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



STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA No. 2015003894

BOCA CIEGA REHBILITATION LLC d/b/a BOCA CIEGA CENTER,

Respondent.
_____/

# FINAL ORDER

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

1. The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing. The Respondent returned the Election of Rights form selecting "Option 1" (Ex. 2), thus waiving the right to a hearing to contest the allegations and sanction sought in the Administrative Complaint.

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

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

3. The Respondent shall pay the Agency $16,000.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Central Intake Unit
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 61
Tallahassee, Florida 32308

4. Conditional licensure status is imposed on the Respondent beginning on March 6, 2015, and ending on April 4, 2015.

**ORDERED** at Tallahassee, Florida, on this 17 day of June, 2015.

Elizabeth Dudek, Secretary
Agency for Health Care Administration

## NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

## CERTIFICATE OF SERVICE

**I CERTIFY** that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 17th day of June, 2015.

Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 3
Tallahassee, Florida 32308
Telephone: (850) 412-3630

| | |
|---|---|
| Facilities Intake Unit<br>Agency for Health Care Administration<br>(Electronic Mail) | Central Intake Unit<br>Agency for Health Care Administration<br>(Electronic Mail) |
| Thomas J. Walsh II, Senior Attorney<br>Office of the General Counsel<br>Agency for Health Care Administration<br>(Electronic Mail) | Joshua Choate, Administrator<br>Boca Ciega Rehabilitation LLC d/b/a<br>Boca Ciega Center<br>1414 59th Street South<br>Gulfport, Florida 33708<br>(U.S. Mail) |

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

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Case Nos. 2015003894

BOCA CIEGA REHABILITATION LLC d/b/a BOCA CIEGA CENTER,

Respondent.
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ADMINISTRATIVE COMPLAINT

COMES NOW the Agency for Health Care Administration (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against Boca Ciega Rehabilitation LLC d/b/a Boca Ciega Center (hereinafter "Respondent"), pursuant to §§120.569 and 120.57 Florida Statutes (2014), and alleges:

NATURE OF THE ACTION

This is an action to change Respondent's licensure status from Standard to Conditional commencing March 6, 2015, to impose administrative fines in the amount of ten thousand dollars ($10,000.00), and to impose survey fees of six thousand dollars ($6,000.00) with a two (2) year survey cycle based upon Respondent being cited for one (1) isolated State Class I deficiency.

JURISDICTION AND VENUE

1. The Agency has jurisdiction pursuant to §§ 120.60 and 400.062, Florida Statutes (2014).

2. Venue lies pursuant to Florida Administrative Code R. 28-106.207.

PARTIES

3. The Agency is the regulatory authority responsible for licensure of nursing homes and enforcement of applicable federal regulations, state statutes and rules governing skilled nursing

**EXHIBIT**

**"1"**

facilities pursuant to the Omnibus Reconciliation Act of 1987, Title IV, Subtitle C (as amended), Chapters 400, Part II, and 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code.

4. Respondent operates a one hundred twenty (120) bed nursing home, located at 1414 59th Street South, Gulfport, Florida 33707, and is licensed as a skilled nursing facility license number 11890961.

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

COUNT I

6. The Agency re-alleges and incorporates paragraphs one (1) through eight (8), as if fully set forth herein.

7. That Florida law provides:

> (2) Each nursing home facility shall adopt, implement, and maintain written policies and procedures governing all services provided in the facility.
> (3) All policies and procedures shall be reviewed at least annually and revised as needed with input from, at minimum, the facility Administrator, Medical Director, and Director of Nursing.
> (4) Each facility shall maintain policies and procedures in the following areas:
> (a) Activities;
> (b) Advance directives;
> (c) Consultant services;
> (d) Death of residents in the facility;
> (e) Dental services;
> (f) Staff education, including hiv/aids Training;
> (g) Diagnostic services;
> (h) Dietary services;
> (i) Disaster preparedness;
> (j) Fire prevention and control;
> (k) Housekeeping;
> (l) Infection control;

(m) Laundry service;
(n) Loss of power, water, air conditioning or heating;
(o) Medical director/consultant services;
(p) Medical records;
(q) Mental health;
(r) Nursing services;
(s) Pastoral services;
(t) Pharmacy services;
(u) Podiatry services;
(v) Resident care planning;
(w) Resident identification;
(x) Resident's rights;
(y) Safety awareness;
(z) Social services;
(aa) Specialized rehabilitative and restorative services;
(bb) Volunteer services; and,
(cc) The reporting of accidents or unusual incidents involving any resident, staff member, volunteer or visitor. This policy shall include reporting within the facility and to the AHCA.
Rule 59A-4.106(2,3,and 4), Florida Administrative Code.

8. That pursuant to Florida law, all physician orders shall be followed as prescribed, and if not followed, the reason shall be recorded on the resident's medical record during that shift. Rule 59A-4.107(5), Florida Administrative Code.

9. That pursuant to Florida law, all licensees of nursing homes facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. § 400.022(1)(l), Fla. Stat. (2014).

10. That on March 6, 2015, the Agency completed a complaint survey of the Respondent facility.

11. That based upon the review of records and interview, Respondent failed to provide adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community including, failed to implement policy and procedures related to advanced directives and resident rights, and or failed to follow physician order, as demonstrated by the application of resuscitative measures despite physician orders to the contrary and expressed advanced directives, neither of which Respondent had determined invalid prior to the subject event or otherwise altered, the same being contrary to the mandates of law.

