STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

v.

INTEGRITY MEDICAL CARE, LLC d/b/a AMERICAN FAMILY PLANNING,

Respondent.
_____/

AHCA No: 2022007399
License No. 932
File No. 13960123
Provider Type: Abortion Clinic

EMERGENCY SUSPENSION ORDER

THIS CAUSE came on for consideration before the Secretary of the Agency for Health Care Administration, or her duly appointed designee, who after careful review of the matter at hand and being otherwise fully advised, finds and concludes as follows:

THE PARTIES

1. The Agency for Health Care Administration (hereinafter "the Agency"), is the licensure and regulatory authority that oversees abortion clinics in Florida and enforces the applicable state statutes and rules governing abortion clinics. Chs. 390, and 408, Part II, Fla. Stat. (2021), Ch. 59A-9, Fla. Admin. Code. As part of its statutory oversight responsibilities, the Agency has the authority to impose emergency orders, including a limitation of license, a moratorium on admissions and an emergency suspension order, when circumstances dictate such action. §§ 120.60(6), 408.814, Fla. Stat. (2021).

2. The Respondent, Integrity Medical Care, LLC d/b/a American Family Planning (hereinafter "the Respondent"), was issued a license (License Number 932) by the Agency to operate an abortion clinic (hereinafter "the Facility") located at 6115 Village Oaks Drive,

Pensacola, Florida 32504, and was at all material times required to comply with the statutes and rules governing such facilities. (Hereinafter Respondent and its abortion clinic will be referred to interchangeably as "Respondent" or "Facility).

3. As the holder of such a license, the Respondent is a licensee. "Licensee" means "an individual, corporation, partnership, firm, association, or governmental entity, or other entity that is issued a permit, registration, certificate, or license by the Agency." § 408.803(9), Fla. Stat. (2021). "The licensee is legally responsible for all aspects of the provider operation." § 408.803(9), Fla. Stat. (2021). "Provider" means "any activity, service, agency, or facility regulated by the Agency and listed in Section 408.802," Florida Statutes (2021). § 408.803(11), Fla. Stat, (2021). Abortion clinics are regulated by the Agency under Chapter 429, Part I, Florida Statutes (2021), and listed in Section 408.802, Florida Statutes (2021). § 408.802(3), Fla. Stat. (2021). Abortion clinic patients are thus clients. "Client" means "any person receiving services from a provider." § 408.803(6), Fla. Stat. (2021).

4. The Respondent holds itself out to the public as an abortion clinic that complies with the laws governing abortion clinics. These laws exist to protect the health, safety and welfare of the clients of abortion clinics. As individuals receiving services from an abortion clinic, these clients are entitled to receive the benefits and protections under Chapters 120, 408, Part II, and 390, Florida Statutes (2021), and Chapter 59A-9, Florida Administrative Code.

THE AGENCY'S EMERGENCY ORDER AUTHORITY

5. The Agency may impose an immediate moratorium or emergency suspension as defined in section 120.60, Florida Statutes (2021), on any provider if the Agency determines that any condition related to the provider or licensee presents a threat to the health, safety, or welfare of a client. § 408.814(1), Fla. Stat. (2021). If the Agency finds that immediate serious danger to

the public health, safety, or welfare requires emergency suspension, restriction, or limitation of a license, the Agency may take such action by any procedure that is fair under the circumstances. § 120.60(6), Fla. Stat. (2021).

