

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2017 AUG 31 P 12:29

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

AHCA NO. 2017001708

v.

RENDITION NO.: AHCA-17-0558-S-OLC

HEARTLAND – MIAMI LAKES OF
HIALEAH, FL, LLC, d/b/a HEARTLAND
HEALTH CARE CENTER - MIAMI LAKES,

Respondent.

FINAL ORDER

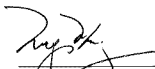
Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)

2. The Respondent shall pay the Agency \$800.00, and a Conditional License is imposed beginning on 1/11/17 and ending on 1/27/17. 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

ORDERED at Tallahassee, Florida, on this 31 day of August, 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 31st day of August, 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)
Lourdes A. Naranjo, Assistant General Counsel Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Jonathan S. Grout, Esquire Counsel for Respondent Goldsmith & Grout, P. A. P.O. Box 2011 Winter Park, Florida 32790-2011 (U.S. Mail)

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

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

Petitioner,

**AHCA No.: 2017001708
Return Receipt Requested:
7012 1640 0000 0115 0684**

v.

**HEARTLAND – MIAMI LAKES OF HIALEAH,
FL, LLC d/b/a HEARTLAND HEALTH CARE
CENTER – MIAMI LAKES,**

Respondent.

_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW State of Florida, Agency for Health Care Administration (“AHCA” or “Agency” or “Petitioner”), by and through the undersigned counsel, and files this administrative complaint against HEARTLAND – MIAMI LAKES OF HIALEAH FL, LLC d/b/a HEARTLAND HEALTH CARE CENTER- MIAMI LAKES (“Heartland” or “Respondent”), pursuant to Chapter 400, Part II, and Section 120.60, Florida Statutes (2016), and alleges:

NATURE OF THE ACTION

1. This is an action to impose an administrative fine of \$1,000.00 pursuant to Sections 400.23(8), Florida Statutes (2016), for the protection of public health, safety and welfare.
2. This is also an action to impose a Conditional Licensure status to Heartland pursuant to Section 400.23(7)(a), Florida Statutes (2015).

EXHIBIT 1

JURISDICTION AND VENUE

3. This Court has jurisdiction pursuant to Sections 120.569 and 120.57, Florida Statutes (2016), and Chapter 28-106, Florida Administrative Code (2012).
4. Venue lies pursuant to Rule 28-106.207, Florida Administrative Code (2012).

PARTIES

5. AHCA is the regulatory authority responsible for licensure and enforcement of all applicable statutes and rules governing nursing homes pursuant to Chapter 400, Part II, Florida Statutes (2016), and Chapter 59A-4, Florida Administrative Code.
6. Heartland is a 120-bed nursing home facility located at 5725 NW 186 Street, Hialeah, Florida 33015. Heartland is licensed as a nursing home facility under license number 1208096. A Conditional license was imposed beginning on 1/11/17, certificate number 20567, and ending when a Standard License was issued effective 1/27/17, certificate number 20568. Heartland was at all times material hereto a licensed facility under the licensing authority of AHCA and was required to comply with all applicable rules and statutes.

COUNT I (TAG N0054)

**HEARTLAND FAILED TO FOLLOW THE PHYSICIAN ORDER OF A
CONTROLLED SUBSTANCE PAIN MEDICATION DOSE**

RULE 59A-4.107(5), FLORIDA ADMINISTRATIVE CODE

(FOLLOW PHYSICIAN ORDERS)

CLASS III VIOLATION

7. AHCA re-alleges and incorporates paragraphs (1) through (5) as if fully set forth herein.

8. Heartland was cited with deficient practice as the result of a complaint survey that was conducted on 1/11/17.

9. Based on interview, observation and record review, the facility failed to follow the physician order of a controlled substance pain medication dose for 1 (Resident #1) out of 16 medication opportunities during medication administration.

10. Record review of the face sheet revealed that the resident # 1 was admitted on 10/25/16. The diagnoses included but were not limited to heart failure, anemia and atrial fibrillation. Record review of the physician order sheet for resident # 1 for January 2017 revealed Acetaminophen-Codeine # 3 tablet 300-30 mg. Give 1 tablet by mouth every 12 hrs as needed for severe pain.

11. Record review of the controlled substance log for resident # 1 dated 1/11/17 revealed an order of Acetaminophen-Codeine 300-30 mg per tablet. Take 1 tablet by mouth twice daily. Prior count was listed as 30. Amount given was 2 tablets. Quantity remaining was 28 tablets. Signed by nurse Staff A on 1/11/17.

