STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

v.

MARY ALEXANDER,

Respondent.

_____/

DOAH No(s): 09-4938
09-6833

CASE No(s): 2009008832
2009013097
2009012711

RENDITION NO.: AHCA-11-0302-S-OLC

FINAL ORDER

Having reviewed the administrative complaints dated August 6, 2009 (Exhibit 1a) and November 18, 2009 (Exhibit 1b) , attached hereto and incorporated herein, and all other matters of record, the Agency for Health Care Administration ("Agency") has entered into a Settlement Agreement (Ex. 2) with the other party to these proceedings, and being well-advised in the premises, finds and concludes as follows:

ORDERED:

1. The attached Settlement Agreement is approved and adopted as part of this Final Order, and the parties are directed to comply with the terms of the Settlement Agreement.

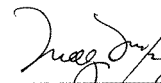
2. An administrative fine of seventeen thousand five hundred dollars ($17,500.00) is imposed upon the Respondent, however the collection of the fine is STAYED in accordance with the terms of the Settlement Agreement.

3. Respondent will not obtain or possess any ownership interest in any facility regulated by the Agency and will not attempt to acquire licensure for any facility regulated by the Agency for minimum period of five (5) years from the date of this Final Order.

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

5. The above-styled cases are hereby closed.

DONE and **ORDERED** this 7 day of April, 2011, in Tallahassee, Leon County, Florida.



Elizabeth Dudek, Secretary
Agency for Health Care Administration

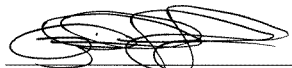
A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY, ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT 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.

Copies furnished to:

Jeffrey C. Marty, Esq. The Law Office of Jeffrey C. Marty Post Office Box 3159 Zephyrhills, Florida 33539 (U. S. Mail)	Jamie L. Jackson Assistant General Counsel Agency for Health Care Administration (Interoffice Mail)
	Jan Mills Facilities Intake Unit Agency for Health Care Administration (Interoffice Mail)
	Finance & Accounting Revenue Management Unit Agency for Health Care Administration (Interoffice Mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order was served on the above-named person(s) and entities by U.S. Mail, or the method designated, on this the 8th day of April, 2011.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
Telephone: (850) 412-3630

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

Fraes No. 2009008832

MARY ALEXANDER,

Respondent.

_____/

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, State of Florida, Agency for Health Care Administration (hereinafter "the Agency"), by and through its undersigned counsel, and files this Administrative Complaint against the Respondent, Mary Alexander (hereinafter "the Respondent"), pursuant to sections 120.569 and 120.57, Florida Statutes (2008), and alleges:

NATURE OF THE ACTION

This is an action to impose an administrative fine in the amount of seventeen thousand dollars ($17,000.00) against the Respondent based upon her operation of an unlicensed assisted living facility pursuant to section 408.812(4)-(5) and 429.08(1)(a), Florida Statutes (2008), and revoke the Respondent's adult family care home license pursuant to section 408.812(5), Florida Statutes (2008).

JURISDICTION AND VENUE

1. The Court has jurisdiction over the subject matter pursuant to sections 120.569 and 120.57, Florida Statutes (2008).

2. The Agency has jurisdiction over the Respondent pursuant to sections 20.42, 120.60, and Chapters 408 Part II, and 429 Part I, Florida Statutes (2008).

3. Venue lies pursuant to Florida Administrative Code Rule 28-106.207.

PARTIES

4. The Agency is the regulatory authority responsible for the licensure of assisted living facilities and the enforcement of all applicable state statutes and rules governing assisted living facilities pursuant to Chapters 408, Part II, and 429, Part I, Florida Statutes (2008), and Chapter 58A-5, Florida Administrative Code (2008). "Assisted living facility" means any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which under-takes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator. § 429.02(5), Fla. Stat. (2008). These residential facilities are intended to be a less costly alternative to the more restrictive, institutional settings for individuals who meet the minimum criteria in order to be admitted to such a facility and do not require 24-hour nursing supervision. Assisted living facilities are regulated in a manner so as to encourage dignity, individuality, and choice for residents, while providing them a reasonable assurance for their health, safety and welfare. Generally, these facilities, through its staff, provide resident supervision, the assistance with personal care and supportive services, as well as the assistance with, or the administration of, medications to residents who require such services.

5. The Respondent was not issued a license to operate an assisted living facility by the Agency and had no authority to operate an assisted living facility in Florida. Nonetheless, the Respondent was at all times material operating an unlicensed assisted living facility located at 16344 S.W. 48th Circle, Ocala, Florida 34470, the same being subject to licensure under Chapter 408, Part II, and Chapter 429, Part I, Florida Statutes (2008).