LEGAL DUTIES OF AN ABORTION CLINIC

6. Florida law provides:

> PERFORMANCE BY PHYSICIAN REQUIRED.—No termination of pregnancy shall be performed at any time except by a physician as defined in s. 390.011.
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> § 390.0111(2), Fla. Stat. (2021).
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> Abortions shall be performed only by a licensed physician who has admitting privileges at a hospital within reasonable proximity to the clinic. Physician admitting privileges are optional if the clinic has a written transfer agreement with a hospital within reasonable proximity. At the time of transfer the clinic shall provide to the receiving hospital a copy of the patient's medical records related to the pregnancy being terminated. Each abortion clinic providing second trimester abortions shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients. The clinic will have a position description for each position delineating duties and responsibilities and maintain personnel records for all employees performing or monitoring patients receiving a second trimester abortion.
> (1) Physicians.
> The clinic shall designate a licensed physician to serve as a medical director. Only physicians authorized by the medical director and the clinic shall perform abortions.
> (2) Nursing Personnel.
> Nursing personnel in the clinic shall be governed by written policies and procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services.
> (3) Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established.
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> Fla. Admin. Code R. 59A-9.023(1), (2), and (3).
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(1) Each abortion clinic that provides second trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. Any abortion clinic that performs second trimester abortions shall comply with these patient care policies and procedures for patients undergoing second trimester abortions, to include the following:
(a) Admission criteria and procedures;
(b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions;
(c) Specific details regarding the pre-operative procedures performed, to include:
1. History and physical examination, to include verification of pregnancy, period of gestation, identification of any past surgeries, preexisting conditions or complications; including allergies to medications, antiseptic solutions, or latex; and a complete obstetric and gynecological history.
2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography to confirm period of gestation, and a physical examination including a bimanual examination estimating uterine size and palpation of the adnexa. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file. Urine or blood tests for pregnancy shall be performed before the abortion procedure.

Fla. Admin. Code R. 59A-9.025(1).

Any abortion clinic which is providing second trimester abortions must be in compliance with the following standards relative to second trimester abortion procedures.
(1) A physician, registered nurse, licensed practical nurse, advanced practice registered nurse, or physician assistant shall be available to all patients throughout the abortion procedure.
(2) The abortion procedure will be performed in accordance with obstetric standards and in keeping with established standards of care regarding the estimation of the period of gestation of the fetus.
(3) Anesthesia service shall be organized under written policies and procedures relating to anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls.
(4) Prior to the administration of anesthesia, patients shall have a history and physical examination by the individual administering anesthesia, including laboratory analysis when indicated.

(5) Appropriate precautions, such as the establishment of intravenous access for patients undergoing post-first trimester abortions.
(6) Appropriate monitoring of the patient's vital signs by professionals licensed and qualified to assess the patient's condition will occur throughout the abortion procedure and during the recovery period until the patient's condition as specified by the type of abortion procedure performed, is deemed to be stable in the recovery room.

Fla. Admin. Code R. 59A-9.026.

Each abortion clinic which is providing second trimester abortions shall comply with the following recovery room standards when providing second trimester abortions.

(1) Following the procedure, post-procedure recovery rooms will be supervised and staffed to meet the patient's needs. A physician or physician assistant, a licensed registered nurse, a licensed practical nurse or an advanced practice registered nurse who is trained in the management of the recovery area shall be available to monitor the patient in the recovery room until the patient is discharged. The individual must be certified in basic cardiopulmonary resuscitation. A patient in the post-operative or recovery room shall be observed for as long as the patient's condition warrants.

(2) The clinic shall arrange hospitalization if any complication beyond the medical capability of the staff occurs or is suspected. The clinic shall ensure that equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a viable fetus to the hospital. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. The clinic medical records documenting care provided shall accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic.

(3) A physician shall discuss Rho (D) immune globulin with each patient for whom it is indicated and will ensure that it is offered to the patient in the immediate post-operative period or that it will be available to the patient within 72 hours following completion of the abortion procedure. If the patient refuses the Rho (D) immune globulin, refusal shall be documented on Refusal to Permit Administration of Rho (D) Immune Globulin, AHCA Form 3130-1002, July 2016, which is incorporated by reference. The form can be obtained at https://www.flrules.org/Gateway/reference.asp?No=Ref-07598, and from the

Agency for Health Care Administration, Hospital and Outpatient Services Unit, Mail Stop #31, 2727 Mahan Drive, Tallahassee, Florida 32308, or on the Agency website at: http://ahca.myflorida.com/HQAlicensureforms. The form shall be signed by the patient, physician, and a witness, and shall be included in the patient's medical record.

(4) Written instructions with regard to post-abortion coitus, signs of possible medical complications, and general aftercare shall be given to each patient. Each patient shall have specific written instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies. The physician will ensure that either a registered nurse, licensed practical nurse, advanced practice registered nurse, or physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery. A contact for post-operative care from the facility shall be available to the patient on a 24-hour basis.