12. Medication pass observation on 1/11/17 at approximately 9:45 am for resident # 1 revealed that the nurse staff A had washed her hands. She had pulled the medications for resident #1. Staff A entered the room of resident #1 and washed her hands. Resident # 1 exclaimed that he had pain at 5 out of 10 in his back. Staff A left the room and took all the medications that were on a tray back to the medication cart to pull the controlled pain medication for resident # 1. Staff A pulled the controlled substance of Acetaminophen-Codeine # 3 with 300-30 mg oral tablet. The count was listed as 30 on the controlled log. Staff A removed 2 tablets of Acetaminophen-Codeine # 3 with 300-30 mg from the controlled lock box. The count was now listed as 28 tablets of Acetaminophen-Codeine # 3 with 300-30 mg on the controlled substance

log. Staff A went back to the room of resident #1 and washed her hands. She gave the oral medications including the controlled substance pain medication to resident # 1. Staff A washed her hands and left the room.

13. After the medication pass the medical doctor order was reconciled for resident # 1 with staff A. It was determined that resident # 1 had received 2 tablets of Acetaminophen-Codeine # 3 of 300-30 mg instead of 1 tablet.

14. Interview on 1/11/17 at 10:04 am with staff A regarding the medication administration for resident # 1 revealed that she confirmed that she gave an incorrect dose for resident # 1 of 2 tablets of Acetaminophen-Codeine # 3 with 300 mg-30 mg instead of 1 tablet.

15. Observation on 1/11/17 at 10:15 am with staff A and nursing supervisor staff B revealed that they recounted the bottle of control substance for resident # 1 of Acetaminophen-codeine # 3 of 300-30 mg and there were 28 tablets left in the bottle. This meant that resident # 1 had received two tablets of Acetaminophen-codeine # 3 of 300-30 mg instead of 1 tablet.

16. Interview on 1/11/17 at 10:59 am with Director of Nursing (DON) regarding medication error administration for resident # 1 revealed that she spoke to staff A to find out what happened. Staff A told her that she was a little nervous. Resident # 1 complained of lower back pain. She looked at the pain medication bottle and the medication administration record for resident # 1 of Acetaminophen-codeine with 300-30 mg orally. Staff A told the DON that she then pulled two acetaminophen with codeine tablets instead of 1 tablet.

17. The assistant director of nursing did a head to toe assessment of resident # 1. They notified the medical doctor about the dosage error for resident # 1 for acetaminophen-codeine # 3 with 300-30 mg. The medical doctor of resident # 1 stated to continue to monitor him. An incident report was filled out and the family of resident # 1 was notified. The DON said that

resident # 1 would be monitored every 30 minutes and had no adverse effects so far.

18. Interview on 1/11/17 at 11:45 am with nursing supervisor staff B revealed that for resident # 1 the nurse staff A did not follow the medical doctor order since she gave 2 tablets of Acetaminophen-codeine with 300-30 mg orally and not 1 tablet. The nursing supervisor confirmed that this was a medication error involving resident # 1.

19. Record review of the facility policy dated 03/2010 revealed purpose: "To safely and accurately prepare and administer medications according to physician order and patient needs. Procedure: 3. Open Medication Administration Record (MAR) to patient record and review physician medication order against medication label. 4. Read transcribed physician order on MAR: Patient name, medication name, dosage, route and interval ordered. Remove medication from cart. Compare MAR with medication label for accuracy."

20. Based on the foregoing facts, Heartland violated Rule 59A-4.107(5), Florida Administrative Code, herein classified as a Class III violation, which warrants in this case an assessed fine of \$1,000.00. This violation also gives rise to a conditional license status pursuant to Section 400.23(7)(b), Florida Statutes, beginning on 1/11/17 and ending on 1/22/17.

DISPLAY OF LICENSE

Pursuant to Section 408.804(2), Florida Statutes, Signature shall post the 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. The Conditional License and the Standard License are attached hereto as Exhibit "A".

CLAIM FOR RELIEF

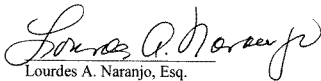
WHEREFORE, the Agency requests the Court to order the following relief:

1. Enter a judgment in favor of the Agency for Health Care Administration against Heartland on Count I.
2. Assess an administrative fine of \$1,000.00 against Heartland based on Count I.
3. Assess and assign Conditional Licensure status to Heartland beginning on 1/11/17 and ending on 1/22/17 in accordance with Section 400.23(7)(b), Florida Statutes.
4. Assess costs related to the investigation and prosecution of this matter, if the Court finds costs applicable.
5. Grant such other relief as this Court deems is just and proper.

