

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

2011 FEB 28 A 10: 53

Petitioner,

AHCA NO. 2010011456

v.

SOUTHWEST FLORIDA WOMEN'S
CLINIC,

Respondent.
_____ /

FINAL ORDER OF DISMISSAL WITH PREJUDICE

THIS CAUSE concerns a request for hearing that the Agency for Health Care Administration received pertaining to agency action of November 1, 2010 (Exhibit A).

FINDINGS OF FACT

On the above-noted date, the Agency for Health Care Administration sent the Respondent notice of agency action. At the same time, the Agency for Health Care Administration advised the Respondent of the right to ask for a hearing under Chapter 120, Florida Statutes.

On November 8, 2010, the Agency received a Request for a Formal Hearing (Exhibit B). The Request appeared to be legally insufficient.

On November 9, 2010, the Agency issued an Order of Dismissal without Prejudice (Exhibit C). The Order of Dismissal without Prejudice gave the Respondent an opportunity to show why the request for hearing should not be dismissed.

On November 15, 2010, the Respondent sent in another hearing request (Exhibit D) that was also legally insufficient.

On November 17, 2010, the Agency sent the Respondent an Amended Notice of Intent to Impose Fine (Exhibit E).

There has been no response to the Order of Dismissal without Prejudice or to the Amended Notice of Intent. Therefore, the relevant factual allegations of the Amended Notice of Intent to Impose Fine and the Order of Dismissal without Prejudice are hereby adopted.

CONCLUSIONS OF LAW

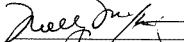
Section 120.569(2)(c), Florida Statutes, requires the Agency to dismiss the request for formal hearing if the request does not meet the requirements of Rule 28-106.201, Fla. Admin. Code. See Section 120.569(2)(c), Florida Statutes, and Brookwood Extended Care Center of Homestead, LLP v. Agency for Health Care Administration, 870 So.2d 834 (Fla. 3d DCA 2003).

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

The request for hearing is dismissed with prejudice, and the pertinent agency action, namely the imposition of a \$200 fine, became final twenty-one (21) days after the date on which notice was received. Respondent shall be governed accordingly.

Unless payment has already been made, payment in the amount of \$200 is now due from the Respondent as a result of the agency action. Such payment shall be made in full within 30 days of the filing of this Final Order of Dismissal with Prejudice. The payment shall be made by check payable to Agency for Health Care Administration, and shall be mailed to the Agency for Health Care Administration, Attn. Revenue Management Unit, Office of Finance and Accounting, 2727 Mahan Drive, Fort Knox Building 2, Mail Stop 14, Tallahassee, FL 32308.

DONE and ORDERED this 23 day of February, 2011, in Tallahassee, Florida.



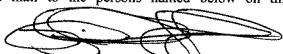
ELIZABETH DUDEK, INTERIM SECRETARY
AGENCY FOR HEALTH CARE ADMINISTRATION

NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER OF DISMISSAL WITH PREJUDICE IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE 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 PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished by U.S. or interoffice mail to the persons named below on this 23 day of February, 2011.



RICHARD J. SHOOP, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, FL 32308
(850) 412-3630

COPIES FURNISHED TO:

Sally R. Azima, RN, Office Manager
Southwest Florida Women's Clinic
710 Pondella Road, Unit 12
North Fort Myers, Florida 33903

Jan Mills
Facilities Intake Unit

Revenue Management Unit
Finance & Accounting



Certified Article Number

7260 3901 9848 8172 2330

SENDERS RECORD

CHARLIE CRIST
GOVERNOR

ELIZABETH DUDEK
INTERIM SECRETARY

November 1, 2010

2010 NOV -2 A 10: 54

SALLY R AZIMA
Southwest Florida Women'S Clinic
710-12 Pondella Road
North Fort Myers, FL 33903

RECEIVED
AHCA
GENERAL COUNSEL

License Number: 883
Case Number: 2010011456

NOTICE OF INTENT TO IMPOSE FINE

Pursuant to Section 408.813 and Section 390.0112(4), Florida Statutes (F.S.), a fine of \$200 is hereby imposed for not submitting your monthly report of induced terminations of pregnancy for the month of August, 2010. The monthly report is due no later than 30 days following the preceding month. Pursuant to Section 390.0112(4) F.S., any person required to report who fails to report may be subject to a \$200 fine.

TO PAY NOW. PAYMENT SHOULD BE MADE WITHIN 21 DAYS AND MAILED WITH A COPY OF THIS NOTICE OF INTENT TO:

Agency for Health Care Administration
Finance and Accounting, Revenue Section
OMC Manager
2727 Mahan Drive, MS #14
Tallahassee, FL 32308

Include License Number: 883 and Case Number: 2010-011456 in check memo field.