(5) Clinic procedures must specify the minimum length of time for recovery as warranted by the procedure type and period of gestation.

Fla. Admin. Code R. 59A-9.027.

FACTS JUSTIFYING EMERGENCY ACTION

7. On May 16, 2022, the Agency commenced a survey of the Respondent Facility.

8. Based upon this survey, the Agency makes the following findings:

   a. Patient number one (1):

      i. The patient presented to Respondent for a second trimester abortion on May 5, 2022, at approximately 10:00 a.m.

      ii. The pregnancy was a 19.6-week gestational age pregnancy, meaning nineteen (19) weeks six (6) days.

      iii. The procedure was discontinued prior to completion with the physician documenting cervical laceration and possible uterine rupture.

      iv. The medical record documents the patient needed an exploratory

laparoscopy and possible cesarean section, documenting "to ER," indicating the patient required emergency medical services. The medical record further documents blood loss of either two hundred fifty (250) or seven hundred fifty (750) milliliters of blood loss, the discrepancy as a result of the seven (7) and two (2) digit being written over one another, such that the determination of the correct digit is unclear.

v. Between 11:20 a.m. and 5:30 p.m., the patient was administered seven (7) documented doses of misoprostol, a medication administered to cause the uterus to contract. A staff member of Respondent reports to Agency personnel that during a portion of this extended time period, the patient was sitting in the patient's car and was not being monitored by Facility medical personnel. The patient's spouse confirms that the patient came to the car to be with the spouse until approximately 3:00 p.m., and thereafter remained in the Facility until discharge.

vi. The medical record contains no record of monitoring or assessment of the patient during the procedure and afterward. This lack of documentation also includes no record of vital signs. There is no documentation that the patient declined any medical monitoring or assessment which may have been offered.

vii. A Facility nurse reports the patient was discharged from the Facility close to midnight; an assertion confirmed by the patient's spouse.

viii. Thereafter, the patient's spouse reported Respondent's staff did not

describe the condition of the patient, but was in touch by cell phone. The patient told her spouse that Facility staff could not obtain the patient's blood pressure reading while at the Facility.

ix. The medical record contains no record of the discharge.

x. The patient was not transferred to a hospital with which Respondent maintains a transfer agreement, and the medical records do not reflect any effort of Respondent to facilitate such a transfer.

xi. Upon discharge from the Facility, the patient's spouse was directed to drive the patient to a hospital in Mobile, Alabama, despite the spouse's expressed desire to deliver the patient to a local Pensacola, Florida hospital.

xii. Though undocumented, it appears the patient's spouse was provided a packet of discharge information including pre and post procedure ultrasound photographs.

xiii. The patient was admitted to the Mobile, Alabama hospital the next morning, May 6, 2022, at 1:05 a.m. Hospital records reflect the patient arrived "hemodynamically unstable, tachycardic with no initial Blood Pressure with oxygen saturation in the 80s," meaning the patient had an elevated heart rate, undetectable blood pressure, and low oxygen levels. The patient required resuscitation and mass transfusion protocol to replace egregious blood loss.

xiv. Respondent has no documentation in the patient's medical record to reflect that Respondent undertook any action to contact the patient or

provide aftercare to the patient post discharge.

b. Patient number two (2):

i. The patient presented for a second trimester abortion on March 23, 2022.

ii. The pregnancy was a 20.2-week gestational age pregnancy, meaning twenty (20) weeks, two (2) days

iii. At 2:00 p.m., the patient experienced a fluid leak of the amniotic sac during the lamineria procedure, and experienced bleeding.

iv. The patient's medical record reflects the patient was treated with intravenous Pitocin and Methergine to control uterine bleeding.

v. The patient was taken to the recovery room where the patient again began bleeding and was administered second doses of Pitocin and Methergine.

vi. The patient's medical record contains no record of the patient's vital signs during the procedure or during the patient's time in the recovery room. There is no documentation that the patient declined any medical monitoring or assessment which may have been offered.

vii. The patient's medical record contains no documentation of the volume of the patient's blood loss.

viii. Though there is no documented discharge order, Respondent's nurse reported to Agency personnel that the decision was made to transfer the patient to the hospital at around midnight on March 23, 2022.