Respondent is notified that it has a right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes (2016). Specific options for administrative action are set out in the attached Election of Rights. All requests for hearing shall be made to the Agency for Health Care Administration, and delivered to the *Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, MS #3, Tallahassee, Florida 32308*.

RESPONDENT IS FURTHER NOTIFIED THAT THE FAILURE TO RECEIVE A REQUEST FOR A HEARING WITHIN TWENTY-ONE (21) DAYS OF RECEIPT OF THIS COMPLAINT WILL RESULT IN AN ADMISSION OF THE FACTS ALLEGED IN THE COMPLAINT AND THE ENTRY OF A FINAL ORDER BY THE AGENCY.

**IF YOU WANT TO HIRE AN ATTORNEY, YOU HAVE THE RIGHT TO BE
REPRESENTED BY AN ATTORNEY IN THIS MATTER**



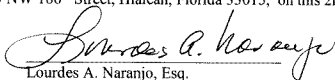
Lourdes A. Naranjo, Esq.
Fla. Bar No.: 997315
Assistant General Counsel
Agency for Health Care Administration
525 Mirror Lake Drive North, suite 330
St. Petersburg, Florida 33701

Copies furnished to:

Arlene Mayo-Davis
Field Office Manager
Agency for Health Care Administration
5150 Linton Blvd. – Suite 500
Delray Beach, Florida 33484

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Certified Mail, Return Receipt Requested to Teresita Garcia, Administrator, Heartland Health Care Center – Miami Lakes, 5725 NW 186th Street, Hialeah, Florida 33015, on this 2nd day of June, 2017.



Lourdes A. Naranjo, Esq.

View current license information at Floridahealthfinder.gov

LICENSE #: SNF1208096

CERTIFICATE #: 20567

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

This is to confirm that HEARTLAND - MIAMI LAKES OF HIALEAH FL, 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:

HEARTLAND HEALTH CARE CENTER - MIAMI
LAKES
5725 NW 186 Street
Hialeah, FL 33015

TOTAL: 120 BEDS

Change during licensure period Application

EFFECTIVE DATE 01/11/2017

EXPIRATION DATE: 12/19/2017



Molly McKinley

Deputy Secretary, Division of Health Quality Assurance

Exhibit A



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

May 16, 2017

Teresita Garcia, Administrator
Heartland Health Care Center - Miami Lakes
5725 NW 186 Street
Hialeah, FL 33015

File Number: 111349
License Number: 1208096
Provider Type: Nursing Home

RE: 5725 NW 186 Street, Hialeah

Dear Ms. Garcia:

The enclosed Nursing Home license with license number 1208096 and certificate number 20567 is issued for the above provider effective January 11, 2017 through December 19, 2017. 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 #: SNF1208096
CERTIFICATE #: 20568

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

This is to confirm that HEARTLAND - MIAMI LAKES OF HIALEAH FL, 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:

HEARTLAND HEALTH CARE CENTER - MIAMI
LAKES
5725 NW 186 Street
Hialeah, FL 33015

TOTAL: 120 BEDS

Change during licensure period Application

EFFECTIVE DATE: 01/27/2017

EXPIRATION DATE: 12/19/2017



Molly McKeown
Deputy Secretary, Division of Health Quality Assurance



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

May 16, 2017

Teresita Garcia, Administrator
Heartland Health Care Center - Miami Lakes
5725 NW 186 Street
Hialeah, FL 33015

File Number: 111349
License Number: 1208096
Provider Type: Nursing Home

RE: 5725 NW 186 Street, Hialeah

Dear Ms. Garcia:

The enclosed Nursing Home license with license number 1208096 and certificate number 20568 is issued for the above provider effective January 27, 2017 through December 19, 2017. 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



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: Heartland Health Care Center – Miami Lakes
AHCA No. 2017001708

ELECTION OF RIGHTS

This Election of Rights form is attached to an Administrative Complaint. It may be returned by mail or 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 form 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 fact and conclusions of law alleged in the Administrative Complaint and waive my right to object and to have a hearing. I understand that by giving up the 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 to the allegations of fact alleged in the Administrative Complaint, but 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 agency action is too severe or that the sanction should be reduced.