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C.), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Agency for Health Care Administration


Laura MacAfferty, Manager
Hospital And Outpatient Services Unit

cc: Agency Clerk, Mail Stop 3
Legal Intake Unit, Mail Stop 3

EXHIBIT

A



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: SOUTHWEST FLORIDA WOMEN'S CLINIC

FILED
AHCA
AGENCY CLERK

CASE NUMBER: 2010011456

2010 NOV -8 P 12:46

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deny of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Fine, Administrative Complaint, or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within twenty-one (21) days of the day you receive the attached Notice of Intent to Impose a Fine, Administrative Complaint or any other proposed action by AHCA.

If an **Election of Rights** with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and a **final order will be issued.**

(Please reply using this **Election of Rights** form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 24, Florida Administrative Code.)

Please return your **ELECTION OF RIGHTS** to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (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 Fine, Administrative Complaint, or other notice of intended action by AHCA** and I waive my right to object and 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 proposed penalty, fine or action.

OPTION TWO (2) _____ I admit to the allegations of facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, 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 facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, 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.

EXHIBIT

#

B

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 twenty-one (21) days** of your receipt of this proposed administrative 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. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

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

License type: Abortion Clinic

License number: 883

Licensee Name: **SOUTHWEST FLORIDA WOMEN'S CLINIC**

Contact person: Sally Azima Office Manager
Name Title

Address: 710-12 Prudell Ave N. Fort Myers 33903
Street and number City Zip Code

Telephone Nbr.: (239) 945-1111 Fax Nbr.: (239) 945-0666

Email (optional): msaac@swflwomensclinic.com

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

Signed: Sally R. Azima Date: 11-8-10

Print Name: SALLY R. AZIMA, R.N. Title: Office Manager

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

In Re: The Request for Hearing concerning:

2010 NOV -9 P 1:39

SOUTHWEST FLORIDA WOMEN'S CLINIC,

FRAES No. 2010011456

**This Order of Dismissal Without
Prejudice is directed to:**

SALLY R. AZIMA, MANAGER

Respondent.

**ORDER OF DISMISSAL WITHOUT PREJUDICE FOR LEGAL
INSUFFICIENCY PURSUANT TO SECTION 120.569(2)(c), FLORIDA
STATUTES, TO ALLOW FOR AMENDMENT AND RESUBMISSION OF PETITION**

BY THIS ORDER, the Agency Clerk advises that the Agency is dismissing the request for hearing without prejudice and providing the person who requested the hearing with an opportunity to amend the hearing request to correct or address the problem(s) noted below. Please be advised that the Agency Clerk must receive the written response to this Order of Dismissal Without Prejudice within fifteen (15) days of the date on which it was signed. Please consider using U.S. Certified Mail, return receipt requested, to ensure that you receive proof of the date on which the Office of the Agency Clerk received your response. If the Agency Clerk does not **receive** a response to this Order of Dismissal Without Prejudice within 15 days of the date on which it was signed, a final order will be entered dismissing the hearing request with prejudice.

The Agency is dismissing the request for hearing without prejudice because:

- (1) _____ It was untimely filed.¹

Please note: According to Section 120.569(2)(c), Florida Statutes, the Agency is required to dismiss a request for hearing if it is not timely filed. If this item is checked, it means that, contrary to Rule 28-106.111(2), Florida Administrative Code, a written request for a hearing was not received by the Agency on or before twenty-one (21)

¹ The Agency sent the Notice of Intent or other notice of agency action on _____, but did not receive the request for hearing until _____, suggesting that more than 21 days had elapsed since the receipt of the Notice of Intent or other notice of agency action.

EXHIBIT

C

Accordingly, a Final Order will be entered consistent with the charging document unless the person requesting a hearing can show that the Agency received the written request for hearing on or before twenty-one (21) days from the date on which the charging document was delivered (See Cann v. Department of Children and Family Services, 813 So.2d 237 (Fla. 2d DCA 2002)).

(2) The request for hearing was legally insufficient.

Please note: If this item is checked, the Agency recognizes that you requested a formal hearing pursuant to the provisions of Section 120.569 and 120.57(1), Florida Statutes. Your request, however, did not meet the requirements of Rule 28-106.2015(5), Florida Administrative Code,² as required by law and as noted on the Election of Rights form. Since your request for hearing did not conform to the Rule, the Agency is required by law to dismiss it. See Section 120.569(2)(c), Florida Statutes, and Brookwood Extended Care Center of Homestead, LLP v. Agency for Health Care Administration, 870 So.2d 834 (Fla. 3d DCA 2003).

