

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

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STATE OF FLORIDA AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

Case No.: 2023013574

vs.

ARDEN COURTS OF WINTER SPRINGS, FL, LLC d/b/a
ARDEN COURTS (WINTER SPRINGS),

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 Election of Rights form advised of the right to an administrative hearing. The Respondent returned the Election of Rights form selecting "Option 1" (Ex. 2), thus waiving the right to a hearing to contest the allegations and sanction sought in the Administrative Complaint.


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

2. The findings of fact and conclusions of law set forth in the Administrative Complaint are adopted and incorporated by reference into this Final Order.

3. The Respondent shall pay the Agency \$5,500.00. 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

ORDERED at Tallahassee, Florida, on this 6th day of November, 2023.




Kimberly R. Smoak, Deputy 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 6th day of November, 2023.



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)
Jessica Brar, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Shan'a Mann Administrator Arden Courts of Winter Springs, FL, LLC d/b/a Arden Court (Winter Springs) 1057 Willa Springs Drive Winter Springs, Florida 32708 (U.S. Mail)

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

STATE OF FLORIDA AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

AHCA No. 2023013574

ARDEN COURTS OF WINTER SPRINGS, FL LLC
d/b/a ARDEN COURTS (WINTER SPRINGS),

Respondent.
_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, State of Florida, Agency for Health Care Administration (“Agency”), by and through its undersigned counsel, and files this Administrative Complaint against the Respondent, Arden Courts of Winter Springs, FL LLC, d/b/a Arden Courts, (Winter Springs) (“Respondent”), pursuant to Sections 120.569 and 120.57, Florida Statutes (2023), and alleges:

NATURE OF THE ACTION

This is an action against an assisted living facility to impose an administrative fine in the amount of five thousand dollars (\$5,000.00) based upon one (1) class II violation and a survey fee of five hundred dollars (\$500.00) for a total assessment of five thousand five hundred dollars (\$5,500.00).

JURISDICTION AND VENUE

1. The Agency has jurisdiction pursuant to sections 20.42, 120.60, and Chapters 408, Part II, and 429, Part I, Florida Statutes (2023).
2. Venue lies pursuant to Rule 28-106.207 of the Florida Administrative Code.

PARTIES

3. The Agency is the regulatory authority responsible for licensure of assisted living facilities and enforcement of all applicable federal regulations, state statutes and rules governing assisted living facilities pursuant to the Chapters 408, Part II, and 429, Part I, Florida Statutes, and Chapter 59A-36, Florida Administrative Code, respectively.
4. Respondent operates a sixty (60) bed assisted living facility located at 1057 Willa Springs Drive, Winter Springs, FL 32708, and is licensed as an assisted living facility, license number 9733.
5. Respondent was at all times material hereto a licensed facility under the licensing authority of the Agency and was required to comply with all applicable rules and statutes.

COUNT 1

6. The Agency re-alleges and incorporates paragraphs one (1) through five (5) as if fully set forth herein.
7. That on or about August 16, 2023, the Agency completed a complaint survey (#2023007240 and #2023008378) of Respondent's facility.
8. That under Florida law, the facility must notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. § 429.26(7), Fla. Stat. (2022).

9. That Florida law provides:

59A-36.007 Resident Care Standards.

An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.

(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:

(a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.

(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.

(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.

(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.

(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.

(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

Fla. Admin. Code R. 59A-36.007(1) (emphasis supplied).

10. That under Florida law, all staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility. § 429.255(1)(b), Fla. Stat. (2022).

11. That under Florida law, no resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from abuse and neglect. . . . §429.28(1)(a) and (j), Fla. Stat. (2022).

12. Based on observations, record reviews and interviews, the facility failed to provide care

and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for falls with injuries and elopement for two (2) of four (4) sampled resident (Resident #1 and #3), the same being contrary to the mandates of law.

