

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2019 JUN 26 P 2:23

REGIONAL GENERAL HOSPITAL
WILLISTON,

Petitioner,

AHCA NO. 2019006169

LICENSE NO. 4424

v.

FILE NO. 100139

LICENSE TYPE: HOSPITAL

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.
_____ /

FINAL ORDER

THIS CAUSE concerns a request for hearing that the Agency for Health Care Administration received pertaining to the Agency's April 24, 2019 Notice of Intent to Deem Renewal Application Incomplete and Withdrawn from Further Consideration (Exhibit A).

FINDINGS OF FACT

On the above-noted date, the Agency for Health Care Administration sent the Petitioner notice of agency action. At the same time, the Agency for Health Care Administration advised the Petitioner of the right to ask for a hearing under Chapter 120, Florida Statutes.

On May 23, 2019, Petitioner filed a request for a formal administrative hearing (Exhibit B) with the Agency Clerk. The request for a formal administrative hearing was untimely filed because Petitioner failed to file it within 21 days of the date it received the notice of agency action, and not in substantial compliance with the requirements of rule 28-106.201(2), Florida Administrative Code.

On May 30, 2019, the Agency Clerk entered an Amended Order of Dismissal without Prejudice¹ (Exhibit C). The Amended Order of Dismissal without Prejudice gave the Petitioner the opportunity to explain the untimeliness of its request for a formal administrative hearing, and to amend its request for a formal administrative hearing in order to substantially comply with the requirements of rule 28-106.201(2), Florida Administrative Code.

On June 14, 2019, Petitioner filed a response to the Amended Order of Dismissal without Prejudice (Exhibit D). However, the response to the Amended Order of Dismissal without Prejudice was also not in substantial compliance with rule 28-106.201(2), Florida Administrative Code, and did not offer any explanation for the untimeliness of the original hearing request that would have excused the untimeliness under the doctrine of equitable tolling. Specifically, Petitioner offered no evidence that it was misled or lulled into inaction, that it timely filed the original hearing request in the wrong forum, or that it was prevented from timely filing the original hearing request by extraordinary circumstances. Therefore, the relevant factual allegations of the Notice of Intent to Deem Renewal Application Incomplete and Withdrawn from Further Consideration and the Amended Order of Dismissal without Prejudice are hereby adopted.

CONCLUSIONS OF LAW

Section 120.569(2)(c), Florida Statutes, requires the Agency to dismiss Petitioner's request for an informal hearing if it is untimely filed. Cann v. Department of Children and Family Services, 813 So. 2d 237 (Fla. 2d DCA 2002).

Section 120.569(2)(c), Florida Statutes, requires the Agency to dismiss a request for an administrative hearing if the request does not substantially comply with the requirements of Rule

¹ The Agency Clerk entered an Order of Dismissal without Prejudice on May 24, 2019. However, the Order of

28-106.201, Fla. Admin. Code. See Section 120.569(2)(c), Florida Statutes; and Brookwood Extended Care Center of Homestead, LLP v. Agency for Health Care Administration, 870 So. 2d 834 (Fla. 3d DCA 2003).

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

1. The request for a formal administrative hearing filed by Petitioner is hereby dismissed with prejudice, the Agency's Notice of Intent to Deem Renewal Application Incomplete and Withdrawn from Further Consideration is hereby UPHeld and the Petitioner's hospital licensure renewal application is hereby WITHDRAWN.

2. In order to ensure the health, safety, and welfare of the Petitioner's clients, the license expiration date is extended for 30 days for the sole purpose of allowing the safe and orderly discharge of clients. § 408.815(6), Fla. Stat. As a condition of this extension, the Petitioner is prohibited from accepting any new admissions during this period and must immediately notify the clients that they will soon be discharged. The Petitioner is subject to monitoring by the Agency and possibly third parties. The Agency may terminate the 30-day extension or modify the conditions at any time. The Petitioner must comply with all other applicable federal and state laws. At the conclusion of 30 days, or upon the discontinuance of operations, whichever is first in time, the Petitioner shall promptly return the license certificate which is the subject of this agency action to the appropriate licensure unit in Tallahassee, Florida. Fla. Admin. Code R. 59A-35.040(5).

