

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
2017 OCT 24 PM 12:15
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

2017 OCT 24 PM 12:15

Petitioner,

v.

AHCA No. 2016002708

2939 SOUTH HAVERHILL ROAD
OPERATIONS, LLC, d/b/a
CORAL BAY HEALTHCARE
AND REHABILITATION,

RENDITION NO.: AHCA-17-0616-S-OLC

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)

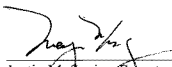
Based upon the foregoing, it is **ORDERED**:

2. The Respondent shall pay the Agency two thousand five-hundred dollars (\$2,500.00). 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 February 4, 2016 and ending on March 2, 2016.

ORDERED at Tallahassee, Florida, on this 23 day of October, 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 23rd day of October, 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)	Adela Baldo, Administrator Coral Bay Healthcare and Rehabilitation 2939 South Haverhill Road West Palm Beach, Florida 33415-8118 (U.S. Mail)
	Carly M. Bradlow, Esquire Attorney for Respondent Dias & Associates, P.A. 5102 West Laurel Street, Suite 700 Tampa, Florida 33607 (U.S. Mail)

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA No.: 2016002708

2939 SOUTH HAVERHILL ROAD
OPERATIONS, LLC, d/b/a
CORAL BAY HEALTHCARE
AND REHABILITATION,

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, State of Florida, Agency for Health Care Administration (hereinafter "the Agency"), by and through the undersigned counsel, and files this Administrative Complaint against the Respondent, 2939 South Haverhill Road Operations, LLC, d/b/a Coral Bay Healthcare and Rehabilitation ("the Respondent"), pursuant to Sections 120.569 and 120.57, Florida Statutes, and alleges as follows:

NATURE OF THE ACTION

This is an action to impose upon the Respondent an administrative fine of two thousand five-hundred dollars (\$2,500.00) pursuant to subsection 400.23(8)(b), Florida Statutes (2016), based upon one isolated class II deficiency.

This is an action to impose upon the Respondent conditional licensure status beginning on February 4, 2016 and ending on March 2, 2016, pursuant to subsections 400.23(7) and 400.23(7)(b), 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 "1"

Exhibit B and is incorporated by reference.

PARTIES

1. 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).

2. The Respondent is licensed as a skilled nursing facility in Florida (License No. 10840961); operates a 120-bed skilled nursing facility located at 2939 South Haverhill Road, West Palm Beach, Florida 33415-8118, and was at all times material required to comply with the applicable federal and state regulations, statutes, and rules.

COUNT I

Right to Adequate and Appropriate Health Care

3. The Agency re-alleges and incorporates by reference paragraphs 1 and 2.

4. Under Florida law, all licensees of nursing home 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 following: . . . (l) 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. (2016).

5. On February 4, 2016, an unannounced revisit survey was conducted at Respondent's skilled nursing facility by an Agency surveyor.

6. Based on observations, record reviews, and interviews, the Agency determined that Respondent's facility failed to ensure licensed staff obtained and implemented treatment orders for pressure ulcers and skin care as prescribed by the physician for four of four sampled residents (residents #1, #2, #3, and #4), as evidenced by a failure to implement treatment orders to: resident #3's left ankle, sacrum, and bilateral heels; resident #1's left heel; resident #2's left ankle; and resident #4's graft.

7. The Agency surveyor conducted a clinical record review, which revealed that Resident #3 was admitted to the Respondent's facility on January 15, 2016 with diagnoses including chronic ulcer left ankle, protein calorie malnutrition, and anemia.

8. The hospital transfer form, dated January 15, 2016, indicates the resident had a stage II pressure ulcer to the left ankle.

9. The document titled, "Admission/Readmission Data Collection", dated January 15, 2016, notes the initial skin assessment as follows: a stage II pressure ulcer to the left ankle, measuring one centimeter in length and one centimeter in width; bilateral heels red and the sacrum area was assessed as pink.