13. The Agency reviewed Resident #3's records and noted:
 - a. Resident #3 was admitted on August 11, 2020.
 - b. A health assessment form (1823) dated July 6, 2023, indicated a history of Dementia-behavioral disturbance, confused, and was identified as a fall risk.
 - c. A facility's service plan initiated on August 10, 2020, states, "Help identify and avoid anxiety producing situations, redirect as needed. Monitor for exit seeking behavior, resident is on safety checks for every hour. At risk for elopement."
14. The Agency reviewed facility notes which stated:
 - a. On 7/05/2023 at 12:03 read, "Resident #3 also has had private duty aids in place for resident's safety since resident is a fall risk and paces a lot till exhaustion. Remains with 24-hour sitters at this time for safety."
 - b. On 7/16/2023 at 1:23 read, "Resident #3 personal care aid, stated resident was agitated and trying to be combative. Resident appears restless and agitated, walking around house."
 - c. On 7/16/23 at 1:38 read, "Resident #3 is back up and walking around. Resident remains a fall risk. Unable to redirect resident to bed or chair."
 - d. On 7/16/2023 at 3:21 read, "personal aid states that resident was ambulating, holding on to table, when [the resident] fell to the floor, on [the resident's] left side."

- e. On 5/30/23 at 18:31 read, "Resident #3 observed stuck in the bushes during a sweep. Resident was assisted to a wheelchair and escorted back to [the resident's] house. Care staff cleaned [the resident's] face where [the resident] received abrasion on [the resident's] cheek from the bush."
- f. On 5/30/2023 at 10:00 read, "Resident #3 returned from ER via transport. Resident has a band aid to the forehead and dressing intact on the right arm."
- g. On 5/19/23 at 10:46 read, "Resident #3 came into community from hospital with bandage wrap to the right arm."
- h. On 5/19/2023 at 8:06 read, "Writer found 0530 outside of courtyard in back of Country Lane and Garden area. Writer observed resident laying in shrub on right side. Writer immediately alert staff to stay at resident side and writer called 911 to have resident transfer to ER. Paramedics arrived at 540 and assessed resident. [The resident] was transported to Medical Hospital for evaluation."
- i. On 5/8/2023 at 11:27 read, "Resident #3 continues to walk the community at a fast pace, while bending forward."
- j. On 5/7/2023 at 18:26 read, "Resident #3 found on the ground outside in the shrubs. Left side of face with abrasions that was cleaned. Red marks noted to both left and right arms. Resident brought to [the resident's] room for a nap after [the resident's] lunch."
- k. On 4/30/2023 at 14:45 read, "Caregiver heard a noise in the house dining room, found resident #3 on the floor on [the resident's] buttocks partly leaning down on [the resident's] back."
- l. On 4/25/2023 at 18:34 read, "Resident #3 was found in house hallway on [the

resident's] knees, holding on to the rail with [the resident's] right hand."

15. On August 16, 2023, at 9:37 AM the Agency observed Resident #3 walking throughout the facility nonstop at what appeared to be a moderate pace. Resident #3's private sitter stated she had been with the resident for about three weeks. The private sitter stated the family requested the sitters due to resident #3 getting out but she was not present during that time.

16. On August 16, 2023, at 10:32 AM, the Agency interviewed Caregiver B who stated prior to Resident #3 eloping the resident did not have a sitter or an ID bracelet.

17. On August 16, 2023, at 12:31 PM the Agency interviewed Caregiver C who stated upon arrival at 11 PM to the facility she saw Resident #3's pants between the entryway where resident #3 lives by the staff breakroom. Caregiver C stated she did not think much of it because resident #3 always takes off the resident's clothes. Caregiver C stated she was in the process of changing residents between 4:30am - 5am when Caregiver D announced she could not find Resident #3. Caregiver C stated we went to look and check all the rooms and closets in each house and resident #3 was not there. Caregiver C stated she went outside in the courtyard but did not see Resident #3 as it was still a bit dark. Caregiver C stated she returned inside stating she did not see resident #3 and begun to do another sweep of the rooms and closets. Caregiver C stated she returned outside with Caregiver F to check again as the sun was rising. Caregiver C stated Caregiver F brought a flashlight, and they were able to see Resident #3. "[Resident #3] was alert and alive so we called the ambulance. We stayed with [resident #3] until the ambulance arrived."

18. On August 16, 2023, at 12:52 PM the Agency interviewed Caregiver D who stated I worked on the unit where Resident #3 lived. Caregiver D stated the resident was non-complaint and aggressive and would not come back to the unit. Caregiver D stated the last time she checked on Resident #3 was at 9:30 PM. Caregiver D stated she completed rounds again at 1 AM and thinks

Resident #3 was in the Boat Unit sitting in a chair. Caregiver D stated she attempted to assist the resident out of the chair and the resident began swinging. Caregiver D stated the facility allows the residents to stay in other houses at night. Caregiver D stated she returned at 3 AM and saw the resident walking around and was unable to provide the exact locations. Caregiver D stated she returned at 5 AM to the Boat house and Resident #3 was not there. Caregiver D stated she looked for Resident #3 and then told the nurse. Caregiver D stated she checked everywhere outside but could not find Resident #3.