3. In accordance with Florida law, the Petitioner is responsible for retaining and appropriately distributing all client records within the timeframes prescribed in the authorizing statutes and applicable administrative code provisions. The Petitioner is advised of Section

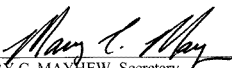
Dismissal without Prejudice failed to note that the request for a formal administrative hearing was untimely filed.

408.810, Florida Statutes.

4. In accordance with Florida law, the Petitioner is responsible for any refunds that may have to be made to the clients.

5. The Petitioner is given notice of Florida law regarding unlicensed activity. The Petitioner is advised of Section 408.804 and Section 408.812, Florida Statutes. The Petitioner should also consult the applicable authorizing statutes and administrative code provisions. The Petitioner is notified that the cancellation of an Agency license may have ramifications potentially affecting accrediting, third party billing including but not limited to the Florida Medicaid program, and private contracts.

DONE AND ORDERED in Tallahassee, Florida, on this 25 day of June, 2019.



MARY C. MAYHEW, 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 THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE 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 PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE 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 26 day of June, 2019.

Ray M for
RICHARD J. SHOOP, Agency Clerk
AGENCY FOR HEALTH CARE ADMINISTRATION
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Telephone: (850) 412-3630

Copies furnished to:

Jan Mills Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Jack Plagge, Unit Manager Hospital and Outpatient Services Unit Agency for Health Care Administration (Electronic Mail)
Finance & Accounting Revenue Management Unit Agency for Health Care Administration (Electronic Mail)	Aleta Garner, Manager Area 3 Field Office (Electronic Mail)
Katrina Derico-Harris Medicaid Accounts Receivable Agency for Health Care Administration (Electronic Mail)	Raj Ravi, CEO Regional General Hospital Williston 125 Southwest 7 th Street Williston, Florida 32696 (via U.S. Mail and electronic mail to vraj@regionalgeneral.com)
Shawn McCauley Medicaid Contract Management Agency for Health Care Administration (Electronic Mail)	

NOTICE OF FLORIDA LAW

408.804 License required; display.--

(1) It is unlawful to provide services that require licensure, or operate or maintain a provider that

offers or provides services that require licensure, without first obtaining from the agency a license authorizing the provision of such services or the operation or maintenance of such provider.

(2) A license must be displayed in a conspicuous place readily visible to clients who enter at the address that appears on the license and is valid only in the hands of the licensee to whom it is issued and may not be sold, assigned, or otherwise transferred, voluntarily or involuntarily. The license is valid only for the licensee, provider, and location for which the license is issued.

408.812 Unlicensed activity. --

(1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

(2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.

(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If

after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined \$1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of \$1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.



April 24, 2019

Ravi Raj Vuppalapu
Regional General Hospital Williston
125 SW 7th St
Williston, FL 32696

4129

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Certified Article Number

414 7266 9404 2146 0625 94

SENDER'S RECORD

File Number: 100139
License Number: 4424
Provider Type: Hospital

RECEIVED
GENERAL COUNSEL

APR 25 2019

Agency for Health Care
Administration

RE: Complaint Number 2019006169, 125 SW 7th St, Williston

**Notice of Intent To Deem Renewal Application Incomplete
and Withdrawn From Further Consideration**

Your application for renewal licensure is deemed incomplete and is therefore withdrawn from further consideration. The Agency notified the applicant in writing of apparent errors or omissions and request for any additional information. The requested information omitted from an application was not filed with the Agency within 21 days after the Agency's request for omitted information. Thus, the application is deemed incomplete and withdrawn from further consideration in accordance with Section 408.806(3)(b), Florida Statutes. The specific basis for this decision to withdraw this application is the failure to timely provide the following information:

Outstanding fines, liens, or overpayments assessed by Final Order of AHCA or the Centers for Medicare and Medicaid Services by the licensee or a common controlling interest to be paid prior to license/registration issuance; please see below amounts due:

Invoice #	Date	Amount	Type
2017009940	11/20/2015	\$40,200.00	Florida Hospital Uniform Reporting System
2018017400	02/11/2019	\$61,000.00	Florida Hospital Uniform Reporting System
2018018067	02/15/2019	\$400.00	Fine for nonpayment of the Annual Licensure Inspection Fee
Inspection Event ID# KE#R11		\$480.00	App#9254

EXPLANATION 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 request for an administrative hearing must conform to the requirements in Rule 28-106.2015, Florida Administrative Code. 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.

EXHIBIT A



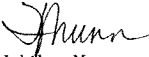
Regional General Hospital Williston

Page 2

April 24, 2019

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

If you have any questions or need further assistance, please contact the General Counsel's Office at (850) 412-3630.



For Jack Plagge, Manager
Hospital and Outpatient Services Unit
Agency for Health Care Administration

cc: Legal Intake, Mail Stop 3

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Regional General Hospital Williston

Case Number: 2019006169

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Deem Incomplete and Withdraw from Further Review or any other proposed action by AHCA.

If an Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and a final order will be issued.

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) I admit to the allegations of facts and law contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other notice of intended action by AHCA and I waive my right to object and have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) I admit to the allegations of facts contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) I dispute the allegations of fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review or other proposed action by AHCA, 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.

Regional General Hospital Williston

April 24, 2019

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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 Subsection 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above within **21 days** of receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.201, Florida Administrative Code, which requires that it contain:

1. The name and address of each agency affected and each agency's file or identification number, if known;
2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
3. An explanation of how your substantial interests will be affected by the Agency's proposed action;
4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

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

License Type: Hospital

License Number: 4424

Licensee Name: Regional General Hospital Williston

Contact Person: _____

Name

Title

Address: _____

Street and number

City

Zip Code

Telephone Nbr.: _____

Fax Nbr.: _____

Email (optional): _____

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

Signed: _____

Date: _____

Print Name: _____

Title: _____

Track Another Package +

Tracking Number: 9414726699042148062594

Remove X

Your item was delivered at 10:12 am on April 29, 2019 in WILLISTON, FL 32696.

 **Delivered**

April 29, 2019 at 10:12 am
Delivered
WILLISTON, FL 32696

Get Updates v

Feedback

Text & Email Updates



Tracking History



Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

USPS Tracking®

[Tracking FAQs](#)

[Track Another Package+](#)

[Remove](#)

Tracking Number: 9414726699042148062594

Your item was delivered at 10:12 am on April 29, 2019 in WILLISTON, FL 32696.

Status

Delivered

April 29, 2019 at 10:12 am

Delivered

WILLISTON, FL 32696

[Get Updates](#)

Delivered

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2019 MAY 23 P 2:01

RE: Regional General Hospital Williston

Case Number: 2019006169

ELECTION OF RIGHTS

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If an **Election of Rights** with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and **a final order will be issued.**

(Please reply using this **Election of Rights** form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

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Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) I admit to the allegations of facts and law contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other notice of intended action by AHCA and I waive my right to object and have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) I admit to the allegations of facts contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) I dispute the allegations of fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review or other proposed action by AHCA, 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 B

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 Subsection 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above within 21 days of receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.201, Florida Administrative Code, which requires that it contain:

1. The name and address of each agency affected and each agency's file or identification number, if known;
2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
3. An explanation of how your substantial interests will be affected by the Agency's proposed action;
4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

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

License Type: Hospital License Number: 4424

Licensee Name: Regional General Hospital Williston

Contact Person: RAJ RAVI CEO
Name Title
Address: 125 SW 4th St. WILLISTON 32696
Street and number City Zip Code

Telephone Nbr.: 352 816 4157 Fax Nbr.: _____

Email (optional): V.RAJ@REGENIOLGENERAL.COM

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

Signed: [Signature] Date: 5/21/2019

Print Name: RAJ RAVI Title: C.E.O.