12. That Petitioner's representative reviewed Respondent's records related to resident number four (4) during the survey and noted as follows:

a. An admission record sheet with a date of birth reflecting the resident was seventy-three (73) years old and an original date of admission to the facility of February 13, 2015.

b. The admission record notated that the resident had never been married and listed self as the responsible party and listed the contact person as the resident's power of attorney and close friend.

c. The admission record also notated an Advanced Directive of DNR.

d. Physician orders revealed a DNR order dated February 16, 2015 by the resident's primary care physician.

e. The Advanced Directive Status was marked, "current and verified."

f. The record documented the following diagnosis history: Malignant Neoplasm of the lung metastasized , Altered Mental Status, Dysphagia Oral Phase, generalized muscle weakness, Cerebral Vascular Accident affect dominant side, difficulty in walking, Anxiety, Atrial Fibrillation, Paralysis secondary to two recent cervical spinal cord compressions, Diabetes Mellitus, Anemia and deafness.

g. The advanced directives section of the clinical record revealed the following relevant documents:

i. Durable Power of Attorney document signed by the Resident and the POA and close friend dated January 15, 2015.

ii. A State of Florida DO NOT RESUSCITATE ORDER form printed on yellow goldenrod paper and signed by the Resident's power of attorney/close friend and hospital physician on February 7, 2015.

iii. An "ACKNOWLEDGEMENT OF ADVANCED DIRECTIVES" form signed by the facility's administrative assistant and the resident's power of attorney dated February 18, 2015.

h. A "Advance Directives Policy and Record" dated and initialed by Respondent's administrative assistant on February 13, 2015 reflected:

i. It is the facility's policy to recognize and implement the resident's rights under state law to make decisions concerning medical care, including the right to accept or refuse medical treatment, and the right to formulate Advance Directives.

ii. (1.) Decisions Concerning Medical Care and Valid Advance Directives.

Facility agrees to honor:

(a) Decisions concerning medical care, including the right to accept and refuse treatment, when made in accordance with state law.

(b) Valid Advance Directives made in accordance with state law.

iii. The making of Advance Directives by the resident is not a precondition to; nor does the facility otherwise discriminate against a resident based on whether or not Advance Directives have been made.

iv. (2.) Invalid Advance Directives or No Advance Directive: If the resident has an invalid Advance Directive or no Advance Directive and the resident or the representative wishes to refuse, withhold, or withdraw life sustaining medical treatment, such decision shall be made consistent with state law and in conjunction with the facility staff, management staff and the attending physician. Full consideration shall be given to the applicable law as interpreted by the Legal Department.

i. An "Authorization to Use and/or Disclose Health information" was signed and dated by the power of attorney on February 18, 2015.

j. A "Consent to Treatment" form dated February 18, 2015, signed by the power of attorney reflected:

k. "The resident and/or legal representative hereby authorizes the appropriate staff of this facility to perform such functions as are necessary to maintain the well-being of the resident, including, but not limited to bathing and hygiene, dressing, toiletry-daily activities-assistance with general nursing care, the administration of medications and treatments, the performance of therapies, as

prescribed by the resident's physician and the resident's plan of care, or as required from time to time in the exercise of good nursing judgment, subject to any rights provided to the resident by federal or state law. The undersigned legal representative hereby represents that he/she has the legal authority to make health care decisions on behalf of the resident, that documents supporting such authority have been delivered to this facility, and that such representative hereby consents on behalf of the resident to the treatment described above."

l. The name of the authority listed at the bottom of the "Consent to Treatment" form is checked off as the Durable Power of Attorney for Health Care.

m. A physician's assessment note dated February 18, 2015, documented the following:

i. A history of present illness of a seventy-three (73) year old with metastatic lung cancer, methicillin resistant staph aureus (MRSA) of a urinary tract infection (UTI), cervical cord compressions, a fracture of the neck after a fall and stroke before Christmas.

ii. The resident had surgery for compression of spine in December and continued to have falls.

iii. "Cardiac problems unclear of type with recent hospitalization."

iv. There is a "large left lung mass with biopsy and then transferred from the hospital to hospice for end of life care. [Patient] then transferred to the facility with a reason for admission listed as End of Life Care. History a little unclear came from [] POA and friend, major weight loss, mental

decline, no improvement."

v. The assessment noted the resident was a DNR.

vi. The review of systems noted mental impairment, wasting, clubbing and muscle wasting of the joints and extremities, heart rate very irregular, no longer able to recognize the POA and friend of 5 years, left hemiparesis, and questionable eroded metastatic deposit of the right scapular area.

vii. The physician's diagnosis and plan documented lung cancer with questionable metastatic to brain and skin. "Plan: palliative comfort care. Diagnosis: Altered mental status with deafness. Plan: palliative comfort care; only comfort meds. Diagnosis: Cachexia. Plan: comfort foods and liquids."

n. The resident's admission Minimum Data Set assessment (MDS) with an assessment reference date of February 18, 2015, reflected as follows:

i. A Brief Interview of Mental Status (BIMS) was conducted with a score of three (3), which indicated severe impairment.

ii. According to the CMS RAI MDS 3.0 Manual, "The BIMS total score is highly correlated with Mini-Mental Status Exam (MMSE; Folstein, Folstein, & McHugh, 1975) scores. Scores from a carefully conducted BIMS assessment where residents can hear all questions and the resident is not delirious suggest the following distributions: 13-15: cognitively intact; 8-12: moderately impaired; 0-7: severe impairment."