ix. The patient was transferred to the emergency room of a hospital with

which Respondent maintained a transfer agreement, however no clinical records reflecting the patient's procedure, aftercare, services provided by Respondent, or documentation of monitoring documenting the onset of bleeding, were provided to the receiving facility by Respondent.

x. Emergency medical service records document that upon arrival at Respondent's Facility at 11:27 p.m. on March 23, 2022, the patient was diaphoretic, cool, and only responsive to painful stimuli. The scene presented at the Facility, as described by emergency medical services, included excess blood on the examination table, pools of blood on the floor, and a staff member disposing of a surgical pad saturated with blood. The patient's radial pulses were absent, and upon arrival at the emergency department, blood pressure was documented at seventy-four over thirty-five (74/35).

xi. The patient was admitted to the hospital at 12:42 p.m. on March 23, 2022, and underwent emergency surgery. The hospital surgeon reported that when he arrived at the emergency department, the patient was unconscious, intubated, and had blood transfusing. The hospital took the patient to the operating room for emergent surgery and attempted to treat the patient conservatively to save the uterus, however there was a big hole on the left wall of the uterus and another on the right side, there were cervical lacerations, and bleeding from the lower uterine segment and cervical branches. The surgery could not

save the uterus and the patient underwent a total abdominal hysterectomy with bilateral salpingectomy and received a total of ten (10) units of blood.

xii. Respondent has no documentation to reflect that Respondent undertook any action to contact the patient or provide aftercare to the patient post discharge.

c. Respondent's operating standards require that vital signs, including blood pressure, be taken and recorded every fifteen (15) minutes while a post-surgical patient remains in recovery. No such records were obtained or maintained for patients numbered one (1) or two (2).

d. Respondent maintains a policy and procedure that reads, in pertinent part, "The physician, or his/her designee, should arrange for the patient transfer. The clinician should speak directly with the transfer location to prepare for admission of the patient with status and probable diagnosis ... Copies of the chart and all forms must accompany the patient."

e. The physician who performed the procedures on patients numbered one (1) and two (2) candidly admits that he is unfamiliar with Respondent's policies and procedures. As the same relate to patient transfers, including a provision requiring that the Facility physician speak directly to the hospital to which a patient is transferred, the physician admits he should know such policies and procedures, however indicated he relied on direction from Respondent's office manager, who holds no medical or clinical licensure.

f. The medical records of patient one (1) and patient two (2) contain no

indication the physician sought guidance from Respondent's medical director or other clinician to manage the patients' care when Respondent orchestrated the patients' discharges to hospital emergency departments.

g. Abortion clinics providing second trimester procedures are required to maintain a record of each incident resulting in serious injury as defined by Section 390.012(3)(h)(1), Florida Statutes. (..."[S]erious injury" means an injury that occurs at an abortion clinic and that creates a serious risk of substantial impairment of a major bodily organ.) In addition, each such incident must be reported to the Agency within ten (10) days of the incident. *See,* Rule 59A-9.029, Florida Administrative Code.

h. Respondent was cited by the Agency in November 2021 for the failure to timely report and implement its transfer procedures where a surgical procedure resulted in complications requiring hospitalization.

i. Respondent failed to timely report, as required, the incidents involving patient number one (1) and patient number two (2).

j. In each of these incidents, Respondent knew that the patient was transferred to a higher level of care, and knew or should have known the patients received emergency treatment. These treatments included the following:

    i. For the November 2021 cited deficient practice, the patient required repair of a uterine perforation, a colon resection, a colostomy, a sigmoidectomy, and a cystoscopy. The surgery took place on August 27, 2021, and should have been reported to the Agency by September 6, 2021. Respondent did not timely compete and submit the report.

ii. For patient number one (1), the patient required resuscitation and a mass transfusion protocol to replace egregious blood loss. The surgery took place on May 5, 2022, and should have been reported to the Agency by May 15, 2022. Respondent did not timely compete and submit the report.

iii. For patient number two (2), the patient presented with a big hole on the left wall of the uterus and another on the right side. The patient had cervical lacerations and bleeding from the lower uterine segment and cervical branches. Surgery could not save the uterus and the patient underwent a total abdominal hysterectomy with bilateral salpingectomy (removal of uterus and both ovaries) and received a total of ten (10) units of blood. The surgery took place on March 23, 2022, 2022, and should have been reported to the Agency by April 2, 2022. Respondent did not timely compete and submit the report.