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

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before

the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed agency action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

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

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

Licensee Name: _____

Contact

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 form to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

AHCA NO. 2017001708

License No.1208096

HEARTLAND – MIAMI LAKES OF HIALEAH, FL, LLC
d/b/a HEARTLAND HEALTH CARE CENTER -
MIAMI LAKES,

Respondent.

SETTLEMENT AGREEMENT

Petitioner, State of Florida, Agency for Health Care Administration (hereinafter the "Agency" or "AHCA"), through its undersigned representatives, and Respondent, Heartland – Miami Lakes of Hialeah, Fl, LLC d/b/a Heartland Health Care Center - Miami Lakes (hereinafter "Respondent"), pursuant to Section 120.57(4), Florida Statutes, each individually, a "party," collectively as "parties," hereby enter into this Settlement Agreement ("Agreement") and agree as follows:

WHEREAS, Respondent is a nursing home licensed pursuant to Chapters 400, Part II, and 408, Part II, Florida Statutes, Section 20.42, Florida Statutes and Chapter 59A-4, Florida Administrative Code; and

WHEREAS, the Agency has jurisdiction by virtue of being the regulatory and licensing authority over Respondent, pursuant to Chapters 400, Part II, and 408, Part II, Florida Statutes; and

EXHIBIT 2

WHEREAS, the Agency served Respondent with an administrative complaint on or about November 2, 2015, notifying the Respondent of its intent to impose administrative fines in the amount of one thousand dollars (\$1,000.00), and to impose conditional licensure status commencing January 11, 2017 and ending on January 27, 2017, and

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

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

1. All recitals herein are true and correct and are expressly incorporated herein.
2. Both parties agree that the "whereas" clauses incorporated herein are binding findings of the parties.
3. Upon full execution of this Agreement, Respondent agrees to waive any and all appeals and proceedings to which it may be entitled including, but not limited to, an informal proceeding under Subsection 120.57(2), Florida Statutes, a formal proceeding under Subsection 120.57(1), Florida Statutes, appeals under Section 120.68, Florida Statutes; and declaratory and all writs of relief in any court or quasi-court of competent jurisdiction; and agrees to waive compliance with the form of the Final Order (findings of fact and conclusions of law) to which it may be entitled, provided, however, that no agreement herein shall be deemed a waiver by either party of its right to judicial enforcement of this Agreement.
4. Upon full execution of this Agreement, Respondent agrees to pay eight hundred dollars (\$800.00) in administrative fines to the Agency within thirty (30) days of the entry of the Final Order. Respondent also accepts the imposition of conditional licensure status commencing on January 11, 2017 and ending on January 27, 2017.

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

6. By executing this Agreement, Respondent denies, and the Agency asserts the validity of the allegations raised in the survey referenced herein. No agreement made herein shall preclude the Agency from imposing a penalty against Respondent for any deficiency/violation of statute or rule identified in a future survey of Respondent, pursuant to the provisions of Chapters 400, Part II, 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code, including a "repeat" or "uncorrected" deficiency identified in the Survey. In said event, Respondent retains the right to challenge the factual allegations related to the deficient practices/violations alleged in the instant cause.

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

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

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

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

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

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

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

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

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


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

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

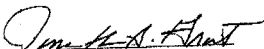
18. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

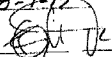
19. All parties agree that a facsimile signature suffices for an original signature.


The following representatives hereby acknowledge that they are duly authorized to enter into this Agreement.


Molly McKinstry, Deputy Secretary
Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Building #1
Tallahassee, Florida 32308

DATE: 8/31/17

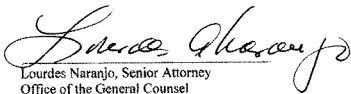

Jonathan S. Grout, Esq.
Counsel for Respondent
Goldsmith & Grout, P.A.
P.O. Box 2011
Winter Park, FL, 32790-2011
Florida Bar No. 296066

DATE: 8-9-17

Name: Terry Garcia, MHA
Title: Administrator
Heartland Health Care Center - Miami Lakes


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

DATE: 8/22/17

DATE: 08-07-2017



Lourdes Naranjo, Senior Attorney
Office of the General Counsel
Agency for Health Care Administration
525 Mirror Lake Drive North, Suite 330G
St. Petersburg, Florida 33701
Florida Bar No. 997315

DATED: 8/9/2017