6. The Agency is the licensure and regulatory authority that oversees adult family care homes in Florida and enforces the applicable statutes and rules governing such facilities. Chs. 408, Part II, and 429, Part II, Fla. Stat. (2008), and Ch. 58A-14, Fla. Admin. Code. The Agency may deny, suspend or revoke the license of, and in addition, impose an administrative fine on, an adult family care home for violations as provided for by law. §§ 408.813, 408.815, 429.69, 429.71, Fla. Stat. (2008). The Legislature has found and declared that licensure under this part is a public trust and a privilege, and not an entitlement. This principle must guide the finder of fact or trier of law at any administrative proceeding or circuit court action initiated by the department to enforce this part. § 429.63(4), Fla. Stat. (2008).

7. The Respondent was issued a license by the Agency (License No. 6906177) to operate a 5-bed adult family care home located at 17180 S.W. 39th Circle, Ocala, Florida 34473, and was at all times material required to comply with the applicable statutes and rules governing such facilities. An "adult family-care home" means "a full-time, family-type living arrangement, in a private home, under which a person who owns or rents the home provides room, board, and personal care, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives." § 429.65(2), Fla. Stat. (2008). "Adult family-care homes provide housing and personal care for disabled adults and frail elders who choose to live with an individual or family in a private home. The adult family-care home provider must live in the home. The purpose of this part is to provide for the health, safety, and welfare of residents of adult family-care homes in the state." § 429.63(2), Fla. Stat. (2008).

COUNT I
The Respondent Operated an Unlicensed Assisted Living Facility in Violation of F.S. 408.812 and 429.08

8. The Agency re-alleges and incorporates by reference paragraphs 1 through 7.

9. Under Florida law, it is unlawful to own, operate or maintain an assisted living facility without obtaining a license. § 429.08(1)(a), Fla. Stat. (2008).

10. Under Florida law, except as provided under paragraph (d), any person who owns, operates, or maintains an unlicensed assisted living facility commits a felony of the third degree, punishable as provided in section 775.082, section 775.083 or section 775.084, Florida Statutes. Each day of continued operation is a separate offense. § 429.08(1)(b), Fla. Stat. (2008).

11. Under Florida law, any person found guilty of violating paragraph (a) a second or subsequent time commits a felony of the second degree, punishable as provided under section 775.082, section 775.083, or section 775.084, Florida Statutes. Each day of continued operation is a separate offense. § 429.08(1)(c), Fla. Stat. (2008).

12. Under Florida law, it is unlawful to knowingly refer a person for residency to an unlicensed assisted living facility; to an assisted living facility the license of which is under denial or has been suspended or revoked; or to an assisted living facility that has a moratorium pursuant to Part II of Chapter 408, Florida Statutes. § 429.08(2), Fla. Stat. (2008).

13. Under Florida law, an assisted living facility is defined as a building...which undertakes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator. § 429.02(5), Fla. Stat. (2008). A personal service is defined as direct physical assistance with or supervision of the activities of daily living and the self-administration of medication and other similar services which the department may define by rule. § 429.02(16), Fla. Stat. (2008).

14. Under Florida law, for the administration of Chapter 429, Part I, facilities to be licensed by the Agency shall include all assisted living facilities as defined in this part, however

the following are exempt from licensure under this part...Any person who provides housing, meals, and one or more personal services on a 24-hour basis in the person's own home to not more than two adults who do not receive optional state supplementation. The person who provides the housing, meals, and personal services must own or rent the home and reside therein. § 429.04(1)-(2), Fla. Stat. (2008).

15. Under Florida law, a person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. § 408.812(1), Fla. Stat. (2008).

16. Under Florida law, the operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The Agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and Agency rules has been demonstrated to the satisfaction of the Agency. § 408.812(2), Fla. Stat. (2008).

17. Under Florida law, it is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. § 408.812(3), Fla. Stat. (2008).

18. On or about March 5, 2009, an unannounced compliance survey was conducted of the Respondent's assisted living facility at 16344 S.W. 48th Circle, Ocala, Florida 34470.

19. Based upon observation, record review, and interview, the Respondent was found to be operating an unlicensed assisted living facility.

20. An attempt to survey the Facility was made on March 5, 2009, at approximately 7:00 a.m.

21. The door of the assisted living facility was answered by a fully dressed Resident who was wearing only one shoe.

22. The Resident stated that he or she was alone and could not allow the surveyor into the assisted living facility.

23. An observation of the papers on the inside right-hand side of the entrance revealed emergency telephone numbers, the telephone number for the Ombudsman program, and emergency contact numbers.

24. A review of the emergency contact numbers revealed the Respondent as the second contact person, along with her home and cellular telephone numbers.