ORANGEBO COMMUNITY BANK
WILLISTON, FL 32996

8890
43-118421
⑆R050610000

04/05/2019

REGIONAL HEALTH PARTNERS LLC
REGIONAL GENERAL HOSPITAL-WILLISTON
PAYROLL ACCOUNT
123 SW 7TH STREET
WILLISTON, FL 32996

PAY TO THE ORDER OF: **AGENCY FOR HEALTH CARE ADMINISTRATION** \$ **400.00**

FOUR HUNDRED DOLLARS AND ZERO CENTS DOLLARS

MEMO: FAC #23100139/CASE # 2018018067

John Lee
ATTEST: _____

Photo Not Required

REGIONAL HEALTH PARTNERS LLC

Security Features and industry standards and include:

- Intermittent® paper account and driver number
- ELECTRONICALLY PRESENTED - 4/5/2019
- Mutilations - None in your check mark to indicate
- Check has been deposited full outside check
- The Checkup Window - nothing was taken or removed to other lines
- Photocopy (A/C) - not used on front and back
- The words "VOIDABLE, DISCOUNT" or other in the back
- Photo Safe Device - none visible on front and back

Do not sign or

- Any of the 10 if any
- Tagline
- Broken into and cannot open except on back
- Not put into any of the 10 if any

not in Contact with

0000000000

Received
 APR 08 2019
 Financial Services

X
ENCLOSURE MARK

FOR DEPOSIT ONLY
NOT FOR CASH
STATE OF FLORIDA DEPARTMENT OF
FINANCIAL SERVICES
YOUR CHECK IS NOT NEGOTIABLE
IF YOU HAVE ANY QUESTIONS
CONTACT US AT 1-800-352-3434

AT THE POINT OF DEPOSIT ONLY



April 24, 2019

Ravi Raj Vuppalapu
Regional General Hospital Williston
125 SW 7th St
Williston, FL 32696

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Certified Article Number

9414 7266 9904 2148 0625 94

SENDER'S RECORD

File Number: 100139
License Number: 4424
Provider Type: Hospital

RE: Complaint Number 2019006169, 125 SW 7th St, Williston

**Notice of Intent To Deem Renewal Application Incomplete
and Withdrawn From Further Consideration**

Your application for renewal licensure is deemed incomplete and is therefore withdrawn from further consideration. The Agency notified the applicant in writing of apparent errors or omissions and request for any additional information. The requested information omitted from an application was not filed with the Agency within 21 days after the Agency's request for omitted information. Thus, the application is deemed incomplete and withdrawn from further consideration in accordance with Section 408.806(3)(b), Florida Statutes. The specific basis for this decision to withdraw this application is the failure to timely provide the following information:

Outstanding fines, liens, or overpayments assessed by Final Order of AHCA or the Centers for Medicare and Medicaid Services by the licensee or a common controlling interest to be paid prior to license/registration issuance; please see below amounts due:

Invoice #	Date	Amount	Type
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2018017400	02/11/2019	\$61,000.00	Florida Hospital Uniform Reporting System
2018018067	02/15/2019	\$400.00	Fine for nonpayment of the Annual Licensure Inspection Fee
Inspection Event ID# KE#R11		\$480.00	App#9254

paid

EXPLANATION 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 request for an administrative hearing must conform to the requirements in Rule 28-106.2015, Florida Administrative Code. 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.



Regional General Hospital Williston

Page 2

April 24, 2019

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

If you have any questions or need further assistance, please contact the General Counsel's Office at (850) 412-3630.



