

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

2017 JUN -6 A 9 33

Petitioner,

v.

AHCA No. 2016010376

500 SOUTH HOSPITAL DRIVE
OPERATIONS, LLC, d/b/a SHOAL
CREEK REHABILITATION 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**:

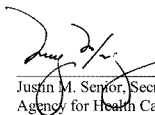
2. The findings of fact and conclusions of law set forth in the Administrative Complaint are adopted and incorporated by reference into this Final Order.

3. The Respondent shall pay the Agency three thousand dollars (\$3,000.00). 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 August 18, 2016 and ending on August 19, 2016.

ORDERED at Tallahassee, Florida, on this 5 day of June, 2017.



Justin M. Senior, 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 5th day of June, 2017.



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

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Michael Kruppenbacher Assistant General Counsel Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Hubert Paul, Administrator Shoal Creek Rehabilitation Center 500 Hospital Drive Crestview, FL 32539 (U.S. Mail)

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

AHCA No.: 2016010376

500 SOUTH HOSPITAL DRIVE OPERATIONS, LLC,
d/b/a SHOAL CREEK REHABILITATION CENTER,

Respondent.
_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, State of Florida, Agency for Health Care Administration (hereinafter "Agency"), by and through its undersigned counsel, and files this Administrative Complaint against the Respondent, 500 South Hospital Drive Operations, LLC, d/b/a Shoal Creek Rehabilitation Center (hereinafter "Respondent"), pursuant to Sections 120.569 and 120.57, Florida Statutes (2016), and alleges:

NATURE OF THE ACTION

1. This is an action against a skilled nursing facility to impose an administrative fine of three thousand dollars (\$3,000.00) pursuant to subsection 400.23(8)(c), Florida Statutes (2016), based upon one class III deficiency.
2. This is an action to impose conditional licensure status beginning on August 18, 2016, pursuant to section 400.23(7), Florida Statutes (2016). The certificate for the conditional license is attached as Exhibit A and is incorporated by reference. The certificate for the standard license is attached as Exhibit B and is incorporated by reference.

EXHIBIT 1

PARTIES

3. The Agency is the regulatory authority responsible for the licensure of skilled nursing facilities and the enforcement of all applicable federal and state statutes, regulations, and rules governing skilled nursing facilities pursuant to Chapter 400, Part II, Florida Statutes (2016); and Chapter 59A-4, Florida Administrative Code (2016). The Agency is authorized to: deny, suspend, or revoke a license, and impose administrative fines pursuant to Sections 400.121, and 400.23, Florida Statutes (2016); assign a conditional license pursuant to Section 400.23(7), Florida Statutes (2016); and assess costs related to the investigation and prosecution of this case pursuant to Section 400.121, Florida Statutes (2016).

4. The Respondent is licensed as a skilled nursing facility in Florida (License No. 130471012); operates a 120-bed skilled nursing facility located at 500 Hospital Drive, Crestview, FL 32539, and was at all times material required to comply with the applicable federal and state regulations, statutes, and rules.

COUNT I

THE RESPONDENT FAILED TO PROPERLY MAINTAIN THE HEATING, VENTILATING, AND AIR-CONDITIONING EQUIPMENT IN ACCORDANCE WITH CONTROLLING FLORIDA STATUTES, FLORIDA ADMINISTRATIVE CODE REGULATIONS, AND NATIONAL FIRE PROTECTION ASSOCIATION REQUIREMENTS.

5. The Agency re-alleges and incorporates by reference paragraphs 1 through 4.
6. Under Florida law, in pertinent part:

(1) Every licensed facility shall comply with all applicable standards and rules of the Agency and shall: . . . Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.
§ 400.141(1)(h), Fla. Stat. (2016).

EXHIBIT 1

7. Under Florida law, in pertinent part:

(1) Each nursing home licensee must provide fire protection through the elimination of fire hazards as evidenced by compliance with the fire codes adopted by the State Fire Marshall. The fire codes adopted by the State Fire Marshal[] for nursing homes is contained [in] Rule Chapter 69A-53 F.A.C., and is known as [the] "Uniform Fire Safety Standards for Hospitals and Nursing Homes." Rule 59A-4.130(1), F.A.C. (2015).

8. Under Florida law, in pertinent part:

The standards of the National Fire Protection Association [NFPA] for life safety from fire, as provided in NFPA 101, Life Safety Code, as adopted in Rule 69A-3.012 F.A.C., and incorporated herein by reference shall be the Uniform Fire Safety Standards for Hospitals and Nursing Homes. Rule 69A-53.004, F.A.C. (1990).

9. Pursuant to NFPA 101, Life Safety Code, requirements:

Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 18.5.2.2[] & 19.5.2.2. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, [unless such installations are approved existing installations, which shall be permitted to be continued in service.