25. During an interview with the employees at a licensed day program on March 5, 2009, at approximately 9:50 a.m., it was revealed that the Respondent usually drops off eight (8) residents every morning from Monday through Friday. [An adult family care home is limited to five (5) total residents.]

26. The day program employee revealed that she is aware that some of the Residents dropped off at the day program reside with the Respondent at her licensed adult family care home.

27. The employee further stated that some of them stay with the Respondent's adult child and others reside at a third address.

28. The employee further stated that the Respondent usually transports all of the

Residents in either a maroon or white van with lettering on the side.

29. During an interview with a representative of another agency on March 5, 2009, at approximately 8:30 a.m., it was revealed that the representative was aware of the assisted living facility being operated as an unlicensed assisted living facility from conversations that he or she has had with former residents of the assisted living facility.

30. According to the representative, the Respondent informed a family member that she had three facilities and gave this family member an advertisement flyer.

31. A review of the advertisement flyer revealed it to be for "Samaritan Place Adult Care Home."

32. The advertisement flyer included a list of services, which also included adult daycare services.

33. A further review of the advertisement flyer revealed the telephone number associated with the Respondent's adult family care home facility.

34. An observation of the day program's parking lot on March 5, 2009, at approximately 10:45 a.m., revealed a white van with a sign stating "Samaritan Place," parking in the day program's lot.

35. The Respondent was observed exiting the driver's side of the van, walking to the rear of the van, and proceeding to assist 8 residents to exit the van.

36. During an interview with the Respondent on March 5, 2009, at approximately 10:50 a.m., it was revealed that 4 of the Residents reside at her licensed adult family care home, 2 of the residents reside with the Respondent's adult child, and the remaining 2 residents reside at the unlicensed assisted living facility.

37. According to the Respondent, the unlicensed living facility with 2 residents was

her house that she was attempting to get licensed as an assisted living facility.

38. The above constitutes the operation of an assisted living facility without licensure as required by law.

39. The Respondent was notified in writing by Petitioner of her unlicensed activity by correspondence hand-delivered and signed for by the Respondent on March 5, 2009, attached hereto and incorporated herein as Exhibit A, and failed to cease said unlicensed activity after notification. [Exhibit A is erroneously dated March 4, 2008, but should reflect the March 5, 2009 survey date.]

40. The Respondent operated as an unlicensed assisted living facility with notification from at least March 5, 2009, through at least March 22, 2009.

Sanctions

41. Under Florida law, it is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the Agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense. § 408.812(3), Fla. Stat. (2008).

42. Under Florida law, any person or entity that fails to cease operation after Agency notification may be fined $1,000 for each day of noncompliance. § 408.812(4), Fla. Stat. (2008).

43. Under Florida law, when a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the Agency may revoke all licenses and impose actions under section 408.814, Florida Statutes (2008), and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

44. 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: a violation of this part, authorizing statutes, or applicable rules. § 408.815(1)(c), Fla. Stat. (2008).

45. Under Florida law, as a penalty for any violation of this part, authorizing statutes, or applicable rules, the Agency may impose an administrative fine. Unless the amount or aggregate limitation of the fine is prescribed by authorizing statutes or applicable rules, the agency may establish criteria by rule for the amount or aggregate limitation of administrative fines applicable to this part, authorizing statutes, and applicable rules. Each day of violation constitutes a separate violation and is subject to a separate fine. For fines imposed by final order of the Agency and not subject to further appeal, the violator shall pay the fine plus interest at the rate specified in section 55.03, Florida Statutes, for each day beyond the date set by the Agency for payment of the fine. § 408.813, Fla. Stat. (2008).

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, seeks to impose an administrative fine in the amount of seventeen thousand dollars ($17,000.00), against the Respondent for operating an unlicensed assisted living facility activity pursuant to section 408.812(4)-(5) Florida Statutes (2008) and to revoke the Respondent's adult family care home license pursuant to section 408.812(5), Florida Statutes (2008).

CLAIM FOR RELIEF

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully seeks a final order that:

1. Makes findings of fact and conclusions of law in favor of the Agency.
2. Imposes sanctions against the Respondent as set forth above.

3. Enters any other relief authorized by law that is just and appropriate.

Respectfully submitted on this 6th day of August, 2009.

Jamie L. Jackson, Assistant General Counsel
Florida Bar No. 59055
Thomas M. Hoeler, Chief Facilities Counsel
Florida Bar No. 709311
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Telephone: (850) 414-7326
Facsimile: (850) 921-0158

NOTICE

The Respondent has the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes, and to be represented by counsel or other qualified representative. Specific options for the administrative action are set out within the attached Election of Rights form.