NECESSITY FOR EMERGENCY ACTION

9. The Agency is charged with the responsibility of enforcing the laws enacted to protect the health, safety and welfare of clients of Florida's abortion clinics. Ch. 390, Fla. Stat. (2021), Ch. 408, Part II, Fla. Stat. (2021); Ch. 59A-9, Fla. Admin. Code. In those instances, where the health, safety or welfare of potential patients of abortion clinics are at risk, the Agency will take prompt and appropriate action.

10. Women receiving abortions must receive the level of care and services mandated by law. These specific requirements include, but are not limited to: a requirement that policies and procedures designed to ensure professional and safe care for patients are promulgated and

implemented; Rule 59A-9.025(1), Florida Administrative Code; that patient vital signs by professionals qualified to assess patient conditions are monitored throughout the procedure and recovery, Rule 59A-9.026(6), Florida Administrative Code; that a physician's order for discharge shall be completed, Rule 59A-9.027(2), Florida Administrative Code; that a patient's medical records be transferred to any receiving facility where the patient is transferred to a higher level of care, Rules 59A-9.023(1) and 59A-9.027(2), Florida Administrative Code; and that qualified personnel attempt to contact the patient within twenty-four (24) hours of surgery to assess recovery, Rule 59A-9.027(4), Florida Administrative Code.

11. As the facts reflect, Respondent has failed to meet these minimum licensure standards and these failures are not isolated events, but operational and management system deficiencies endangering the health, safety, and welfare of Respondent's patients.

12. Respondent's physician candidly admits the physician's unfamiliarity with Respondent's policies and procedures. This failure includes an unfamiliarity with the requirement for the physician to communicate with providers to whom a patient is transferred for a higher level of care relating the patient's status and probable diagnosis, and that patient records accompany the patient to another facility. Respondent has not fulfilled its requirement to implement its policy and procedure, including physician communication requirements with the receiving hospital and the transfer of medical records to the receiving hospital.

13. Respondent has failed to ensure that vital signs of patients are monitored during and after a procedure. The medical records for both patients one (1) and two (2) are devoid of indicia that this monitoring minimum standard was implemented for these patients. This significance of these omissions is accentuated where, as the facts reflect, Respondent was aware of the serious complications the patients exhibited post-surgery.

14. No explanation for this non-compliance in these two (2) surgeries presenting post-surgical complications have been presented by Respondent.

15. In both cases involving patients one (1) and two (2), Respondent and its physician failed to complete discharge orders and to assure that the patients' medical records were provided to the facility to which the patients were transferred. In addition to this failure being contrary to Florida law, and contrary to the Facility's policy and procedure, this failure impedes the receiving facility from having potentially critical information to better diagnose and treat the patient' presenting conditions.

16. Respondent determined patient number one (1) required emergency medical services. Nearby hospital care was available, and Respondent maintained a transfer agreement with that hospital to facilitate emergency treatment. Respondent, rather than implement that transfer agreement to obtain emergency treatment for the patient, directed the patient's spouse to drive from the Facility to a hospital in Alabama. There is no documented or expressed decision by the patient to undertake this delay in treatment. In fact, the patient's spouse expressed to Facility staff his desire to transport the patient to a local hospital. Nonetheless, the patient was directed to a sister state hospital for emergency care, creating a significant delay in treatment, despite the patient having experienced hours of blood loss. Respondent provided no explanation for this discharge decision.

17. Respondent has failed to undertake its post transfer responsibilities as mandated by law. There is no indication that Respondent made any effort to undertake its post-discharge contact and monitoring functions in the surgeries discussed above.

18. Respondent also failed to report these incidents to the Agency as required by law. Such reporting, had it been conducted, would have required Respondent to examine the facts and

circumstances surrounding the event and, if appropriate, prompt Respondent to identify and rectify the regulatory or policy implementation failures demonstrated by its operations to minimize the risk of repetition. Either by intent or negligence, Respondent has failed to meet its statutory reporting obligation and denied itself of an opportunity to identify deficient practice, including that deficient practice identified herein.