NFPA 101 Life Safety Code (2012) 18.5.2.1, 19.5.2.1, 9.2.1, NFPA 90A (2012) & NFPA 90B (2012).

FACTS

10. On July 5, 2016, an announced recertification survey was conducted at Respondent's skilled nursing facility by an Agency representative.

11. On July 5, 2016, at approximately 12:30 pm, an Agency representative was given a tour of Respondent's facility, in the presence of the facility's maintenance director.

12. During the July 5, 2016 facility tour, the Agency representative observed the following deficiencies in the heating, ventilating, and air-conditioning equipment at Respondent's skilled nursing facility:

(1) the exhaust system in the resident's bathrooms in Hall 500 was not in working condition, and

(2) the exhaust system in the resident's bathrooms in Hall 800 was not in working condition.

13. At the times observed, these deficiencies were verified by the maintenance director present.

14. The Agency informed Respondent that the July 5, 2016 deficiencies were required to be corrected no later than August 8, 2016.

15. On August 18, 2016, an unannounced revisit survey was conducted at Respondent's skilled nursing facility by an Agency representative.

16. During the August 18, 2016 revisit survey, the Agency representative tested the bathroom exhaust systems for resident rooms #800, #802, and #809 (all rooms located on Hall 800) and found that the exhaust systems were not working.

17. The maintenance director of Respondent's skilled nursing facility advised the Agency representative that a "belt" must have been "off" on the exhaust system.

18. The maintenance director verbally acknowledged to the Agency representative that the exhaust system in Hall 500 was not working, as well, due to having to order a part for it.

19. Consequently, Respondent failed to correct the deficiencies in Respondent's heating, ventilating, and air-conditioning equipment by the time of the revisit survey.

20. Based upon Agency's observations, records, and interview, Respondent failed to ensure that the Respondent's skilled nursing facility was in current compliance with controlling and applicable life safety code.

21. Based upon the acknowledgments and admissions by the facility's maintenance director,

Respondent failed to ensure that Respondent's skilled nursing facility was in current compliance with controlling and applicable life safety code.

22. Based upon the foregoing, Respondent's failures constitute one class III violation, as defined by law.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of three thousand dollars (\$3,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to subsection 400.23(8)(c), Florida Statutes (2016).

WHEREFORE, the Agency seeks to impose conditional licensure status against Respondent, a skilled nursing facility in the State of Florida, pursuant to Section 400.23(7), Florida Statutes (2016).

SANCTION

23. Under Florida law, in pertinent part:

(c) A class III deficiency is a deficiency that the agency determines will result in no more than minimal physical, mental, or psychosocial discomfort to the resident or has the potential to compromise the resident's ability to maintain or reach his or her highest practical physical, mental, or psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of service. A class III deficiency is subject to a civil penalty of \$1,000 for an isolated deficiency, \$2,000 for a patterned deficiency, and \$3,000 for a widespread deficiency. The fine amount shall be doubled for each deficiency if the facility was previously cited for one or more class I or class II deficiency during the last licensure inspection or any inspection or complaint investigation since the last licensure inspection. A citation for a class III deficiency must specify the time within which the deficiency is required to be corrected. If a class III deficiency is corrected within the time specified, a civil penalty may not be imposed. § 400.23(8)(c), Fla. Stat. (2016).

24. The Agency determines that the deficiency in Respondent's heating, ventilating, and air conditioning equipment has the potential to compromise the resident's abilities to maintain or reach his or her highest practical physical, mental, or psychosocial well-being.

25. The Agency informed Respondent that the deficiencies observed on the July 5, 2016 survey were to be corrected no later than August 8, 2016.

26. Respondent failed to correct the deficiencies within the time required as evidenced by the observations, records, and interviews of the August 18, 2016 resurvey.
27. Respondent failed to correct the deficiencies within the time required as evidenced by the admissions and acknowledgments of the maintenance director.
28. Based upon Respondent's failure to properly maintain its heating, ventilating, and air conditioning equipment in compliance with applicable and controlling rules and regulations, Respondent's actions constitute one widespread class III deficiency.
29. Based upon the foregoing, one widespread class III deficiency subjects the Respondent to a three thousand dollar (\$3,000.00) civil penalty.
30. Under Florida law, in pertinent part:
- (7) The agency shall, at least every 15 months, evaluate all nursing home facilities and make a determination as to the degree of compliance by each licensee with the established rules adopted under this part as a basis for assigning a licensure status to that facility. The agency shall base its evaluation on the most recent inspection report, taking into consideration findings from other official reports, surveys, interviews, investigations, and inspections. In addition to license categories authorized under part II of chapter 408, the agency shall assign a licensure status of standard or conditional to each nursing home.
§ 400.23(7), Fla. Stat. (2016).
31. Under Florida law, in pertinent part:
- (b) A conditional licensure status means that a facility, due to the presence of one or more class I or class II deficiencies, or class III deficiencies not corrected within the time established by the agency, is not in substantial compliance at the time of the survey with criteria established under this part or with rules adopted by the agency. If the facility has no class I, class II, or class III deficiencies at the time of the followup survey, a standard licensure status may be assigned.
§ 400.23(7)(b), Fla. Stat. (2016).
32. Based upon the Agency's evaluation of the inspection report, the Agency is authorized to assign a conditional licensure status to Respondent.
33. Based upon Respondent's failure to correct the deficiencies within the time established by the Agency, Respondent's skilled nursing facility was not in substantial compliance at the time of