The Respondent is further notified that 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, Bldg. 3, MS 3, Tallahassee, Florida 32308; telephone (850) 922-5873.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY, that a true and correct copy of the foregoing has been served to: Mary Alexander, 17180 S.W. 39th Circle, Ocala, Florida 34473, by United States Certified Mail, Return Receipt No. 7004 2890 0000 5526 4031, and Mary Alexander, 16344 S.W. 48th Circle, Ocala, Florida 34470, by United States Certified Mail, Return Receipt No. 7004 2890 0000 5526

9456, on this 6th day of August, 2009.

Jamie L. Jackson, Assistant General Counsel
Florida Bar No. 59055
Thomas M. Hoeler, Chief Facilities Counsel
Florida Bar No. 709311
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Telephone: (850) 414-7326
Facsimile: (850) 921-0158

Copies furnished to:

Mary Alexander 17180 S.W. 39th Circle Ocala, Florida 34473 (U.S. Certified Mail)	Anna Lopez Facility Evaluator Supervisor Agency for Health Care Administration 14101 N.W. Hwy 441, Ste. 800 Alachua, Florida 32615 (Interoffice Mail)
Mary Alexander 16344 S.W. 48th Circle Ocala, Florida 34470 (U.S. Certified Mail)	Jamie L. Jackson Assistant General Counsel Office of the General Counsel Agency for Health Care Administration 2727 Mahan Drive, MS #3 Tallahassee, Florida 32308 (Interoffice Mail)

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: AHCA v. Mary Alexander **Fraes No. 2009008832**

ELECTION OF RIGHTS

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

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

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

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308.
Telephone: 850-922-5873 Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

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

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

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

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed agency action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

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

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

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

Licensee Name: _____ License Number: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____ E-Mail (optional) _____

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

Signed: _____ Date: _____

Print Name: _____ Title: _____

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
CHARLIE CRIST
GOVERNOR
Better Health Care for all Floridians
HOLLY BENSON
SECRETARY

HAND DELIVERED BY

Anna López
(SIGNED)

ANNA LÓPEZ
(PRINT NAME)

RECEIVED BY

Mary Alexander
(SIGNED)

Mary Alexander
(PRINT NAME)

NOTIFICATION

Date: 3/4/08

Dear Mr./Ms.: ALEXANDER

You are hereby notified that the Agency for Health Care Administration considers you to be operating as an Assisted Living Facility (ALF) without being licensed. Based on Section 408.812(3), Florida Statutes (Fla. Stat.), it is unlawful to own, operate, or maintain an assisted living facility without obtaining a license under Chapter 429, Part I, F.S.

Section 429.02(6), Fla. Stat., defines an ALF as "any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator." The statute provides an exemption from licensure for not more than 2 adults who do not receive optional state supplementation (OSS) when the person who provides the housing, meals and personal services owns or rents the home and resides therein. This exception can be found in Section 429.04(2)(d), Fla. Stat.

Based on evidence of unlicensed activity, the Agency intends to proceed with all available legal action, including bringing injunctive proceedings against you in a court of competent jurisdiction, to insure that you immediately cease and desist from offering these services. Further, Section 429.19(7), Fla. Stat., provides that "any unlicensed facility that continues to operate after agency notification is subject to a $1,000 fine per day".

If you believe you are not operating as an ALF in violation of law as described, you may submit in writing any information which would demonstrate that to the Agency **within 24 hours of receipt of this notice.** Any information you wish to have considered by the Agency must be

2727 Mahan Drive, MS#
Tallahassee, Florida 32308

14101 NW Hwy. 441
Alachua

EXHIBIT
A

actually received within 24 hours of your receipt of this Notice of Violation by *Kriste J. Mennella, FIELD OFFICE MANAGER, FAX # 386-514-5300, AND 14101 NW Highway 441, Suite 800, Alachua, Florida 32615 at the* ~~Agency for Health Care Administration.~~

If you have any questions, please contact Ms. Anna Lopez, HFES may be reached at *386-418-5314* or by e-mail at *lopeza@ahca.myflorida.com.*

Sincerely,

Anna Lopez, HFES

Kriste J. Mennella
Field Office Manager

KJM/al

cc: Alberta Granger, Assisted Living Unit Manager

Regional Attorney

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

Case No. 2009013097

MARY ALEXANDER,

Respondent.
_____/

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, State of Florida, Agency for Health Care Administration (hereinafter "the Agency"), by and through its undersigned counsel, and files this Administrative Complaint against the Respondent, Mary Alexander (hereinafter "the Respondent"), pursuant to Sections 120.569 and 120.57, Florida Statutes (2009), and alleges:

NATURE OF THE ACTION

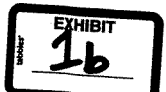
This is an action against an adult family care home to impose an administrative fine in the amount of five hundred dollars ($500.00) based upon one Class I violation and to revoke the Respondent's adult family care home license based upon one Class II violation.