For Jack Plagge, Manager
Hospital and Outpatient Services Unit
Agency for Health Care Administration

cc: Legal Intake, Mail Stop 3

REGIONAL HEALTH PARTNERS LLC
REGIONAL GENERAL HOSPITAL-WILLISTON
PAYROLL ACCOUNT
125 SW 7TH STREET
WILLISTON, FL 32696

DRUMMOND COMMUNITY BANK
WILLISTON, FL 32696

9745

63-1387631

CHECK NUMBER

05/21/2019

PAY TO THE
ORDER OF AHCA

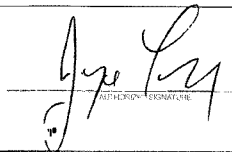
\$ 480.00

FOUR HUNDRED EIGHTY DOLLARS AND ZERO CENTS

DOLLARS

INSPECTION EVENT ID# KE#R11/APP#9254

MEMO



AUTHORIZED SIGNATURE

REGIONAL HEALTH PARTNERS LLC

REGIONAL GENERAL HOSPITAL-WILLISTON

9745

REGIONAL HEALTH PARTNERS LLC

REGIONAL GENERAL HOSPITAL-WILLISTON

9745

Photo Safe Deposit®
Details on Back.

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2019 MAY 30 A 8:43

In Re: The Request for Hearing concerning:

REGIONAL GENERAL HOSPITAL WILLISTON,

AHCA No.: 2019006169

**This Order of Dismissal without
Prejudice is directed to:**

RAJ RAVI, CEO,

On Behalf of Petitioner.

**AMENDED ORDER OF DISMISSAL WITHOUT PREJUDICE PURSUANT
TO SECTION 120.569(2)(c), FLORIDA STATUTES, TO ALLOW
FOR AMENDMENT AND RESUBMISSION OF PETITION**

BY THIS ORDER, the Agency Clerk advises that the Agency is dismissing the request for hearing without prejudice and providing the person who requested the hearing with an opportunity to amend the hearing request to correct or address the problem(s) noted below. Please be advised that the Agency Clerk must receive the written response to this Order of Dismissal without Prejudice within fifteen (15) days of the date on which it was signed. Please consider using U.S. Certified Mail, return receipt requested, to ensure that you receive proof of the date on which the Office of the Agency Clerk received your response. If the Agency Clerk does not receive a response to this Order of Dismissal without Prejudice within 15 days of the date on which it was signed, a final order will be entered dismissing the hearing request with prejudice.

The Agency is dismissing the request for hearing without prejudice because:

- (1) It was untimely filed.¹

Please note: According to Section 120.569(2)(c), Florida Statutes, the Agency is required to dismiss a request for hearing if it is not timely filed. If this item is checked, it means that, contrary to Rule 28-106.111(2), Florida Administrative Code, a written request for a hearing was not received by the Agency on or before twenty-one (21) days from the date on which the notice of agency action was received.

Accordingly, a Final Order will be entered consistent with the notice of agency action unless the person requesting a hearing can show that the

¹ The Petitioner received the Notice of Intent or other notice of agency action on April 29, 2019, but did not file the request for hearing with the Agency until May 23, 2019 suggesting that more than 21 days had elapsed since the receipt of the Notice of Intent or other notice of agency action.

EXHIBIT C

Agency received the written request for hearing on or before twenty-one (21) days from the date on which the notice of agency action was received (See Cann v. Department of Children and Family Services, 813 So. 2d 237 (Fla. 2d DCA 2002)). The untimeliness of the hearing request will also be excused if the person can show that he or she was either misled or lulled by the Agency into not timely filing a hearing request, timely filed the hearing request but filed it in the wrong place, or was prevented from timely filing a hearing request by extraordinary circumstances that were beyond the person's control.

- (2) X The request for hearing was legally insufficient.

Please note: If this item is checked, the Agency recognizes that you requested a formal hearing pursuant to the provisions of Section 120.569 and 120.57(1), Florida Statutes. Your request, however, was not in substantial compliance with the requirements of Rule 28-106.201(2), Florida Administrative Code,² as required by law and as noted on the Election of Rights form. Since your request for hearing was not in substantial compliance the Rule, the Agency is required by law to dismiss it. See Section 120.569(2)(c), Florida Statutes, and Brookwood Extended Care Center of Homestead, LLP v. Agency for Health Care Administration, 870 So. 2d 834 (Fla. 3d DCA 2003).

