execute this Agreement.

16. This Agreement contains and incorporates the entire understandings and agreements of the parties.

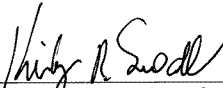
17. This Agreement supersedes any prior oral or written agreements between the parties.

18. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

19. All parties agree that a facsimile signature suffices for an original signature.

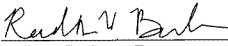
20. The following representatives hereby acknowledge that they are duly authorized

to enter into this Agreement.



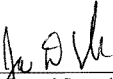
Kimberly R. Shoak, Deputy Secretary
Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Building #1
Tallahassee, Florida 32308

DATED: 7/6/2021



Radha V. Bachman, Esq.
Counsel for Respondent
FisherBroyles, LLP
4830 West Kennedy Boulevard
Suite 600
Tampa, FL 33609
Florida Bar No. 18524

DATED: 6/09/2021




James D. Varnado, General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Florida Bar No. 919070

DATED: 6/30/21

David Schupack

Name: David Schupack
Title: Executive Director
Trinity AL Senior Housing, LLC d/b/a The
Watermark at Trinity

DATED: 06/09/2021



Thomas J. Walsh II, Senior Attorney
Office of the General Counsel
Agency for Health Care Administration
525 Mirror Lake Drive North, Suite 330G
St. Petersburg, Florida 33701
Florida Bar No. 566365

DATED: 6/15/21