JURISDICTION AND VENUE

1. The Court has jurisdiction over the subject matter pursuant to Sections 120.569 and 120.57, Florida Statutes (2009).

2. The Agency has jurisdiction over the Respondent pursuant to Sections 20.42 and 120.60, and Chapters 408, Part II, and 429, Part II, Florida Statutes (2009).

3. Venue lies pursuant to Rule 28-106.207, Florida Administrative Code.



PARTIES

4. The Agency is the licensing and regulatory authority that oversees adult family care homes in Florida and enforces the applicable state statutes and rules governing such facilities. Chs. 408, Part II, 429, Part II, Fla. Stat. (2009), Ch. 58A-14, Fla. Admin. Code. The Agency may deny, suspend or revoke the license of, and in addition to any liability or penalty provided by law, impose an administrative fine on, an adult family care home. §§ 408.813, 408.815, 429.69, 429.71, Fla. Stat. (2009). "Licensure under this part is a public trust and a privilege, and not an entitlement." § 429.63(4), Fla. Stat. (2009).

5. The Respondent was issued a license by the Agency (License No. 6906177) to operate a 5-bed adult family care home located at 17180 S.W. 39th Circle, Ocala, Florida 34473 (39th Circle address), and was at all times material required to comply with the applicable statutes and rules governing such facilities. An "adult family-care home" means "a full-time, family-type living arrangement, in a private home, under which a person who owns or rents the home provides room, board, and personal care, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives." § 429.65(2), Fla. Stat. (2009). "Adult family-care homes provide housing and personal care for disabled adults and frail elders who choose to live with an individual or family in a private home. The adult family-care home provider must live in the home. The purpose of this part is to provide for the health, safety, and welfare of residents of adult family-care homes in the state." § 429.63(2), Fla. Stat. (2009).

COUNT I (Tag F001)

6. The Agency re-alleges and incorporates by reference paragraphs 1 through 5.

7. The Florida Legislature has declared that adult family care home licensure is a public trust and a privilege, and not an entitlement. This principle must guide the finder of fact or trier of law at any administrative proceeding or circuit court action initiated by the department to

enforce this [Chapter 429, Part II, Florida Statutes, 2008] part. § 429.63(4), Fla. Stat. (2009).

8. Under Florida law, a license to operate an AFCH is not transferable and is valid only for the provider named, the capacity stated, and the premises described on the license. Fla. Admin. Code 58A-14.004(2).

9. On October 28, 2009, the Agency conducted an appraisal visit of the Respondent and her Facility.

10. Based on observations and interview, the Respondent utilized her AFCH license valid only for the 39th Circle address, to generate residents in excess of her licensed capacity in order to place residents in unlicensed facilities. This practice has resulted in an unlicensed facility providing medication management without the knowledge of the medication records of its residents.

11. Review of resident records on October 28, 2009 at the 39th Circle address revealed records for two residents who were not residing at the licensed facility.

12. Interview with an AHCA registered nurse on October 28, 2009, at approximately 8:50 a.m., revealed that she located three residents residing at a 2121 S.W. 166th Lane, Ocala, Florida 34473 (2121 address).

13. Two of the three residents located at the 2121 address were residents whose records had been located at the 39th Circle address.

14. Interview with the three residents (Residents #1-#3) at the 2121 address on October 28, 2009, beginning at approximately 7:30 a.m., revealed that they all had previously dealt with the Respondent.

15. Interview with Resident #1 on October 28, 2009, at approximately 7:30 a.m., revealed that he or she was placed in the Respondent's care approximately 6-7 weeks prior.

16. Resident #1 stated that he or she was recuperating from injuries sustained in a

motorcycle accident and had been hospitalized in the recent past, but could not remember the name of the hospital.

17. According to Resident #1, the Respondent's staff provides him or her with his or her medications as well as driving him or her to his or her doctor's appointments, but is rarely timely.

18. Interview with Resident #2 revealed that he or she was placed in the Respondent's care after discharge from the Veterans Affair (VA) Medical Center in Gainesville, Florida in order to regain strength following the recuperation from a vehicle accident.

19. Resident #2 stated that he or she received little to no therapy as was intended, other than "hanging out and watching television."

20. Resident #2 stated that he or she was convinced to remain with the Respondent an extended period of time despite feeling that he or she was ready to return to his or her personal home.

21. Interview with Resident #3 revealed that he or she had been under the Respondent's care for approximately five months.