10. The narrative portion of the initial assessment reads, "left outer ankle has a stage II ulcer with serious drainage, the sacrum is pink, intact and fragile."

11. The document titled, "Braden Scale", which is a tool used to predict pressure sore risk, dated January 15, 2016, documents a score of 15 for resident #3, indicating that resident #3 is at risk.
12. Admission orders dated January 15, 2016 failed to document preventative measures and pressure ulcer care orders for the stage II wound to the left ankle. The physician orders included: Levaquin 250 mg daily for left ankle wound infection.
13. The Minimum Data Set (MDS) admission assessment, with a reference date of January 21, 2016, indicates that resident #3 requires extensive assistance with activities of daily living; is always incontinent of bladder and bowel; has a stage I pressure ulcer; has a stage III pressure ulcer, present on admission; has an unstageable pressure ulcer with slough and eschar, present on admission; and has an unstageable deep tissue injury, present on admission.
14. The care plan titled, "Skin and Wound", dated January 15, 2016, documents the goal for Resident #3, which included showing signs that the resident's wound was healing and remaining free from infection. The goal further includes not developing any additional skin integrity problems. The interventions includes: inform the physician of new areas of breakdown, weekly skin checks as indicated, and follow physician order for preventative treatment.
15. The Agency surveyor conducted a review of the physician orders, which failed to provide evidence of preventative measures and pressure ulcer orders from admission on January 15, 2016 through January 26, 2016.
16. The Agency surveyor conducted a review of the daily skilled nurses notes and narrative nurses notes, dated January 16, 2016 through January 25, 2016, which failed to document assessment or progress of the wounds, preventative care, or pressure ulcer care.

17. The Agency surveyor conducted a review of the document titled, “Weekly Skin Integrity Review”, which revealed that the weekly skin assessments had been completed once since Resident #3’s admission. The document further noted the resident’s current skin condition, and the picture included indicated skin impairment to the left hand. No open areas were documented. The entry was not dated or signed.

18. The Agency surveyor conducted a review of the medication administration and treatment administration records dated January 2016, which failed to provide evidence of preventative and pressure ulcer care from admission on January 15, 2016 through January 26, 2016.

19. The Agency surveyor conducted a review of the physician wound care notes, dated January 26, 2016, which revealed that Resident #3 now had four pressure wounds, including:

(a) a stage III pressure ulcer to the sacrum measuring 9 centimeters (cm) in length, 7.5 cm in width, and 0.3 cm in depth;

(b) a suspected deep tissue injury to the right heel measuring 3.7 cm in length, 3.4 cm in width, and 0.2 cm in depth;

(c) an unstageable pressure ulcer to the left lateral malleolar measuring 0.6 cm in length, 0.3 cm in width, and 0.2 cm in depth; and

(d) a stage I pressure ulcer to the left heel measuring 5 cm in length, 4 cm in width, and 0.1 cm in depth.

The physician wound care notes also included the following, “left lateral malleolar wound is necrotic. Will dress with Santyl daily. Patient is on Levaquin for left lateral malleolar wound.”

20. On February 4, 2016, at approximately 12:15 p.m., the Agency surveyor conducted an interview with the Director of Nursing (DON) and the Regional Nurse Consultant.

21. The Director of Nursing and Regional Nurse Consultant interview revealed that the Director and the Consultant had reviewed the records and were not able to provide evidence or explanation as to why preventative measures were not implemented upon admission, or as to why the stage II ulcer did not receive treatment until the wound consult was completed on January 26, 2016.
22. The Director of Nursing confirmed there was no evidence Resident #3 received wound care for the stage II pressure ulcer to the left ankle from admission until January 26, 2016. Furthermore, the Director of Nursing confirmed there was no evidence that preventative measures were put in place to address the areas identified at risk, the bilateral heels and the coccyx, from admission until January 26, 2016.
23. The Agency surveyor conducted a clinical record review, which revealed a physician's order for Resident #1, dated January 19, 2016, that documented the following: "Clarification order incorrect entry, discontinue treatment to the right heel. Continue left medial heel wound, cleanse with normal saline, apply skin prep and dry dressing daily."
24. The Agency surveyor conducted a review of the physician wound care note, dated February 2, 2016, which revealed that the left heel wound was assessed as a pressure ulcer suspected deep tissue injury. The treatment was noted as skin prep.
25. The care plan titled, "Skin and Wound", was last revised on December 11, 2015 and documents, "interventions as administer treatments as ordered and monitor for effectiveness, float heels while in bed and follow physician orders for preventative treatment."
26. On February 4, 2016, at approximately 10:07 a.m., the Agency surveyor observed Resident #1 in bed, with the left heel resting on a pillow, not offloaded, and there was no