the survey conducted.

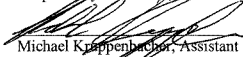
34. Based upon Respondent's failure to be in substantial compliance, the Agency is authorized to assign a conditional licensure to Respondent.

CLAIM FOR RELIEF

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

1. Renders findings of fact and conclusions of law as set forth above.
2. Grants the relief set forth above.

Respectfully Submitted,



Michael Kruppenbacher, Assistant General Counsel
Florida Bar No. 128451
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #7
Tallahassee, Florida 32303
Telephone: 850-412-3681
Facsimile: 850-922-9634
Michael.Kruppenbacher@ahca.myflorida.com

NOTICE OF RIGHTS

Pursuant to Section 120.569, F.S., any party has the right to request an administrative hearing by filing a request with the Agency Clerk. In order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), F.S., however, a party must file a request for an administrative hearing that complies with the requirements of Rule 28-106.2015, Florida Administrative Code. Specific options for administrative action are set out in the attached Election of Rights form.

The Election of Rights form or request for hearing must be filed with the Agency Clerk for the Agency for Health Care Administration within 21 days of the day the Administrative Complaint was received. If the Election of Rights form or request for hearing is not timely received by the Agency Clerk by 5:00 p.m. Eastern Time on the 21st day, the right to a hearing will be waived. A copy of the Election of Rights form or request for hearing must also be sent to the attorney who issued the Administrative Complaint at his or her address. The Election of Rights form shall be addressed to: Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 3, Tallahassee, FL 32308; Telephone (850) 412-3630, Facsimile (850) 921-0158.

Any party who appears in any agency proceeding has the right, at his or her own expense, to be accompanied, represented, and advised by counsel or other qualified representative. Mediation under Section 120.573, F.S., is available if the Agency agrees, and if available, the pursuit of mediation will not adversely affect the right to administrative proceedings in the event mediation does not result in a settlement.

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: 500 SOUTH HOSPITAL DRIVE OPERATIONS, LLC,
d/b/a SHOAL CREEK REHABILITATION CENTER

AHCA No. 2016010376

ELECTION OF RIGHTS

This Election of Rights form is attached to an Administrative Complaint. Your Election of Rights may be returned by mail or by facsimile transmission, **but must be received by the Agency Clerk within 21 days, by 5:00 pm, Eastern Time, of the day you received the Administrative Complaint.** If your Election of Rights form or request for hearing is not received by the Agency Clerk within 21 days of the day you received the Administrative Complaint, you will have waived your right to contest the proposed agency action and a Final Order will be issued imposing the sanction alleged in the Administrative Complaint

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

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

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

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I admit the allegations of facts and conclusions of law contained in the Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to object and have a hearing, a Final Order will be issued that adopts the allegations of fact and conclusions of law alleged in the Administrative Complaint and imposes the sanction alleged in the Administrative Complaint.

OPTION TWO (2) _____ I admit the allegations of facts contained in the 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 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.

Licensee Name: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____

E-Mail (optional) _____

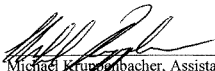
I hereby certify that I am duly authorized to submit this Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Print Name: _____ Title: _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Administrative Complaint and Election of Rights form were served to the below named persons/entities by the method designated on this 25 day of May, 2017.



Michael Kruppenbacher, Assistant General Counsel
Florida Bar No. 126451
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #7
Tallahassee, Florida 32303
Telephone: 850-412-3681
Facsimile: 850-922-9634
Michael.Kruppenbacher@ahca.myflorida.com

Karla Beasley, Field Office Manager Local Field Office- Region 01 Agency for Health Care Administration (Electronic Mail)	Hubert Paul, Administrator Shoal Creek Rehabilitation Center 500 Hospital Drive Crestview, FL 32539 (Certified Mail) 91 7108 2133 3932 8687 3158
Bernard Hudson, Unit Manager Long Term Care Unit Agency for Health Care Administration (Electronic Mail)	Corporation Service Company, Registered Agent 500 South Hospital Drive Operations, LLC 1201 Hays Street Tallahassee, FL 32301-2525 (Certified Mail) 91 7108 2133 3932 8687 3155