o. The resident's care plan initiated February 17, 2015, reflected as follows:

i. Resident Advance Directives - Resident/authorized responsible party

request DNR wish to be honored. Durable Power of Attorney for health care decisions, Durable Power of Attorney for financial decisions.

ii. Goal - Resident's Advance Directives will be honored.

iii. Interventions - Inform residents that Advance Directive can be revoked or changed if resident and/or appointed health care representative changes their mind about the medical care they want delivered.

iv. Verify presence of physicians order for DNR. Review DNR status and orders quarterly and PRN.

p. The resident's care plan initiated February 20, 2015, reflected the resident had impaired cognitive function/dementia or impaired thought processes related to severely impaired: BIMS score 0-7, short term memory loss, long term memory loss.

q. Nurse's Progress Notes document the following:

i. February 26, 2015 at 5:38 p.m. - The director of nurses (DON) documented the patient was found unresponsive in the bed. No pulse and no respirations. A Code was called, and 911 were also notified. CPR was initiated. When the paramedics arrived, they phoned their medical director, who pronounced the resident.

ii. February 26, 2015 at 5:46 p.m. – The director of nurses documented that the power of attorney, physician, and the National Cremation were notified. The note documents that the power of attorney came in to sit with the resident. National Cremation arrived at 2:00 p.m. The power of attorney was notified that they had arrived to transport the resident.

r. Absent from the complete medical record for the resident was any social service or nursing documentation to indicate that Advance Directive decisions had been discussed and reviewed with the resident or the power of attorney and close friend.

s. Absent from the record was any social services department notes.

t. The Resident Admission Agreement contained the following:

i. Facility agrees:

(a) To provide basic room and board, general nursing care, social services, dietary services, and activities as required by law.

(b) To assist, provide or obtain, as required by law, the services of providers of Resident's choice for necessary care.

ii. Consent to Treatment: The Resident and/or legal representative hereby authorizes the appropriate staff at the Facility to perform such functions as are necessary to maintain the well-being of the Resident, including but not limited to assistance with bathing and hygiene, dressing, toiletry, and daily activities; and general nursing care, the administration of medication and treatments, and the performance of therapies, as prescribed by the Resident's physician in the Resident's Plan of Care, or as required from time to time in the exercise of good nursing judgment, subject to any rights provided the Resident by federal and state law.

iii. The following provisions are applicable to all residents.

(a) The Resident and/or Legal Representative agree:

a. To the administration of such services as are required to

carry out the Resident's plan of care as Resident, Facility, and the Resident's attending physician deem appropriate, except where the Resident has indicated in writing to the Facility and Resident's physician that a particular service is refused to the extent permitted by law.

b. To abide by all rules, regulations, policies and procedures as are from time to time established by Facility.

c. To provide Facility with a copy of any written document indicating the Resident's choices for treatment of terminal illness and/or use of life-sustaining medical treatment, such as a Living Will, Directive to Physicians or a Durable Power of Attorney for Health Care.

(b) Our facility will protect and promote each of the following right

a. Exercise of Rights: If you are not adjudged incompetent by a state court, any legal surrogate designated according to state law may exercise your rights, to the extent provided by state law.

b. Notice of Rights and Services:

i. You have the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive such as a living will or a durable power of attorney for health care, recognized under state law relating to the provision

of health care when you are no longer able to make decisions.

ii. Free Choice: You have the right to be fully informed in advance about care and treatment and of any changes in the care or treatment that may affect your well-being and to participate in planning care and treatment or changes in care and treatment, unless you have been adjudged incompetent or found to be incapacitated under state law.

iii. Quality of Life: Dignity/Self Determination and Participation. You have the right to receive care from the facility in a manner and in an environment that promotes, maintain, or enhances your dignity and respect in full recognition of your individuality. You have the right to: (a) Choose activities, schedules, and health care consistent with your interests, assessments, and plans of care. (b) Interact with members of the community both inside and outside the nursing facility. (c) Make choices about aspects of your life in the nursing facility that is significant to you.

13. Respondent's "Resident Handbook," with an effective date of February 1, 2014, revealed the following relevant information:

a. Page thirteen (13) - When it comes to your health information, you have certain rights. You have the right to:

   i. Choose someone to act for you.

   ii. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

   iii. We will make sure the person has this authority and can act for you before we take any action.

b. Page fourteen (14) - Your choices - If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

14. That Petitioner's representative interviewed Respondent's staff member "F," an administrative assistant, on March 4, 2015 regarding resident number four (4) and the staff member indicated:

a. She confirmed that she assists admissions by going over the admission paperwork with new admit.

b. "I just help out the admission director with admission packs and what to go over with the new admissions."

c. She had not received any training on the admission packs or what to look at when getting advanced directives from residents or their family member.

d. "I often initial the receipt of advanced directives without seeing them based on

the Social Services Director telling me she has them."

e. She agreed by signing the Consent Received Form, it appeared she had received them, reviewed them, and that they were valid.

f. She could not recall if she had actually received Advanced Directives for resident number four (4) or if she just initialed that she had received them.

15. That Petitioner's representative interviewed Respondent's nursing home administrator on March 4, 2015 regarding resident number four (4) and the administrator confirmed that the Social Services Director failed to review and meet with the resident and the resident's power of attorney to discuss the Advanced Directives.