19. Individually and collectively, the deficient practice demonstrated by the facts place the health safety, and welfare of future patients of Respondent seeking abortions at immediate risk. A patient seeking services is entitled to receive, and the regulatory scheme mandates, the care and service protections enumerated in law to facilitate a safe procedure, and to assure that monitoring and services, both on-site and after discharge, are effectively and consistently provided.

20. Respondent's conduct demonstrates repeated non-compliance that places patient health, safety, and welfare at immediate risk.

21. Respondent knew or should have known that it was woefully insufficient in its implementation of its policies, in the conduct of vital sign monitoring, in the implementation of patient transfers, and in insufficient post procedure care and services, both on-site and post discharge. It has demonstrated either an unwillingness or inability to assure these policies and health and safety mandates are implemented. As a result, patients have suffered serious harm or have been placed at immediate risk to their health and wellbeing.

22. Respondent's deficient practices exist presently, have existed in the past, and will continue to exist if the Agency does not act promptly by taking this emergency action. Respondent knew, or should have known, of its deficient practice, but failed to address these critical issues.

CONCLUSIONS OF LAW

23. The Agency has jurisdiction over the Respondent pursuant to Chapters 408, Part II, 390, Florida Statutes, and Chapter 59A-9, Florida Administrative Code.

24. Based upon the above stated provisions of law and findings of fact, the Agency concludes that: (1) an immediate serious danger to the public health, safety, or welfare presently exists at the Respondent's Facility which justifies an emergency suspension of Respondent's licensure to operate an abortion clinic in the State of Florida; and (2) the present conditions related to the Respondent and its Facility present a threat and immediate serious danger to the health, safety, or welfare of a patients or clients, which requires an emergency suspension of Respondent's license to operate an abortion clinic in the State of Florida.

25. Based upon the above-stated provisions of law and findings of fact, the Agency concludes that an Emergency Suspension Order is necessary in order to protect prospective patients or clients from (1) the unsafe conditions and deficient practices that currently exist, (2) being placed at risk of undergoing a procedure where the provider is ill-equipped to provide for patient health, safety and welfare, and (3) being placed in an environment where the regulatory mechanisms enacted for patient protection have been repeatedly overlooked.

26. The Respondent's deficient practices exist presently, have existed in the past without corrective action, and will continue to exist if the Agency does not act promptly. If the Agency does not act, it is likely that the Respondent's conduct will continue. Such deficient practices and conditions justify the imposition of an Emergency Suspension Order. Less restrictive actions, such as the assessment of administrative fines or the implementation of a moratorium, will not ensure that current patients or future patients receive the appropriate care, services, and monitoring dictated by Florida law.

27. The emergency action taken by the Agency in this particular instance is fair under the circumstances and the least restrictive action that the Agency could take given the facts and circumstances. This remedy is narrowly tailored to address the specific harm in this instance.

IT IS THEREFORE ORDERED THAT:

28. The Respondent's license to operate this abortion clinic is hereby SUSPENDED effective May 21, 2022 at 12:01 a.m., central time.

29. Upon receipt of this order, the Respondent shall post this Order on its premises in a place that is conspicuous and visible to the public.

30. As of the effective date and time of this Emergency Suspension Order, Respondent shall not operate as an abortion clinic.

31. The Agency shall promptly file an administrative action against the Respondent based upon the facts set out in this Emergency Suspension Order and provide notice to the Respondent of the right to a hearing under Section 120.57, Florida Statutes (2021), at the time that such action is taken.

ORDERED in Tallahassee, Florida, this 20th day of May, 2022.

Kimberly R. Smoak, Deputy Secretary
Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

This emergency order is a non-final order subject to facial review for legal sufficiency. See Broyles v. State, 776 So.2d 340 (Fla. 1st DCA 2001). Such review is commenced by filing a petition for review in accordance with Florida Rules of Appellate Procedure 9.100(b) and (c). See Fla. R. App. P. 9.190(b)(2). In order to be timely, the petition for review must be filed within thirty (30) days of the rendition of this non-final emergency order.