EXHIBIT A
CERTIFICATE OF CONDITIONAL LICENSE
FOR 500 SOUTH HOSPITAL DRIVE OPERATIONS, LLC,
d/b/a SHOAL CREEK REHABILITATION CENTER
CERTIFICATE NO. 20529
LICENSE NO. SNF130471012



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

May 15, 2017

Hubert Paul, Administrator
Shoal Creek Rehabilitation Center
500 Hospital Drive
Crestview, FL 32539

File Number: 35960948
License Number: 130471012
Provider Type: Nursing Home

RE: 500 Hospital Drive, Crestview

Dear Mr. Paul:

The enclosed Nursing Home license with license number 130471012 and certificate number 20529 is issued for the above provider effective August 18, 2016 through January 31, 2018. The license is being issued for approval of the change during licensure period application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care 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) 412-4422 or by email at Tracey.Weatherspoon@ahca.myflorida.com.

Sincerely,

Tracey Weatherspoon

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

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



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

EXHIBIT 1

View current license information at: Floridahealthfinder.gov

LICENSE #: SNF130471012
CERTIFICATE #: 20529

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

This is to confirm that 500 SOUTH HOSPITAL DRIVE OPERATIONS 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:

SHOAL CREEK REHABILITATION CENTER
500 Hospital Drive
Crestview, FL 32539

TOTAL: 120 BEDS

Change during licensure period Application

EFFECTIVE DATE 08/18/2016

EXPIRATION DATE: 01/31/2018



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

EXHIBIT 1

EXHIBIT B
CERTIFICATE OF STANDARD LICENSE
FOR 500 SOUTH HOSPITAL DRIVE OPERATIONS, LLC,
d/b/a SHOAL CREEK REHABILITATION CENTER
CERTIFICATE NO. 20530
LICENSE NO. SNF130471012



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

May 15, 2017

Hubert Paul, Administrator
Shoal Creek Rehabilitation Center
500 Hospital Drive
Crestview, FL 32539

File Number: 35960948
License Number: 130471012
Provider Type: Nursing Home

RE: 500 Hospital Drive, Crestview

Dear Mr. Paul:

The enclosed Nursing Home license with license number 130471012 and certificate number 20530 is issued for the above provider effective August 19, 2016 through January 31, 2018. The license is being issued for approval of the change during licensure period application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care 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) 412-4422 or by email at Tracey.Weatherspoon@ahca.myflorida.com.

Sincerely,

Tracey Weatherspoon

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



View current license information at: Floridahealthfinder.gov

LICENSE #: SNF130471012
CERTIFICATE #: 20530

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

This is to confirm that 500 SOUTH HOSPITAL DRIVE OPERATIONS 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:

SHOAL CREEK REHABILITATION CENTER
500 Hospital Drive
Crestview, FL 32539

TOTAL: 120 BEDS

Change during licensure period Application

EFFECTIVE DATE 08/19/2016

EXPIRATION DATE: 01/31/2018



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

EXHIBIT 1

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
REGISTRY UNIT
2017 MAY 30 P 2:14

Re: 500 SOUTH HOSPITAL DRIVE OPERATIONS, LLC,
d/b/a SHOAL CREEK REHABILITATION CENTER

AHCA No. 2016010376

ELECTION OF RIGHTS

This Election of Rights form is attached to an Administrative Complaint. Your Election of Rights may be returned by mail or by facsimile transmission, but must be received by the Agency Clerk within 21 days, by 5:00 pm, Eastern Time, of the day you received the Administrative Complaint. If your Election of Rights form or request for hearing is not received by the Agency Clerk within 21 days of the day you received the Administrative Complaint, you will have waived your right to contest the proposed agency action and a Final Order will be issued imposing the sanction alleged in the Administrative Complaint.

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

Please return your Election of Rights to this address:

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

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) I admit the allegations of facts and conclusions of law contained in the Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to object and have a hearing, a Final Order will be issued that adopts the allegations of fact and conclusions of law alleged in the Administrative Complaint and imposes the sanction alleged in the Administrative Complaint.

OPTION TWO (2) I admit the allegations of facts contained in the 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 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.

Licensee Name: 500 South Hospital Drive Operations, LLC
316A Shoal Creek Rehabilitation Center

Contact Person: Hubert Paul Title: Administrator

Address: 500 Hospital Dr Crestview, Fl 32539
Number and Street City Zip Code

Telephone No. (850) 689-3146 Fax No. (850) 689-2286

E-Mail (optional) hubert.Paul1@Consulatehealth.com

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

Signed: [Signature] Date: 5/30/17

Print Name: Hubert Paul Title: Administrator