16. That Petitioner's representative interviewed Respondent's medical director on March 3, 2015 regarding resident number four (4) and the director indicted:

a. He had been notified on February 26, 2015, of the event.

b. The staff should have followed the facility's policy for responding to a code.

c. "We are taking this very seriously and are working on this currently in the quality meetings and I am very involved in our quality initiatives."

17. That Petitioner's representative reviewed Respondent's "Code Status Orders and Response" Policy and Procedure which was in effect on February 26, 2015, and noted the following information:

a. Policy: "The Physician's order for DO NOT RESUSCITATE is written based on the wishes of the resident/patient or authorized designee. Advanced Directives will be honored during the code process. The facility provides Basic Life Support (BLS) CPR only. No Advanced Life Support services are offered in the facility by facility staff."

b. DNR ORDER:

i. The resident/patient will receive medically appropriate care; however, cardiopulmonary resuscitation will not be initiated in the absence of pulse or respirations.

ii. Code status orders will be reviewed quarterly, PRN, and with any change of condition by the interdisciplinary team.

iii. Code status orders will be renewed by physician's review and signature on monthly orders.

iv. Each resident/patient will have their elected code status documented in the medical record.

v. Code status documentation will be filed as the first documents within the medical record.

vi. An incomplete 1896 (DNR) document should not be placed in the resident's chart as the DNR order is not valid.

vii. The patient or authorized designee may change the code status at any time. The staff must notify the MD and request an order for DNR status to execute the changes in code status.

c. Procedure for Admission:

i. [1.] Review Advance Directive acknowledgement with the Resident and the family.

ii. [2.] Obtain all Advance Directive decision making documents at the time of admission when available. If not available, request the family to bring copies to the facility as soon as possible. Educate the Resident and the

family of the requirement for the forms to be available and complete in order for staff to execute and Advance Directives.

iii. [3.] Social Services or Nursing should discuss Advance Directive decisions with the patient and or family. Ascertain that the patient/responsible party understands the decision.

iv. [4.] Notify the attending physician of the patients request for DNR status.

v. [5.] If a 1896 Florida DNR order did not accompany the Resident upon transfer, request from the attending physician, a completed 1896 DNR order (State of Florida). Assure the form is copied on yellow paper with multiple copies placed on the front of the chart. Assure the form is completed by the patient or patient representative and signed by the physician. The form must be completed with both signatures and copied on yellow paper to be valid.

vi. [6.] Obtain a written physician order for the patient's medical record. This can be written on a telephone order if the order is obtained in the presence of two nurses. Transcribe the order into the Point Click Care, electronic medical record system.

vii. [7.] Scan the DNR form into the electronic medical record system (where scanning is available).

viii. [8.] Update the care plan and kardex system.

ix. [9.] Notify all staff members of the code status.

d. Procedure for Changing Code Status:

i. [1.] The physician and/or social services/clinical team will review the

resident/patient or authorized responsible party wishes regarding code status as it relates to the current clinical condition. This discussion will include an explanation of "DNR "Do Not Resuscitate" and/or "Full Code." If the resident/patient is a minor that has not been emancipated, the physician shall also give such explanation to the resident/patient's parents or legal guardian.

ii. [2.] Obtain a completed 1896 form (State of Florida DO NOT RESUSCITATE ORDER) completed by the patient or health care representative and signed by the physician. The form must be copied on yellow paper and signed by the physician and resident/health care representative to be valid.

iii. [3.] Obtain a written MD order for the patient's medical record. This can be written on a telephone order if the order is obtained in the presence of two nurses. Transcribe the order into the facility's electronic medical record system. Code status is either-full code or DNR.

iv. [4.] Update the resident care plan and nursing kardex system.

v. [5.] Scan the form 1896 into electronic medical record system (where scanning is available).

vi. [6.] Place the code order and the 1896 form in the front of the medical record.

vii. [7.] Review in the next clinical meeting, any changes to code status or advance directives.

viii. [8.] The patient retains the right to withdraw or change any type of

advance directive including code status at any time.

e. Procedure for Initiating CPR:

i. Once CPR is started, CPR will continue until:

(a) [1.] Relieved by emergency medical services,

(b) [2.] Relieved by another staff member who will take over CPR,

(c) [3.] Physician orders to discontinue CPR,

(d) [4.] Resident pulse and respirations are palpable/observable.

ii. First nurse on the scene:

(a) [1.] Confirms cardiac or respiratory arrest. (Point of Emphasis: CODE status must be confirmed by checking the medical record).

(b) [2.] Calls for HELP.

(c) [3.] Checks airway and pulse and connect to oxygen if available while awaiting the emergency cart.

(d) [4.] Checks medical record for code status.

(e) [5.] Begins CPR if appropriate based on previously expressed advanced directives.

(f) [6.] Continues CPR at 30 compressions to 2 breaths until 911 arrives and takes over care of the patient.

iii. The role of the second responder is to assist the first responder as necessary and be the coordinator of the event. The second responder will assure someone:

(a) [1.] Immediately brings code cart and medical record to the patient's location.

(b) [2.] Calls a code blue and the location over the PA system.