dressing in place. The left heel was observed to have a dark, brownish-purple discoloration and the skin was intact.

27. On February 4, 2016, at approximately 2:50 p.m., while accompanied by Staff A, a Registered Nurse and the Regional Nurse Consultant, the Agency surveyor observed Resident #1 in bed, with the left heel resting on a pillow, not offloaded, and there was no dressing in place. The left heel was observed to have a dark, brownish-purple discoloration and the skin was intact. Staff A verified that the resident did not have a dressing in place.

28. The Agency surveyor conducted a review of the treatment administration record (TAR), dated February 2016, which failed to provide evidence that the prescribed treatment to the left heel was administered from February 1, 2016 through February 4, 2016. The treatment to the left heel transcribed to the treatment record was incorrectly noted as discontinued on January 19, 2016.

29. The Agency surveyor conducted a clinical record review, which revealed that Resident #2 was prescribed wound care on September 23, 2015. The wound care documented was as follows: "apply Optifoam dressing to left ankle, as preventative measure to outer bony prominence, monitor every shift and change every 3rd day."

30. On February 4, 2016, at approximately 10:32 a.m., while accompanied by the Unit Manager, the Agency surveyor observed Resident #2 lying in bed with no dressing to the ankle in place, and the right lower leg had Steri-trips wrapped with kerlix. The Unit Manager removed the resident's socks and verified that the left ankle bony prominence did not have a dressing in place.

31. The care plan titled, "Skin and Wound", was last revised on December 9, 2015 and documents, "interventions as administer treatments as ordered and monitor for effectiveness and follow physician orders for preventative treatment."
32. On February 4, 2016, at approximately 10:41 a.m., the Agency surveyor conducted an interview with Staff A, a Registered Nurse.
33. The Staff A interview revealed that Resident #2 was out of the facility most of the day yesterday (February 3, 2016), and she was not able to complete the dressing change. The nurse clarified that the wound care that wasn't provided the day before was the kerlix wrap to the right lower leg to protect the Steri-strips. Staff A did not mentioned the wound care to the left ankle.
34. The Agency surveyor conducted a review of the Treatment Administration Record (TAR) dated January 2016 and February 2016, which revealed that the treatment to the left ankle was last administered on January 30, 2016. The next scheduled treatment should have been done on February 2, 2016.
35. The Agency surveyor conducted a clinical record review of the Physicians Order Sheet dated February 2016. The sheet indicated that Resident #4 was prescribed graft wound care. The sheet also noted to apply mineral oil to the periwound area, not to apply to the wound with dressing changes, to apply Bactroban ointment every other day, and to cover the wound with four by four gauze, kerlix, and ace wrap.
36. The Agency surveyor conducted a review of the Treatment Administration Record (TAR) dated February 2016, which revealed that the treatment order was not transcribed to the treatment record for the month of February. The mineral oil treatment to the graft site was not documented as completed from February 1, 2016 through February 4, 2016.

37. On February 4, 2016, at approximately 1:10 p.m., the Agency surveyor conducted an interview with Staff B, a licensed nurse assigned to care for Resident #4, who confirmed that the treatment to the graft site with mineral oil had not been transcribed to the TAR for the current month of February 2016.