22. Resident #3 revealed that he or she has short term memory deficits that make him or her forget to take medication.

23. According to Resident #3, he or she has bipolar disorder for which he or she is prescribed Seroquel and other medications.

24. Resident #3 was unaware of his or her dosages as the Respondent's "staff at the other home give me my medication."

25. Resident #3 stated that he or she has not been to see a psychiatrist as he or she is waiting for "them" [Respondent] to schedule him or her an appointment.

26. Resident #3 stated that his or her money goes to the Respondent.

27. On October 28, 2009, the surveyor visited the 2120 166th Lane, Ocala, Florida 34473 address (2120 address) where the medications for the residents at the 2121 address were kept.

28. Medications found at the 2120 address for the residents at the 2121 address were located in a locked cabinet along with food items as well as in a two-drawer filing cabinet in the kitchen.

29. Interview on October 28, 2009, at approximately 10:20 a.m. with friends of Resident #2 revealed that they had made numerous attempts to visit Resident #2, however had been delayed by the Respondent.

30. They stated that the Respondent permitted them to visit Resident #2 at the 39th Circle address, however when they asked to see his or her sleeping quarters they were told by the Respondent that Resident #2 slept at another location.

31. They also revealed that after some time they were permitted to view the sleeping quarters of Resident #2 at the 2121 address.

32. Prior to entering the 2121 address on October 28, 2009, at approximately 7:15 a.m., a signed was observed on the home's door indicating a six person occupancy for a independent/transitional living facility.

33. During the entrance conference with the employee on duty on October 28, 2009, at approximately 7:15 a.m. it was revealed that the residents were sleeping.

34. Permission was granted to open and observe the contents of the cabinets and file cabinet located in the kitchen.

35. Observation on October 28, 2009, revealed that there were multiple pill reminder boxes with various names on them in the file cabinet.

36. Medications for people who were not located within the home were found.

37. Unlabeled medication was located, which the staff indicated was for a resident in the 2120 address.

38. A storage cupboard was located in the dining room, which contained medications in bubble-packs. Some of this medication was for current residents of the 2121 address, some was not.

39. Interview with the staff revealed that he or she did not place the medication in the pill reminder boxes, as it was done by another person that the staff could not identify.

40. The staff was not aware of the medication she was giving, nor was she recording any dosages given.

41. In the event of an emergency, the staff stated that she would contact the Respondent.

42. On October 28, 2009, at approximately 7:50 a.m., medications were observed in the kitchen cabinet labeled, "medicine."

43. Medications found were prescribed to the Respondent.

44. Another medication was found prescribed to another named individual.

45. Interview with Resident #3 on October 28, 2009, at approximately 9:00 a.m. while the Resident was taking his or her medications, revealed that he or she was unaware of the medications that he or she was taking.

46. The staff was also unaware.

47. During this interview Resident #3 also stated that he or she had been sent money from a sibling for clothing and spending and that he or she was still owed approximately $100.00.

48. Resident #3 also stated that he or she has lost approximately 20 lbs since being under the Respondent's care.

49. The Respondent's actions and/or inactions constituted a class I violation.

50. Class I violations are those conditions or practices related to the operation and maintenance of an adult family-care home or to the care of residents which the agency determines present an imminent danger to the residents or guests of the facility or a substantial probability that death or serious physical or emotional harm would result therefrom. The condition or practice that constitutes a class I violation must be abated or eliminated within 24 hours, unless a fixed period, as determined by the agency, is required for correction. A class I deficiency is subject to an administrative fine in an amount not less than $500 and not exceeding $1,000 for each violation. A fine may be levied notwithstanding the correction of the deficiency. § 429.71(1)(a), Fla. Stat. (2009).

51. The Respondent was cited for a class I violation.

52. The Respondent was given a mandatory correction date of October 29, 2009.

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully seeks a final order imposing an administrative fine against the Respondent in the amount of five hundred dollars ($500.00).

COUNT II (Tag F609)

53. The Agency re-alleges and incorporates by reference paragraphs 1 through 5.

54. Under Florida law, the agency shall initiate a level 1 background screening as provided under chapter 435 on the adult family-care home provider, the designated relief person, all adult household members, and all staff members. § 429.67(4), Fla. Stat. (2009).

55. Under Florida law, the provider, all staff, each relief person, and all adult household members must meet Level 1 background screening requirements established in Section 435.03, F.S., or have been exempted from disqualification as provided in Section 435.07, F.S. The provider must submit a completed AHCA Forms 3110-0002, or other evidence of

compliance as provided in Section 429.67, F.S., and Rule 58A-14.003, F.A.C., for any staff, relief persons, or adult household members not screened at the time of initial license application pursuant to the screening schedule provided in Section 435.05, F.S. Fla. Admin. Code 58A-14.008(1)(b).