(c) [3.] Assures that assignments are made for:

a. Notifying 911.

b. Notifying family and physician.

c. Completing paperwork for impending transfer to the hospital.

d. Waiting for emergency medical services personnel to arrive and escort them to code site.

e. Designate a scribe to record activity related to the "code Blue worksheet" provided on the emergency cart. The second person should be available at all times to assist the first responder as necessary with CPR.

iv. First nurse responder at the end of the event:

(a) [1.] Assures code blue worksheet is reviewed with the team and code critique is completed.

(b) [2.] Assures all documentation is completed in the medical record/24 hour report and DON/Administrator are notified.

(c) [3.] Assures code cart is replenished with used supplies.

18. That Petitioner's representative reviewed Respondent's policy and procedure effective July 2012 for Abuse, Neglect, Exploitation, Mistreatment of Resident/Patient or Misappropriation of Resident/Patient Property and noted the following information:

a. Policy: The facility has designated and implemented processes which strive to ensure the prevention and reporting of suspected, or alleged, abuse, neglect,

exploitation, mistreatment and exploitation of residents/patients and their property.

b. The facility acknowledges the following definitions ... Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

c. Training: Facility orientation program and on-going training programs will include, but may not be limited to:

i. Definitions of abuse, neglect, mistreatment, exploitation and misappropriation.

ii. Identification of abuse, neglect, mistreatment, exploitation and misappropriation.

iii. Utilization of appropriate interventions to deal with resident behaviors that might result in harm to the resident or staff.

iv. How to provide protection for residents/patients.

v. Components of a complete and thorough investigation.

vi. Methods to reduce the risk of abuse, neglect, mistreatment, misappropriation, and exploitation, that may include, but may not be limited to, recognizing signs of burnout, frustration and stress; stress management and relaxation techniques.

vii. Staff training will be documented and maintained with facility educational records.

19. That Petitioner's representative telephonically interviewed the power of attorney and close friend for resident number four (4) on March 3, 2015, who indicated as follows:

a. "[The resident] told me right out of [the resident's] mouth that [the resident] did not want to be resuscitated. This was back when [the resident] was able to talk before [the resident] had a stroke and then was diagnosed with lung cancer. Did you know they think the lung cancer had possibly spread to [the] brain and that is why [the resident] went downhill so fast? [The resident] told me that if anything happened [], for me to call [the resident's] daughter and that, 'When I go, I just want to go.'"

b. She stated the resident told her, "I can't walk, I can't talk right and I can't hear."

c. She confirmed that the resident had never been married and had a daughter who had not been in contact with the resident in years.

d. She confirmed they were longtime friends and there was no family involvement so "I carried out [the resident's] wishes. I called the resident's] daughter when [the resident] was sick on [the] bed and [the] daughter sent me a text back stating "that [person] does not exist. I made sure I let [the] daughter know everything, but she did not want to have anything to do with [the resident].

e. "I knew [the resident] wanted to be cremated and so that is what I did."

f. She confirmed that the facility had called the power of attorney on February 26, 2015 at around 10:00 a.m. "They told me [the resident] had died. They did not tell me anything else. I went to the facility and sat with [the] body for two hours."

20. That Petitioner's representative interviewed the primary physician of resident number

four (4) on March 4, 2015, who indicated as follows:

a. He was notified immediately on February 26, 2015, when the resident expired. "I did not know about the facility initiating CPR until yesterday (03/03/2015) when the NHA gave me a call."

b. "As I recall, this resident had been in and out of the hospital a couple of times, then went to hospice where [the resident] lived longer than expected so hospice transferred [the resident] to the facility for end of life care with advanced directives already in place. I would have honored the DNR as I would have not had a reason to think it was erroneous."

c. The physician confirmed that the resident was a DNR stating, "Oh, my gosh, yes [the resident] was a DNR. The resident initially had a stroke and has been going downhill for the past five months. The resident had lost weight, had no appetite and was recently diagnosed with a large lung mass."

d. On February 18, 2015, he met with the resident's power of attorney and close friend and conducted a complete assessment of the resident. "The POA clearly was invested in doing the right thing for her friend. When I assessed [the resident, the resident] was totally death and [] cognition was clearly not there. [The resident] just stared off into space."

e. The physician confirmed that he got more of a history from the power of attorney than the information he had received from hospice.

f. "I admitted this resident for end of life care. The resident had lung cancer and now it had metastasized through to [the] right shoulder. The resident also had rapid fire atrial fibrillation, and was cachectic (wasting away). I saw [the

resident] a total of three times while [the resident] was in the facility. The resident had been sick for several months and the POA confirmed that. I discussed with the POA what the resident's wishes were and I wrote them down. The resident could not hear, [] cognition was minimal, [] wishes had been expressed. I gave an order for a DNR."

g. The physician confirmed that the facility had started physical therapy and speech therapy and that he had discontinued them both. "It was a very sad case. But, to me [] end of life wishes had been expressed and [the resident's] wishes were not to be resuscitated. The facility's little glitch caused a non-productive outcome and a non-productive outcome for the resident. It would have all fallen on the POA anyway since there was no one else. There is a real difficulty here, we as physicians get DNR's all of the time, in every health care setting and we do everything we can to ensure they are correct. This DNR was initiated in the hospital, accepted in hospice and accepted by this facility when the Resident was admitted. The resident was admitted by me for end of life care and there should have been no question about code status."