38. Based upon the foregoing, the Agency determined that the facility failed to ensure licensed staff obtained and implemented treatment orders for pressure ulcers and skin care as prescribed by the physician for four out of four sampled residents, as evidenced by a failure to implement treatment orders to Resident #3's left ankle, sacrum, and bilateral heels; Resident #1's left heel; Resident #2's left ankle; and Resident #4's graft.

39. Based upon the foregoing, the Agency determined that the Respondent's actions and/or inactions constituted an isolated class II deficiency.

40. Under Florida law, a class II deficiency is a deficiency that the agency determines has compromised the resident's ability to maintain or reach his or her highest practicable physical, mental, and psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. A class II deficiency is subject to a civil penalty of \$2,500 for an isolated deficiency, \$5,000 for a patterned deficiency, and \$7,500 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 deficiencies during the last licensure inspection or any inspection or complaint investigation since the last licensure inspection. A fine shall be levied notwithstanding the correction of the deficiency. § 400.23(8)(b), Fla. Stat. (2016).

41. The Agency determines that the deficiency has compromised the resident's ability to maintain or reach his or her highest practicable physical, mental, and psychosocial well-being, as

defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.

42. An isolated class II deficiency subjects Respondent to a two thousand five-hundred dollar (\$2,500.00) civil penalty.

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, seeks to impose an administrative fine in the amount of two thousand five-hundred dollars (\$2,500.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to subsection 400.23(8)(b), Florida Statutes (2016), based upon one isolated class II deficiency.

COUNT II

Conditional Licensure

43. The Agency re-alleges and incorporates by reference paragraphs 1 through 42.

44. Under Florida law, 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).

45. Under Florida law, 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).

46. Based upon the Agency's evaluation of the inspection report, taking into consideration findings from other official reports, surveys, interviews, investigations, and inspections, the Agency is authorized to assign a conditional licensure status to Respondent.

47. Due to the presence of one isolated class II deficiency, the Respondent was not in substantial compliance at the time of the survey with criteria established under Part II of Florida Statute 400, or with applicable rules adopted by the Agency.

48. Based upon the Respondent's failure to be in substantial compliance at the time of the survey, the Agency is authorized to assign a conditional licensure to Respondent.

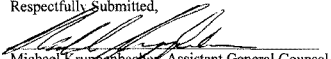
WHEREFORE, the Agency seeks to impose conditional licensure status, beginning on February 4, 2016 and ending on March 2, 2016, against Respondent, a skilled nursing facility in the State of Florida, pursuant to Section 400.23(7), Florida Statutes (2016).

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. 126451
Doyle Carlton Enfinger, II, Senior Attorney
Florida Bar No. 793450
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

ACHA No. 2016002708

Re: 2939 SOUTH HAVERHILL ROAD OPERATIONS, LLC,
d/b/a CORAL BAY HEALTHCARE AND REHABILITATION

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 Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____

E-Mail (optional) _____

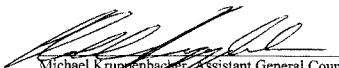
I hereby certify that I am duly authorized to submit this Election of Rights form to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

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 26 day of July, 2017.



Michael Kruppenbacher, Assistant General Counsel
Florida Bar No. 126451
Doyle Carlton Enfinger, II, Senior Attorney
Florida Bar No. 793450
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

Arlene Mayo-Davis, Field Office Manager Local Field Office- Region 09 Agency for Health Care Administration (Electronic Mail)	Gregory R. Leoce, Administrator Coral Bay Healthcare and Rehabilitation 2939 South Haverhill Road West Palm Beach, Florida 33415-8118 (Certified Mail) 91 7199 9991 7033 6390 1112
Bernard Hudson, Unit Manager Long Term Care Unit Agency for Health Care Administration (Electronic Mail)	Corporation Service Company, Registered Agent 2939 South Haverhill Road Operations, LLC 1201 Hays Street Tallahassee, Florida 32301-2525 (Certified Mail) 91 7199 9991 7033 6390 1129