You are being given the opportunity to amend your request for hearing. Please ensure that the amended request includes the information required by Rule 28-106.201(2), Florida Administrative Code and indicated on the attached copy thereof, and that the Agency Clerk **receives** the amended request on or before fifteen (15) days from the date on which the Agency Clerk signed this Order of Dismissal without Prejudice.

²A copy of Rule 28-106.201, Florida Administrative Code, is attached to this order. This rule sets out the information required to be in a request for a formal hearing. You must review your request for hearing and amend it to conform to and contain all the information required by the rule.

DONE and ENTERED on this 30th day of May, 2019.



RICHARD J. SHOOP, Agency Clerk
State of Florida, Agency for
Health Care Administration
2727 Mahan Drive, MS 3
Tallahassee, Florida 32308
(850) 412-3689

COPIES FURNISHED TO:

Raj Ravi, CEO
Regional General Hospital Williston
125 Southwest 7th Street
Williston, Florida 32696
(via electronic mail to vraj@regionalgeneral.com)

Jan Mills
Facilities Intake Unit
(via electronic mail to Janice.Mills@ahca.myflorida.com)

28-106.201 Initiation of Proceedings.

(1) Unless otherwise provided by statute, and except for agency enforcement and disciplinary actions that shall be initiated under Rule 28-106.2015, F.A.C., initiation of proceedings shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document that requests an evidentiary proceeding and asserts the existence of a disputed issue of material fact. Each petition shall be legible and on 8 1/2 by 11 inch white paper. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

(e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and

(g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

(3) Upon receipt of a petition involving disputed issues of material fact, the agency shall grant or deny the petition, and if granted shall, unless otherwise provided by law, refer the matter to the Division of Administrative Hearings with a request that an administrative law judge be assigned to conduct the hearing. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

Rulemaking Authority 14.202, 120.54(3), (5) FS. Law Implemented 120.54(3) FS. History—New 4-1-97, Amended 9-17-98, 1-15-07, 2-5-13.

 REGIONAL GENERAL
HOSPITAL
WILLISTON

FILED
AGENCY CLERK

JUN 14 2019

Agency for Health Care
Administration

June 14, 2019

Richard J. Shoop
Agency Clerk
State of Florida
Agency for Healthcare Administration
2727 Mahan Drive, MS 3
Tallahassee, Florida, 32308

Re: Regional General Hospital Williston
Facility #: 23100139, Case #: 2019006169

Dear Mr. Shoop,

We receive the Notice of Intent To Deem Renewal Application Incomplete and Withdrawn From Further Consideration dated May 30th, 2019 via email. It contends that our latest response was not filed timely, nor was it legally sufficient to warrant a formal review hearing.

Please let it be known that it is our ultimate goal, and has the full weight of our continued effort to reopen this facility as a service to the local populous. Significant gains have been made in the past few weeks that should allow for funding of not only the operating costs of the facility but also the outstanding fines that our organization owes to AHCA for previous delinquent reporting items.

We calculate our total outstanding at \$101,200 (Inv: 2017009940 & Inv: 2018017400). While we understand this is a significant amount, and that we are in this position by previous reporting errors, we believe that it is the best interest of Regional General Hospital Williston, the residents of Levy County and AHCA to come to a mutual arrangement that will permit continued operation of our facility.

We respectfully request the constructive discussion of a payment plan opportunity that will satisfy all parties. We understand that we, and we alone, are responsible for the position in which our facility finds itself. Please note that we are fully committed to the on-going successful operation of the facility as a service to the community. With our new partnerships and strategic goals, we feel this is certainly attainable.

We truly appreciate your consideration in this matter and pledge to abide by the ultimate decision made by your organization completely.

With regards,



Raj Ravi, CEO
(352) 816-4157
vraj@regionalgeneral.com

Regional General Hospital Williston
125 SW 7th Street
Williston, FL 32696

EXHIBIT D