21. That Petitioner's representative interviewed Respondent's employee "A" regarding resident number four (4) on March 4, 2015 who indicated as follows:

a. She was the assigned certified nursing assistant for the resident on February 26, 2015.

b. She recalled feeding the resident breakfast that morning and the resident began coughing.

c. Employee "A" went and got employee "B," the resident's assigned nurse, who

checked the resident's throat and elevated the head of the resident's bed.

d. Employee "A" then left the resident in the care of the nurse and began caring for other residents.

e. The next thing employee "A" recalled was coming back in to check on the resident who was found to be alone, with the head of the bed still elevated, but slumped over and looked yellow and was cold to the touch.

f. She could not recall how much time had elapsed between the time in which she had left the resident with the nurse and returned to find the resident in this state.

g. She then went and got employee "B" again.

h. When employee "B" observed the resident, employee "B" called a Code Blue and instructed employee "A" to go get the resident's chart.

i. Employee "A" did not make an attempt to retrieve the chart as she thought someone else had.

j. The last thing employee "A" recalled was someone coming down the hall with the crash cart.

k. Employee "A" heard the director of nursing arrive at the room and state "You have started CPR, keep going."

l. Employee "A" did not have any further involvement in the event.

22. That Petitioner's representative interviewed Respondent's registered nurse risk manager regarding resident number four (4) on March 3 and 4, 2015 who indicated as follows:

a. March 3, 2015 - She heard the overhead page on February 26, 2015, for the Code Blue and she responded.

b. "When I got to the resident's room, I saw the resident in bed and assessed the resident. There was no pulse. I initiated CPR because [employee "B"], who was the resident's nurse that day, confirmed to me three (3) times that she was sure that the resident was a full code. I started CPR. We did not look in the chart because the chart could not be located by anyone. In fact, the record was not found and brought into the resident's room until the paramedics arrived. They took one look at the DNR and had me stop CPR."

c. March 4, 2015 - "I should not have accepted the word of [employee "B"] telling me the resident was a full code. I should have waited on the medical record. If I had seen the medical record when the code was called and was presented with the goldenrod DNR I would not have started CPR."

d. She said she should have looked for the code status in the computer, "it would have been quicker."

e. This incident was "majorly investigated" by our corporate nurse.

f. This was "definitely, a system breakdown."

g. She was unsure if the Power of Attorney was notified of the CPR which was provided to the resident.

23. That Petitioner's representative telephonically interviewed Respondent's employee "B" regarding resident number four (4) on March 3, 2015 who indicated as follows:

a. She was the nurse for the resident on February 26, 2015.

b. "I made my rounds on the 200 hall around 8:45 a.m. The resident had a choking spell, and I raised the head of [the] bed up."

c. She could not recall who called the code that day but stated she never left the

resident's side.

d. She thought the resident was a full code, but could not confirm the resident's code status since no one could find the medical record.

e. She confirmed that the DNR order would have also been in their electronic medical record system, "but I want to see the actual copy for myself. I do not trust the computer."

f. When the paramedics arrived, the medical record was brought in and the paramedics looked at the goldenrod DNR form on the medical record and instructed us to stop CPR.

g. She confirmed that later she checked the resident's code status in their electronic medical record system and that there was an order for a DNR signed by the resident's primary care physician in the facility on February 16, 2015.

h. "I am just confused by all of this. I still do not understand was the resident a DNR or not? Since the goldenrod DNR status was in the clinical record at the time of the event, I thought [the resident] was a DNR."

i. She stated the resident was confused and would not have been able to make wishes known.

24. That Petitioner's representative interviewed Respondent's employee "C," a registered nurse, regarding resident number four (4) on March 3, 2015 who indicated as follows:

a. She confirmed that a code blue was called for the resident and she observed the crash cart being wheeled down to the resident's room.

b. "When I arrived to the resident's room, the risk manager, R.N., was on the

floor and had already initiated CPR. I assumed the resident was a full code since I saw the risk manager on the floor doing compressions. I am not sure why my floor nurse, [employee "B"], thought that [the resident] was a full code. They know they had to check the medical record first."

c. "The risk manager was not able to get air movement so I assisted with the respirations while she did compressions. I am not sure how much time had elapsed when the medical record was finally located and brought into the resident's room. I verified the resident had a DNR on the record. We continued CPR since we had already started and continued until the paramedics arrived. We stopped only long enough to check for a pulse, switch off and we continued. When the paramedics arrived, they saw the DNR order on the resident's record and called their boss. The paramedics instructed us to stop and the resident was pronounced dead."

d. "If I had seen the DNR on the goldenrod paper in the resident's medical record at the time of the event I would have believed it was valid. If it was not a valid DNR then why would it be in the medical record at the time of the event? I would have believed it was valid. If it was not a valid DNR then why would it be in the medical record?"

25. That Petitioner's representative telephonically interviewed Respondent's former director of nurses regarding resident number four (4) on March 4, 2015 who indicated as follows:

a. She was working at the facility on the day this event occurred.

b. She confirmed that CPR was initiated on the resident without confirming the code status on the medical record.

c. She confirmed that the resident's medical record could not be located and that the facility's policy and procedure stated to view the DNR golden rod form before initiating CPR.

d. She confirmed that the staff did not look into the facility's electronic medical record system to verify the resident's code status stating, "There is just too much room for an error."

e. She had spoken with the resident's power of attorney on February 26, 2015, and informed her of the resident's death. "I did not tell the resident's POA that we had performed CPR."

f. She confirmed that the social services director had not followed the facility's policy and procedure to ensure the resident's advanced directives were complete and valid upon his admission.

g. "We started staff education regarding our CPR policy and procedure after this event. There were no changes made to the policy and procedure, we just re-enforced what our procedure was."

h. "This was a very serious mistake. I guess in hindsight, we did not follow our facility policy and procedure on admission to verify the advance directives. We accepted the Resident code status as a DNR."