EXHIBIT A
CERTIFICATE OF CONDITIONAL LICENSE
FOR 2939 SOUTH HAVERHILL ROAD OPERATIONS, LLC,
d/b/a CORAL BAY HEALTHCARE AND REHABILITATION
CERTIFICATE NO. 20034
LICENSE NO. SNF10840961



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 9, 2016

Gregory R Leoce, Administrator
Coral Bay Healthcare And Rehabilitation
2939 South Haverhill Road
West Palm Beach, FL 33415-8118

File Number: 95040
License Number: 10840961
Provider Type: Nursing Home

RE: 2939 S Haverhill Rd, West Palm Bch

Dear Administrator:

The enclosed Nursing Home license with license number 10840961 and certificate number 20034 is issued for the above provider effective February 4, 2016 through January 31, 2018. The license is being issued for: Status change to Conditional 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 850-412-4434 or by email at Lacshauna.Bradwell@ahca.myflorida.com.

Sincerely,

Lacshauna Bradwell-Finch
Health Services and Facilities Consultant
Long Term Care Unit
Division of Health Quality Assurance



View current license information at: Floridahealthfinder.gov

LICENSE #: SNF10840961
CERTIFICATE #: 20034

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

This is to confirm that 2939 SOUTH HAVERHILL ROAD 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:

CORAL BAY HEALTHCARE AND
REHABILITATION
2939 S Haverhill Rd
West Palm Bch, FL 33415-8118
TOTAL: 120 BEDS

STATUS CHANGE

EFFECTIVE DATE 02/04/2016

EXPIRATION DATE: 01/31/2018



Molly Jucifredy
Deputy Secretary, Division of Health Quality Assurance

EXHIBIT B
CERTIFICATE OF STANDARD LICENSE
FOR 2939 SOUTH HAVERHILL ROAD OPERATIONS, LLC,
d/b/a CORAL BAY HEALTHCARE AND REHABILITATION
CERTIFICATE NO. 20036
LICENSE NO. SNF10840961



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 9, 2016

Gregory R Leoce, Administrator
Coral Bay Healthcare And Rehabilitation
2939 South Haverhill Road
West Palm Beach, FL 33415-8118

File Number: 95040
License Number: 10840961
Provider Type: Nursing Home

RE: 2939 S Haverhill Rd, West Palm Beh

Dear Administrator:

The enclosed Nursing Home license with license number 10840961 and certificate number 20036 is issued for the above provider effective March 2, 2016 through January 31, 2018. The license is being issued for: Status change to Conditional 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 850-412-4434 or by email at Lacshauna.Bradwell@ahca.myflorida.com.

Sincerely,

Lacshauna Bradwell-Finch
Health Services and Facilities Consultant
Long Term Care Unit
Division of Health Quality Assurance



View current license information at: Floridahealthfinder.gov

LICENSE #: SNE10840961
CERTIFICATE #: 20036

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

This is to confirm that 2939 SOUTH HAVERHILL ROAD 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:

CORAL BAY HEALTHCARE AND
REHABILITATION
2939 S Haverhill Rd
West Palm Bch, FL 33415-8118

TOTAL: 120 BEDS

STATUS CHANGE

EFFECTIVE DATE 03/02/2016

EXPIRATION DATE: 01/31/2018



Molly Jucifrago
Deputy Secretary, Division of Health Quality Assurance



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

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

AHCA No.: 2016002708

2939 SOUTH HAVERHILL ROAD
OPERATIONS, LLC, d/b/a
CORAL BAY HEALTHCARE
AND REHABILITATION,

Respondent.