You have time, however, to amend your request for hearing if it was received on time. Please ensure that the amended request includes the information required by Rule 28-106.2015(5), Florida Administrative Code and indicated on the attached copy thereof, and that the Agency Clerk **receives** the amended request on or before fifteen (15) days from the date on which the Agency Clerk signed this Order of Dismissal Without Prejudice.

²A copy of Rule 28-106.2015, Florida Administrative Code, is attached to this order. This rule sets out the information required to be in a request for a formal hearing. You must review your request for hearing and amend it to conform to and contain all the information required by the rule.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been sent to the persons listed below either by U.S. or interoffice mail.

DONE and ENTERED on this 7th day of November, 2010.



RICHARD J. SHOOP, Agency Clerk
State of Florida, Agency for
Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
(850) 412-3630

COPIES FURNISHED TO:

Sally R. Azima
Southwest Florida Women's Clinic
710-12 Pondella Road
North Fort Myers, Florida 33903

Jan Mills
Facilities Intake Unit

28-106.2015 Agency Enforcement and Disciplinary Actions.

(1) Prior to entry of a final order to suspend, revoke, or withdraw a license, to impose administrative fines, or to take other enforcement or disciplinary action against a licensee or person or entity subject to the agency's jurisdiction, the agency shall serve upon the licensee an administrative complaint. For purposes of this rule, an agency pleading or communication that seeks to exercise an agency's enforcement authority and to take any kind of disciplinary action against a licensee or other person shall be deemed an administrative complaint.

(2) An agency issuing an administrative complaint shall be the petitioner, and the licensee against whom the agency seeks to take disciplinary action shall be the respondent.

(3) The agency's administrative complaint shall be considered the petition, and service of the administrative complaint on the respondent shall be deemed the initiation of proceedings.

(4) The agency's administrative complaint shall contain:

(a) The name of the agency, the respondent or respondents against whom disciplinary action is sought and a file number.

(b) The statutory section(s), rule(s) of the Florida Administrative Code, or the agency order alleged to have been violated.

(c) The facts or conduct relied on to establish the violation.

(d) A statement that the respondent has the right to request a hearing to be conducted in accordance with Sections 120.569 and 120.57, F.S., and to be represented by counsel or other qualified representative.

(5) Requests for hearing filed by the respondent in accordance with this rule shall include:

(a) The name, address, and telephone number, and facsimile number (if any) of the respondent.

(b) The name, address, telephone number, facsimile number of the attorney or qualified representative of the respondent (if any) upon whom service of pleadings and other papers shall be made.

(c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

(d) A statement of when the respondent received notice of the administrative complaint.

(e) A statement including the file number to the administrative complaint.

Specific Authority 120.54(5) FS. Law Implemented 120.569, 120.57, 120.60 FS. History—New 1-15-07.

Southwest Florida Women's Clinic, Inc.

710 Pondella Road
Unit 12
North Fort Myers, Florida 33903

Phone (239) 995-1111

AMCA
AGENCY CLERK

2010 NOV 15 P 12: 26

November 10, 2010

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive Mail Stop #3
Tallahassee, Florida 32308

License # 883
Case # 2010011456

Dear Sir or Madam:

I hereby request a formal hearing in the above-referenced matter.

I received Notice of the Agency's proposed action on November 4, 2010 and faxed the Election of Rights form to the Agency on November 8, 2010. A copy is enclosed.

The clinic is not represented by an attorney.

The agency alleges that the clinic did not file the monthly report of terminations for August 2010. The report WAS filed on September 29, 2010. However, for some reason the web page did not total the number of abortions as it usually does, and would not allow me to total them manually. It was greyed out. (My browser is Firefox and it is set to allow cookies and is Java script enabled). I therefore submitted the report without totals and received the screen showing successful submission. I did not print that out; however, I did print the report out and the date clearly shows in the lower right corner.

When I received your notice I wondered if the fact that it would not total had caused the problem so I logged in and clicked on Resubmit for the month of August. I clearly brought up the report with the totals. I printed that out and you can see that it shows "Resubmit" and a date of November 8, 2010 in the lower right corner. I did not, of course, actually resubmit the data.

Therefore, I respectfully request that either the Agency close this case or allow us a formal hearing in the matter.