26. That Petitioner's representative interviewed Respondent's employee "G," a licensed practical nurse, regarding resident number four (4) on March 4, 2015 who indicated as follows:

a. She confirmed that on February 26, 2015, a Code Blue was called during the standup meeting and she responded to the code.

b. "Once I was in the room everyone was yelling, what's the code status? I am

not sure who said it was a DNR. We looked everywhere for the medical record. I was upset when I realized the record I had been working on in my office was for [the resident]. The resident's assessment was due that day."

c. She confirmed that the business office manager had a master key, unlocked her office, got the chart and brought it down to the resident's room.

d. On February 26, 2015, in the afternoon, a meeting was called by the nursing home administrator and he gave the managers an in-service to make sure the charts are signed out when they leave the nurse's station.

e. "He gave us this new process and showed us the chart sign-in and sign out form."

f. The in-service was not on CPR, but it was on advanced directives.

g. She confirmed that the resident status code was in their electronic medical record system but that the facility's process was to check the medical record and bring it to the resident's room. "The administrator was trying to educate us on the process."

27. That Petitioner's representative interviewed Respondent's employee "D," a medical records clerk, regarding resident number four (4) on March 3, 2015 who indicated as follows:

a. She confirmed that she remembered the event and hearing the code blue being called on February 26, 2015.

b. She had been at the nurses' station in the computer system at the time of the event, but did not look up the resident's code status because their process was to get the medical record and take it down to the room so the nurse can visualize the DNR.

c. "I never walked down to the resident's room during the code because I was looking for the resident's medical record. The record was finally found locked in the Minimum Data Set (MDS) coordinator's office. Our Business Office Manager had a master key and went in the MDS office and found the record."

d. "After the investigation, we were told by the nursing home administrator that the DNR on the resident was not valid. I now have to confirm every POA, advanced directive, and health care surrogate to ensure accuracy before I put them on a resident's chart."

28. That Petitioner's representative interviewed Respondent's nursing home administrator and Respondent's social services director regarding resident number four (4) on March 3, 2015 who indicated as follows:

a. Both confirmed that an event occurred on February 26, 2015, around 8:45 a.m., during which a code blue was called involving the resident.

b. The administrator stated, "I remember it well. I was running late that morning and we were to have our stand up meeting at 9:00 a.m. As soon as I got to the facility, I hear a code blue being called overhead."

c. Both stated that upon admission, "... we look at the advanced directives, go through and contact family at admission time to bring them in if necessary and we review the advanced directives for accuracy. With the DNR's we look at it to make sure the appropriate people have signed them. If a family comes in with a resident that does not have a DNR with health care proxies, we review these at care planning meetings. A DNR signed by the MD is considered an order. We do not trust the accuracy of the information scanned into our

electronic medical record system. We feel it is quicker to grab the chart and actually see the DNR order. If the chart cannot be found, we continue to look for the chart."

d. The administrator stated, "We have always had the practice and even with this recent code, the chart has to go to the room." If a staff member cannot locate a resident's medical record, we would then verify a resident's code status by using the electronic medical record to verify the code status.

e. The Social Services Director stated, "With the recent code, [employee D], our medical records person, was in the computer at the desk at the nurse's station when the code was called. They have been trained to find the medical record and bring it to the room for the nurses. I don't think she thought to look up the code status in our electronic medical record system."

29. That Petitioner's representative again interviewed Respondent's social services director regarding resident number four (4) on March 3, 2015 who confirmed that there was a breakdown in the process and she had missed reviewing this resident's Advanced Directive documentation upon admission.

30. That Petitioner's representative interviewed Respondent's nursing home administrator regarding resident number four (4) on March 5, 2015 who indicated as follows:

a. The facility conducted a root cause analysis for the February 26, 2015, event involving the resident.

b. He confirmed that they had determined that CPR was started without the code status being verified because the resident's medical record could not be located.

c. "I spoke with our risk manager who was the nurse who initiated CPR and she confirmed that she did not check the code status in the medical record because the medical record could not be located. The risk manager confirmed she had taken the information from [employee "B"], an LPN who was caring for the resident that day, that [the resident] was a full code."

d. "I feel strongly that we need to carry out the wishes of the residents. We started our investigation on February 26, 2015, the day of the event with [the resident]. We immediately began educating our staff. The managers were educated first and then we started with out employees."

31. That the above reflects Respondent's failure to implement its policies and procedures, including but not limited to policies and procedures related to advanced directives and abuse or neglect, and or failed to follow physician orders, including but not limited to:

a. The failure to implement its policy and procedure related to honoring advance directives.

b. The failure to implement its policy and procedure on obtaining advance directives.

c. The failure to implement its policy related to abuse and neglect.

d. The failure to honor physician's orders to not resuscitate.

e. The failure to implement its policy and procedure related to advance directives upon resident admission.

f. The failure to provide adequate and appropriate health care as provided in a resident's care plan.

32. That the above described noncompliance caused or is likely to cause serious injury, harm,

impairment, or death to residents.

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

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of ten thousand dollars ($10,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(8)(a), Florida Statutes (2014).