56. Under Florida law, each [AFCH] resident has the right to live in a safe and decent living environment, free from abuse and neglect. § 429.85(1)(a), Fla. Stat. (2009).

57. On October 28, 2009, the Agency conducted an appraisal visit of the Respondent and her Facility.

58. Based on record review and interview, the Respondent failed to ensure that 1 of 4 employees (Employee #1) met Level 1 background screening requirements or had been exempted from disqualifications, which led to the Respondent knowingly allowing the employee with felony convictions to transport the facilities' residents and periodically reside at the 39th Circle address.

59. Interview with Employee #1 on October 28, 2009, at approximately 8:05 a.m., revealed that he was the driver for the Respondent's residents, and was unaware where an absent resident was located.

60. Further interview with Employee #1 on October 28, 2009, at approximately 8:45 a.m., revealed that he sometimes resides at the licensed facility and that he transports the residents.

61. He stated that the Respondent's daughter is the actual relief person.

62. During review of the employee book, it was revealed that neither Employee #1's name nor his picture was listed. Names and pictures were located for the other employees, including the Respondent.

63. Review of the Comprehensive Case Information System using Employee #1's

name and date of birth revealed that Employee #1 has prior felony convictions, which would disqualify him from working or residing at the Facility.

64. Interview with the Assisted Living Facility Unit's (ALF) Senior Human Services Program Specialist (Specialist) on October 29, 2009, at approximately 12:10 p.m. via electronic mail revealed that during the licensure application process, the Respondent listed no household members and Employee #1 was listed as a relief person who resided at a different address.

65. The Specialist further revealed that the Respondent removed Employee #1 as the relief person during the application process by sending correspondence to the ALF Unit.

66. Review of correspondence sent by the Respondent to the ALF Unit revealed receipt of the letter on September 10, 2007 and September 17, 2007.

67. The contents of the correspondence revealed the Respondent's refusal to employ Employee #1 due to his unsatisfactory background screening and that he is "NOT A EMPLOYEE OR RELIEF PERSON or RESIDENT."

68. The Respondent's actions and/or inactions constituted a class II violation.

69. Class II violations are those conditions or practices related to the operation and maintenance of an adult family-care home or to the care of residents which the agency determines directly threaten the physical or emotional health, safety, or security of the residents, other than class I violations. A class II violation is subject to an administrative fine in an amount not less than $250 and not exceeding $500 for each violation. A citation for a class II violation must specify the time within which the violation is required to be corrected. If a class II violation is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense. § 429.71(1)(b), Fla. Stat. (2009).

70. The Respondent was cited for a class II violation.

71. The Respondent was given a mandatory correction date of November 28, 2009.

72. Under Florida law, the Agency may deny, suspend, and revoke an AFCH license for failure of any of the persons required to undergo background screening under s. 429.67 to meet the level 1 screening standards of s. 435.03, unless an exemption from disqualification has been provided by the agency. § 429.69(1), Fla. Stat. (2009).

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully seeks a final order revoking the Respondent's adult family care home license.

CLAIM FOR RELIEF

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully seeks a final order that:

1. Makes findings of fact and conclusion of law in favor of the Agency.
2. Imposes an administrative fine against the Respondent as set forth above.
3. Enters any other relief authorized by law that is just and appropriate.

Respectfully submitted on this 18th day of November, 2009.

Jamie L. Jackson, Assistant General Counsel
Florida Bar No. 59055
Agency for Health Care Administration
Office of the General Counsel
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Telephone: (850) 922-5873
Facsimile: (850) 921-0158

NOTICE

The Respondent has the right to request a hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes, and to be represented by counsel or other qualified representative. Specific options for the administrative action are set out within 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) 922-5873.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Administrative Complaint and Election of Rights form were served to: Mary Alexander, 17180 S.W. 39th Circle, Ocala, Florida 34473, by United States Certified Mail, Return Receipt No. 7003 1010 0000 9715 4976, and Miquell G. Mack, Esquire, 151 S.E. 8th Street, Ocala, Florida 34471, by United States Certified Mail, Return Receipt No. 7003 1010 0000 9715 4983 on this 18th day of November, 2009.

