

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2018 AUG 24 A 10:07

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA No. 2018010539

BROOKDALE CHAMBREL PINECASTLE,

Respondent.

FINAL ORDER

Having reviewed the Notice of Intent to Impose Fine and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the above-named Respondent the attached Notice of Intent and Election of Rights form. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing pursuant to Sections 120.57(1) and 120.57(2), Florida Statutes. The Respondent selected Option 1 on the Election of Rights form. (Ex. 2)

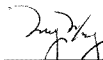
2. By selecting Option 1, the Respondent waived the right to a hearing and waived the right to contest the allegations within the Notice of Intent. The findings of fact and conclusions of law set forth within the Notice of Intent are adopted and incorporated by reference.

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

3. The Respondent shall pay the Agency \$500.00. If full payment has already been made, the cancelled check is your receipt 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 payable to the "Agency for Health Care Administration" and containing the AHCA 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 24 day of August, 2018.



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 24th day of August, 2018.



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)
Timothy F. Smith, Executive Director Brookdale Chambrel Pinecastle 1801 SE 24th Road Ocala, FL 34471-6073 (U.S. Mail)	



2018010539

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

July 20, 2018

EMAILED AND MAILED

Timothy F Smith, Administrator
Brookdale Chambrel Pinecastle
1801 SE 24th Rd
Ocala, FL 34471-6073

File Number: 11910267
License Number: 5397
Provider Type: Assisted Living Facility

RE: 2018010539, 1801 SE 24th Rd, Ocala

REC'D
FACILITY 1

NOTICE OF INTENT TO IMPOSE FINE

JUL 27 2018

(15-Day Full Report)

Agency for Health
Care Administration

Pursuant to Section 408.813(3)(b), Florida Statutes (F.S.), a fine of \$500.00 is imposed on the licensee due to the untimely submission of an adverse incident report to the Agency. Section 429.23(4), F.S., states that each assisted living facility shall provide within 15 days, a full report to the Agency on all adverse incidents specified in Section 429.23, F.S. The full report must include the results of the facility's investigation into the adverse incident. Based upon the date of occurrence indicated in the full report submitted to the Agency by the licensee, the full report was required to be submitted to the Agency on or before May 12, 2018 but was not received until May 14, 2018, making the report late.

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 requesting an administrative hearing 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 that the Notice of Intent is 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 by the 21st day, the right to a hearing will be waived. The Agency Clerk's office can be reached by telephone at (850) 412-3630 or by facsimile at (850) 921-0158. The Election of Rights form shall be addressed to:

Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive; MS 3
Tallahassee, FL 32308

EXHIBIT 1

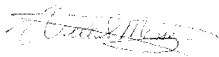


Brookdale Chambrel Pinecastle
July 20, 2018
Page 2

Any party who appears in an Agency proceeding has the right, at the party's 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.

PLEASE SEE THE ATTACHED ELECTION OF RIGHTS FORM.

If you have any questions or need further assistance, please call Sean Massey at (850) 412-3759 or (850) 412-3731 or e-mail at sean.massey@ahca.myflorida.com.



Sean Massey, Program Administrator
Office of Risk Management and Patient Safety
Agency for Health Care Administration

cc: Legal Intake Unit, Mail Stop 3
Enforcement Unit, Mail Stop 26

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Brookdale Chambrel Pinecastle

Complaint Number: 2018010539

ELECTION OF RIGHTS

This Election of Rights form is attached to the Notice of Intent. The Election of Rights form 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 Notice of Intent.** If your Election of Rights form or request for hearing is not received by the Agency Clerk within 21 days of the day that you received the Notice of Intent, you will have waived your right to contest the proposed agency action and a Final Order will be issued imposing the fine alleged in the Notice of Intent.

(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 waive the right to a hearing to contest the allegations of fact and conclusions of law alleged in the Notice of Intent. I understand that by waiving the right to a hearing, a Final Order will be issued that adopts the allegations of fact and conclusions of law alleged in the Notice of Intent and imposes the fine sought in the Notice of Intent.

OPTION TWO (2) _____ I admit the allegations of fact alleged in the Notice of Intent, 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 fine is too severe and should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact alleged in the Notice of Intent 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 request for hearing in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. The request for hearing must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this Notice of Intent. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which **requires** that it contain:

(a) The name, address, any e-mail address, telephone number, and facsimile number, if any, of the respondent, if the respondent is not represented by an attorney or qualified representative.

(b) The name, address, e-mail 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.

(c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

(d) A statement of when the respondent received notice of the administrative complaint.

(e) A statement including the file number to the administrative complaint.

Licensee Name: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____

E-Mail Address: _____

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
ARCA
AGENCY CLERK

RE: Brookdale Chambrel Pinecastle

2010 AUG 13 P 2: 25

Complaint Number: 2018010539

ELECTION OF RIGHTS

This Election of Rights form is attached to the Notice of Intent. The Election of Rights form 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 Notice of Intent. If your Election of Rights form or request for hearing is not received by the Agency Clerk within 21 days of the day that you received the Notice of Intent, you will have waived your right to contest the proposed agency action and a Final Order will be issued imposing the fine alleged in the Notice of Intent.

(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) 24 I waive the right to a hearing to contest the allegations of fact and conclusions of law alleged in the Notice of Intent. I understand that by waiving the right to a hearing, a Final Order will be issued that adopts the allegations of fact and conclusions of law alleged in the Notice of Intent and imposes the fine sought in the Notice of Intent.

OPTION TWO (2) _____ I admit the allegations of fact alleged in the Notice of Intent, 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 fine is too severe and should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact alleged in the Notice of Intent 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 request for hearing in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. The request for hearing must be received by the Agency Clerk at the address above within 21 days of your receipt of this Notice of Intent. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

EXHIBIT 2

(a) The name, address, any e-mail address, telephone number, and facsimile number, if any, of the respondent, if the respondent is not represented by an attorney or qualified representative.

(b) The name, address, e-mail 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.

(c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

(d) A statement of when the respondent received notice of the administrative complaint.

(e) A statement including the file number to the administrative complaint.

Licensee Name: Timothy F. Smith

Contact Person: Timothy F. Smith Title: Executive Director

Address: 1801 SE 24th Road, Ocala, FL 34471
Number and Street City Zip Code

Telephone No. 352-368-7710 Fax No. 352-629-1477

E-Mail Address: t.smith64@brookdale.com