Sally R. Azama
Sally Azama, RN
Office Manager
Southwest Florida Women's Clinic, Inc.
710 Pondella Road Unit 12
N. Fort Myers, Florida 33903
(239) 995-1111

EXHIBIT

D

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: SOUTHWEST FLORIDA WOMEN'S CLINIC

CASE NUMBER: 2010011456

FILED
AHCA
AGENCY CLERK

2010 NOV 15 P 12:26

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deny of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Fine, Administrative Complaint, or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within twenty-one (21) days of the day you receive the attached Notice of Intent to Impose a Fine, Administrative Complaint or any other proposed action by AHCA.

If an **Election of Rights** with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and a **final order will be issued.**

(Please reply using this **Election of Rights** form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your **ELECTION OF RIGHTS** to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (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 Fine, Administrative Complaint, or other notice of intended action by AHCA** and I waive my right to object and 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 proposed penalty, fine or action.

OPTION TWO (2) I admit to the allegations of facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, 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 facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, 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 twenty-one (21) days** of your receipt of this proposed administrative 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. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

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

License type: Abortion Clinic

License number: 883

Licensee Name: **SOUTHWEST FLORIDA WOMEN'S CLINIC**

Contact person: Sally Azima Office Manager
Name Title

Address: 710-12 Prudell Rd N Fort Myers 33903
Street and number City Zip Code

Telephone Nbr.: (239) 995-1111 Fax Nbr.: (239) 995-0666

Email (optional): nurse@swflwomensclinic.com

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

Signed: Sally R. Azima Date: 11-8-10

Print Name: SALLY R. AZIMA, R.N. Title: Office Manager



About Us

Site Menu

Contact Us



Home Publications Find a Facility Direct to Our Divisions

Search

Logged in as : 139600910

MONTHLY REPORT OF INDUCED TERMINATIONS OF PREGNANCY

THIS REPORT IS FOR THE MONTH AND YEAR OF : August 2010

FACILITY NAME		FACILITY ADDRESS (Street Address):	
Southwest Florida Women's Clinic		710-12 Pondella Road	
CITY OF FACILITY	COUNTY	ZIP CODE	TELEPHONE NUMBER
North Fort Myers	Lee	33903	(239) 995-1111
DIRECTOR, PHYSICIAN OR AUTHORIZED REPRESENTATIVE :		TITLE	
Sally Azima		Administrator	

If the information displayed is not correct, please contact the Hospital And Outpatient Services Unit at (850)487-2717.

REASON FOR PREGNANCY TERMINATION	WEEKS OF GESTATION			TOTAL
	UP TO 12 WEEKS	13 TO 24 WEEKS	25 AND OVER WEEKS	
	Please Enter Numbers Only			
Abortion Performed due to Rape	0	0	0	0
Abortion Performed due to Incest	0	0	0	0
Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality	0	0	0	0
Abortion Performed due to a Life Endangering Physical Condition	0	0	0	0
Abortion Performed due to Physical Health of Mother that is not Life Endangering	1	0	0	1
Abortion Performed due to Emotional/Psychological Health of the Mother	0	0	0	0
Abortion Performed due to Social or Economic Reasons	0	0	0	0
Elective Abortion	17	0	0	17
				GRAND TOTAL: 18

SUBMIT

CANCEL

Section 390.0112(4), Florida Statutes, requires that the director of any medical facility in which any pregnancy is terminated, or any physician performing the procedure shall submit a monthly report within 30 days following the preceding month. Any person required to file this report who willfully fails to file such report may be subject to a \$200 fine for each violation.

Florida Agency for Health Care Administration

Facility
Print
Builder



About Us

Site Menu

Contact Us

REPORT MEDICAID FRAUD
 Online or 866-966-7226
 REPORTAR FRAUDE

Home Publications Find a Facility Direct to Our Divisions

Search

Log Out

Logged in as : 139600910

MONTHLY REPORT OF INDUCED TERMINATIONS OF PREGNANCY

THIS REPORT IS FOR THE MONTH AND YEAR OF : August 2010

FACILITY NAME Southwest Florida Women'S Clinic		FACILITY ADDRESS (Street Address) 710-12 Pondella Road	
CITY OF FACILITY North Fort Myers	COUNTY Lee	ZIP CODE 33903	TELEPHONE NUMBER (239) 995-1111
DIRECTOR, PHYSICIAN OR AUTHORIZED REPRESENTATIVE : Saily Azima		TITLE Administrator	

If the information displayed is not correct, please contact the Hospital And Outpatient Services Unit at (850)487-2717.