_____ /

SETTLEMENT AGREEMENT

The State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and 2939 South Haverhill Road Operations, LLC, d/b/a Coral Bay Healthcare and Rehabilitation (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, the Agency has jurisdiction by virtue of being the licensing and regulatory authority that oversees skilled nursing facilities (also called nursing homes) and enforces the state statutes and rules governing such facilities pursuant to Chapter 408, Part II, Chapter 400, Part II, Fla. Stat. and Chapter 59A-4, Fla. Admin. Code; and

WHEREAS, Respondent is a skilled nursing facility licensed pursuant to Chapter 408, Part II, Chapter 400, Part II, Fla. Stat. and Chapter 59A-4, Fla. Admin. Code; and

WHEREAS, the Agency served Respondent with an Administrative Complaint; and

WHEREAS, Respondent requested a formal administrative proceeding; and

EXHIBIT "2"

WHEREAS, the parties have negotiated and agreed that the best interest of all the parties will be served by a settlement of these proceedings; 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 incorporated herein.
2. All parties agree that the above "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 relating to this complaint 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 this agreement shall not be deemed a waiver by either party of its right to judicial enforcement of this Agreement.
4. Upon full execution of this Agreement, the Agency shall impose conditional licensure status upon Respondent beginning on February 4, 2016 and ending on March 2, 2016, and Respondent shall pay the Agency an administrative fine of two thousand five-hundred dollars (\$2,500.00). Said payment shall be made within thirty (30) days of entry of the Final Order.
5. Venue for any action brought to interpret, enforce or challenge the terms of this Agreement and its corresponding Final Order shall lie solely in the Circuit Court of Florida, in and for Leon County, Florida.
6. By executing this Agreement, the Respondent continues to deny the facts and legal

conclusions raised in the administrative complaint referenced herein, and the Agency continues to assert the validity thereof. Nothing in this Agreement shall be deemed to preclude the Agency from imposing a penalty against Respondent for any deficiency or violation of statute or rule identified in a future survey of the Respondent's skilled nursing facility. The Agency is not precluded from using the subject events for any purpose within the jurisdiction of the Agency, but the Agency agrees that it will not impose any administrative penalty against the Respondent based solely on the allegations in the administrative complaint. Further, Respondent acknowledges that this Agreement shall not preclude or estop any other federal, state or local agency or office, outside the jurisdiction of the Agency, 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 administrative complaint.

7. 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.

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

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

10. Respondent, for itself and its related or resulting organizations, successors, transferees, attorneys, heirs, and executors or administrators, discharges 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 the Respondent or its related or resulting organizations.

11. This Agreement is binding upon all parties and those persons and entities identified in the above paragraph.


12. In the event that the Respondent was a Medicaid provider at the time of the occurrences alleged in the administrative complaint, this Agreement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any further sanctions pursuant to Rule 59G-9.070, Florida Administrative Code. This Agreement does not settle any pending or potential federal issues against the Respondent. This Agreement does not prohibit the Agency from taking any action regarding the Respondent's Medicaid provider status, conditions, requirements or contract, if applicable.

13. The undersigned have read and understand this Agreement and have the authority to bind their respective principals to it. Respondent has the legal capacity to execute this Agreement. Respondent understands that it has the right to consult with its own independent counsel and has knowingly and freely entered into this Agreement. Respondent understands that Agency counsel represents only the Agency and that Agency counsel has not provided any legal advice to, or influenced, Respondent in its decision to enter into this Agreement.

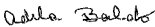
14. This Agreement contains the entire understandings and agreements of the parties. This Agreement supersedes any prior oral or written agreements between the parties. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

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

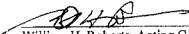
The following representatives acknowledge that they are duly authorized to enter into this Agreement.


Molly McKinstry, Deputy Secretary
Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #9
Tallahassee, Florida 32308

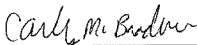
DATED: 10/23/17


Adele Baldo, Administrator
Coral Bay Healthcare and Rehabilitation
2939 South Haverhill Road
West Palm Beach, Florida 33415-8118


DATED: 10.3.17


William H. Roberts, Acting General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

DATED: 10/9/17


Carly M. Bradlow, Esquire
Attorney for Respondent
Dias & Associates, P.A.
5102 West Laurel Street, Suite 700
Tampa, Florida 33607

DATED: 10/3/17


Michael Kruppenbacher
Assistant General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #7
Tallahassee, Florida 32308

DATED: 10/10/17