Jamie L. Jackson, Assistant General Counsel
Florida Bar No. 59055
Agency for Health Care Administration
Office of the General Counsel
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Telephone: (850) 922-5873
Facsimile: (850) 921-0158

Copies furnished to:

Mary Alexander 17180 S.W. 39th Circle Ocala, Florida 34473 (U.S. Certified Mail)	Ann Lopez Facility Evaluator Supervisor Agency for Health Care Administration 14101 N.W. Hwy 441, Ste. 800 Alachua, Florida 32615 (Interoffice Mail)
Miquell G. Mack, Esquire 151 S.E. 8th Street Ocala, Florida 34471 (U.S. Certified Mail)	Jamie L. Jackson, Assistant General Counsel Agency for Healthcare Administration 2727 Mahan Drive, MS #3 Tallahassee, Florida 32308 (Interoffice Mail)

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: AHCA v. Mary Alexander **ACHA No. 2009013097**

ELECTION OF RIGHTS

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

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

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

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308.
Telephone: 850-922-5873 Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

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

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

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

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed agency action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

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

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

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

Licensee Name: _____ License Number: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____ E-Mail(optional) _____

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

Signed: _____ Date: _____

Print Name: _____ Title: _____

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

MARY ALEXANDER,

Respondent

_____/

DOAH No(s): 09-4938
09-6833

Case No(s): 2009008832
2009013097
2009012711

SETTLEMENT AGREEMENT

Petitioner, State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and Respondent, Mary Alexander, (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 an adult family care home licensed pursuant to Chapter 429, Part II, Chapter 408, Part II, Florida Statutes, and Chapter 58A-14, Florida Administrative Code; and

WHEREAS, the Agency has jurisdiction by virtue of being the regulatory and licensing authority over Respondent; and

WHEREAS, the Agency served Respondent with administrative complaint dated August 6, 2009, notifying the Respondent of its intent to impose administrative fines in the amount of $17,000.00 for the unlicensed operation of an assisted living facility and which sought the revocation of the Respondent's adult family care home license; and

WHEREAS, the Agency served Respondent with administrative complaint dated November 18, 2009, notifying the Respondent of its intent to impose administrative fines in the amount of $500.00 and which sought the revocation of the Respondent's adult family care home license; and

WHEREAS, Respondent requested a formal administrative proceeding by selecting Option 3on the Election of Rights form; and

WHEREAS, the parties have negotiated and agreed that the best interest of all the parties will be served by a settlement of this proceeding; and

NOW THEREFORE, in consideration of the mutual promises and recitals herein, the parties intending to be legally bound, agree as follows:

1. All recitals herein are true and correct and are expressly incorporated herein.

2. Both parties agree that the "whereas" clauses incorporated herein 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 it 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 agrees 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 either party of its right to judicial enforcement of this Agreement.

4. An administrative fine of seventeen thousand five hundred dollars ($17,500.00) is imposed upon the Respondent, and the Agency's Facilities Intake Unit shall maintain an alert on the Respondent's file. The collection of the administrative fine, however, is STAYED, and the

Agency shall not make any attempt to collect the administrative fine, except as indicated in the following paragraph.

5. The Respondent agrees that in the event that its principals or controlling interests apply to the Agency for licensure in the future, or in the event that the Respondent is found operating a facility within the jurisdiction of the Agency without proper licensure, after service of an administrative complaint and the opportunity to challenge through an administrative process, the administrative fine of seventeen thousand five hundred dollars ($17,500.00) stayed by this agreement will be immediately due and payable.

6. Respondent will not obtain or posses any ownership interest in any facility regulated by this Agency and will not attempt to acquire licensure for any facility regulated by the Agency for a minimum period of five (5) years from the date that a Final Order is entered in these matters. The provisions of Paragraph 5 of this agreement will apply should the Respondent ever seek licensure by the Agency and the Respondent acknowledges that this agreement does not guarantee that any exemptions if applied for after the conclusion of the five (5) year period must be granted by the Agency.

7. Agency Case Number 2009012711 is hereby resolved with the Respondent's voluntary relinquishment of her homemaker companion services registration Number 231157.

8. 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.

9. By executing this Agreement, Respondent neither admits nor denies the validity of the allegations raised in the administrative complaint referenced herein, but recognizes that the Agency continues in good faith to assert the validity of these allegations.

10. 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.

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

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

13. 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.

14. This Agreement is binding upon all parties herein and those identified in paragraph 10 of this Agreement.

15. 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.

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.

Molly McKinstry
Acting Deputy Secretary
Agency for Health Care Administration
2727 Mahan Drive, Bldg #3
Tallahassee, Florida 32308

DATED: 4/7/11

Jeffrey C. Marty, Esq.
Counsel for Respondent
The Law Office of Jeffrey C. Marty
Post Office Box 3159
Zephyrhills, Florida 33539

DATED: 3-17-11

Justin M. Senior
General Counsel
Agency for Health Care Admin.
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

DATED: 4/4/11

Jamie L. Jackson
Assistant General Counsel
Agency for Health Care Admin.
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

DATED: 03/22/11