REASON FOR PREGNANCY TERMINATION	WEEKS OF GESTATION			TOTAL
	UP TO 12 WEEKS	13 TO 24 WEEKS	25 AND OVER WEEKS	
Abortion Performed due to Rape	0	0	0	0
Abortion Performed due to Incest	0	0	0	0
Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality	0	0	0	0
Abortion Performed due to a Life Endangering Physical Condition	0	0	0	0
Abortion Performed due to Physical Health of Mother that is not Life Endangering	1	0	0	1
Abortion Performed due to Emotional/Psychological Health of the Mother	0	0	0	0
Abortion Performed due to Social or Economic Reasons	0	0	0	0
Elective Abortion	17	0	0	17
				GRAND TOTAL: 18

RESUBMIT

CANCEL

Section 390.011(4), Florida Statutes, requires that the director of any medical facility in which any pregnancy is terminated, or any physician performing the procedure shall submit a monthly report within 30 days following the preceding month. Any person required to file this report who willfully fails to file such report may be subject to a \$200 fine for each violation.

Florida Agency for Health Care Administration
 © 2009 | Privacy Policy

Facility
 Feed
 Builder

Home
 MyFlorida.com
 Doing Business with AHCA
 Disclaimer
 Contact Webmaster

Individuals & Families
 Providers
 Publications
 Find a Facility
 Direct to Our Divisions
 Download Adobe Reader



CHARLIE CRIST
GOVERNOR

November 17, 2010

SALLY R AZIMA
Southwest Florida Women'S Clinic
710-12 Pondella Road
North Fort Myers, FL 33903

Certified Article Number

7360 3401 9848 8372 0282

SENDERS RECORD

ELIZABETH DUDEK
INTERIM SECRETARY

AMENDMENT of November 1, 2010 Letter

License Number: 883
Case Number: 2010011456

NOTICE OF INTENT TO IMPOSE FINE

Pursuant to Section 408.813 and Section 390.0112(4), Florida Statutes (F.S.), a fine of \$200 is hereby imposed for not submitting your monthly report of induced terminations of pregnancy for the month of September, 2010. The monthly report is due no later than 30 days following the preceding month. Pursuant to Section 390.0112(4) F.S., any person required to report who fails to report may be subject to a \$200 fine.

TO PAY NOW. PAYMENT SHOULD BE MADE WITHIN 31 DAYS AND MAILED WITH A COPY OF THIS NOTICE OF INTENT TO:

Agency for Health Care Administration
Finance and Accounting, Revenue Section
OMC Manager
2727 Mahan Drive, MS #14
Tallahassee, FL 32308

Include License Number: 883 and Case Number: 2010011456 in check memo field

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C.), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Agency for Health Care Administration


By: Laura MacLafferty, Manager
Hospital And Outpatient Services Unit

cc: Agency Clerk, Mail Stop 3
Legal Intake Unit, Mail Stop 3

EXHIBIT

E



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: SOUTHWEST FLORIDA WOMEN'S CLINIC

CASE NUMBER: 2010011456

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deny of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Fine, Administrative Complaint, or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within twenty-one (21) days of the day you receive the attached Notice of Intent to Impose a Fine, Administrative Complaint or any other proposed action by AHCA.

If an **Election of Rights** with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and a **final order will be issued.**

(Please reply using this **Election of Rights** form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your **ELECTION OF RIGHTS** to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3-
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (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 Fine, Administrative Complaint, or other notice of intended action by AHCA** and I waive my right to object and 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 proposed penalty, fine or action.

OPTION TWO (2) _____ I admit to the allegations of facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, 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 facts and law contained in the **Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA**, 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 twenty-one (21) days** of your receipt of this proposed administrative 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. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

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

License type: Abortion Clinic

License number: 883

Licensee Name: SOUTHWEST FLORIDA WOMEN'S CLINIC

Contact person: _____

Name

Title

Address: _____

Street and number

City

Zip Code.

Telephone Nbr.: _____ Fax Nbr.: _____

Email (optional): _____

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

Signed: _____ **Date:** _____

Print Name: _____ **Title:** _____



[Home](#) | [Help](#) | [Sign In](#)

[Track & Confirm](#) [FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 7160 3901 9848 8172 0282

Service(s): **Certified Mail™**

Status: **Delivered**

Your item was delivered at 10:34 am on November 20, 2010 in NORTH FORT MYERS, FL 33903.

Detailed Results:

- Delivered, November 20, 2010, 10:34 am, NORTH FORT MYERS, FL 33903
- Arrival at Unit, November 20, 2010, 4:51 am, NORTH FORT MYERS, FL 33903

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

[Site Map](#)

[Customer Service](#)

[Forms](#)

[Gov't Services](#)

[Careers](#)

[Privacy Policy](#)

[Terms of Use](#)

[Business Customer Gateway](#)

Copyright © 2010 USPS. All Rights Reserved.

No FEAR Act EEO Data

FOIA