COUNT II

34. The Agency re-alleges and incorporates paragraphs one (1) through five (5), and Count I as if fully set forth herein.

35. Based upon Respondent's one (1) cited State Class I deficiency, it was not in substantial compliance at the time of the survey with criteria established under Part II of Florida Statute 400, or the rules adopted by the Agency, a violation subjecting it to assignment of a conditional licensure status under § 400.23(7)(a), Florida Statutes (2014).

WHEREFORE, the Agency intends to assign a conditional licensure status to Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(7), Florida Statutes (2014) commencing March 6, 2015.

COUNT V

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

37. That Respondent has been cited with one (1) State Class I deficiency and therefore is subject to a six (6) month survey cycle for a period of two years and a survey fee of six thousand

dollars ($6,000) pursuant to Section 400.19(3), Florida Statutes (2014).

WHEREFORE, the Agency intends to impose a six (6) month survey cycle for a period of two years and impose a survey fee in the amount of six thousand dollars ($6,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to Section 400.19(3), Florida Statutes (2014).

Respectfully submitted this 2 day of June, 2015.

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

DISPLAY OF LICENSE

Pursuant to § 400.23(7)(e), Fla. Stat. (2014), Respondent shall post the most current license in a prominent place that is in clear and unobstructed public view, at or near, the place where residents are being admitted to the facility.

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

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

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

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served by U.S. Certified Mail, Return Receipt No: 7011 0470 0000 4509 4118 on June 2, 2015 to Joshua Choate, Administrator, Boca Ciega Rehabilitation LLC d/b/a Boca Ciega Center, 1414 59th Street South, Gulfport, Florida 33707, and by Regular U.S. Mail to Spector Gadon & Rosen LLP, Registered Agent for Boca Ciega Rehabilitation LLC, 360 Central Avenue, Suite 1550, St. Petersburg, Florida 33701.

Thomas J. Walsh, II, Esquire

Copy furnished to: Patricia R. Caufman, Field Office Manager, Agency for Health Care Admin.

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

**RE: Boca Ciega Rehabilitation LLC** **AHCA No: 2015003894**
**d/b/a Boca Ciega Center**

## 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: 850-412-3630 Facsimile: 850-921-0158

## PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

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

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

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

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

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

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

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

Licensee Name: _____ License Number: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

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

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

Signed: _____ Date: _____

Print Name: _____ Title: _____

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 26, 2015

Joshua Choate, Administrator
Boca Ciega Center
1414 59th St S
Gulfport, FL 33707

File Number: 55225
License Number: 11890961
Provider Type: Nursing Home



RE: 1414 59th St S, Gulfport

Dear Administrator:

The enclosed Nursing Home license with license number 11890961 and certificate number 19444 is issued for the above provider effective March 6, 2015 for a Status Change to Conditional.

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

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

If we may be of further assistance, please contact me by phone at 850-412-4427 or by email at Kathleen.Munn@ahca.myflorida.com.

Sincerely,

K. Munn

Kathleen Munn
Health Services and Facilities Consultant
Long Term Care Unit
Division of Health Quality Assurance

CERTIFICATE #: 19444

LICENSE #: SNF11890961

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION

DIVISION OF HEALTH QUALITY ASSURANCE

# NURSING HOME

CONDITIONAL

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

BOCA CIEGA CENTER
1414 59th St S
Gulfport, FL 33707

TOTAL: 120 BEDS

Status Change

EFFECTIVE DATE 03/06/2015

EXPIRATION DATE: 03/31/2015

Deputy Secretary/Division of Health Quality Assurance

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 26, 2015

Joshua Choate, Administrator
Boca Ciega Center
1414 59th St S
Gulfport, FL 33707

File Number: 55225
License Number: 11890961
Provider Type: Nursing Home



RE: 1414 59th St S, Gulfport

Dear Administrator:

The enclosed Nursing Home license with license number 11890961 and certificate number 19445 is issued for the above provider effective April 5, 2015 for a status change back to Standard.

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

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

If we may be of further assistance, please contact me by phone at 850-412-4427 or by email at Kathleen.Munn@ahca.myflorida.com.

Sincerely,

K. Munn

Kathleen Munn
Health Services and Facilities Consultant
Long Term Care Unit
Division of Health Quality Assurance

CERTIFICATE #: 19445

LICENSE #: SNF11890961

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

## NURSING HOME

STANDARD

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

BOCA CIEGA CENTER
1414 59th St S
Gulfport, FL 33707

TOTAL: 120 BEDS

Status Change

EFFECTIVE DATE 04/05/2015

EXPIRATION DATE: 03/31/2017

Deputy Secretary/Division of Health Quality Assurance

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

**RE: Boca Ciega Rehabilitation LLC** **AHCA No: 2015003894**
**d/b/a Boca Ciega Center**

**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: 850-412-3630 Facsimile: 850-921-0158

FILED
AHCA
AGENCY CLERK
2015 JUN -5 A 8:05

**PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS**

**OPTION ONE (1) _X____ 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.

**EXHIBIT**

**"2"**

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

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

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

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

Licensee Name: Boca Ciega Center, LLC License Number: SNF1189096 1

Contact Person: Joshua Choate Title: NHA

Address: 414 59th Street S Gulfport 33707
Number and Street City Zip Code

Telephone No. 727-344-4608 Fax No. 727-345-0189 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: 6-4-15

Print Name: Joshua Choate Title: NHA