19. On August 17, 2023, at 8:45 AM, the Agency interviewed the Resident Service Coordinator who could not confirm the door the resident eloped through. The Resident Service Coordinator stated the alarm sounds when the door is opened after hours. All other caregivers stated they heard the alarm and were unable to recall which door was set off. The Resident Service Coordinator stated each unit has a panel which displays the areas that are monitored with alarms. Once the doors lock around 7 PM, when a resident pushes on the door to exit the panel will light up indicating which door was triggered. Each caregiver is responsible for their unit and completing a sweep of their residents. If no one is missing from their unit the staff members are not required to immediately go to another unit. They will wait until notified by the other care staff if a resident is missing.

20. The Agency reviewed the Safety and Security of Residents for Procedures for Responding to Door Alarms and Resident Elopement read, "Determine which door triggered the alarm, either by going to the panel or recognizing alarm sound for specific door, immediately go to the door to determine how the alarm was activated, complete initial evaluation of situation, if it is clear who set off the alarm, react to the alarm. If all residents are accounted for, the alarm may be reset."

21. On August 17, 2023, at 3:45 PM the Agency interviewed the Administrator and Resident

Service Coordinator were unable to provide a clear answer as to the reset of the alarm on the day Resident #3 went missing.

22. The Agency reviewed the witness statements provided by staff members and noted:
 - a. The facilities witness statement provided by Caregiver D on May 22, 2023, at 10:00 AM stated, "I last saw resident at 9 AM on 5/18/23. I did not realize resident was outside when I checked on [the resident] at the hourly check. I heard door alarms going off around 9 PM the prior day on 5/18/23. I notified nurse around 5:30 AM on 5/19/23 that the resident was missing. I did not check on the resident every hour but I initialed on the hourly check sheet that I did."
 - b. The facilities witness statement provided by Caregiver C on May 22, 2023, at 9:30 AM read, "I only heard alarms go off early in the night. I started work at 7pm on Thursday. I never saw resident #3 last night until we all was looking for [the resident] this morning."
 - c. The facilities witness statement provided by Caregiver F on May 19, 2023, at 5:45 AM read, "Caregiver did not hear any alarms went she came in at night around 11pm on 5/18/2023. Did not see resident #3 all night."
23. The Agency reviewed the facilities investigation and conclusion report dated May 19, 2023, which stated, "[Resident #3] was observed outside laying in the bushes at approx. 0545 AM after a full community search. Due to [the resident's] condition, nurse called 911 to transport resident to the hospital for further evaluation. Caregiver D reported [resident #3] missing at 0530 AM on 5/19/23 and admitted she did not see the resident all night. Caregiver assumed [resident #3] was in another house. Caregiver D last seen [resident #3] at 9 PM on 5/18/2023. Caregiver D did not do a visual hourly check on [Resident #3] and falsified documentation of hourly check

sheet on resident's whereabouts. Caregiver D started her shift on 5/18/23 at 7 PM and worked overnight. Caregiver D admitted she did not see [resident #3] all night. Caregiver D worked in the resident's house section which she was responsible to know [the resident's] whereabouts every hour."

24. The Agency reviewed Resident #1's record and noted:
 - a. Resident #1 was admitted to the facility on December 2, 2022.
 - b. A health assessment form (1823) dated April 4, 2023, indicated a history of Cognitive Impairment, Parkinson's, Dementia, needs assistance with all Activities of Daily Living, needs medication administration, and identified as a fall risk.
25. On August 16, 2023, at 10:32 AM the Agency interviewed Caregiver B who stated Resident #1 had Parkinson's, used a walker, and wore knee pads. Caregiver B stated that resident #1's family member stated the knee pads were used because when the resident would walk, the resident would freeze up and drop to the resident's knees. Caregiver B stated Resident #1 had constant falls and Physical Therapy suggested the resident use a wheelchair for safety reasons.
26. The Agency reviewed facility notes for Resident #1 and noted:
 - a. On 12/2/22 at 11:45 read, "Resident #1 used walker to assist with ambulation and balance. Resident has involuntary movements with the head especially lower extremities tend to drag when ambulating with walker at times.
 - b. On 2/26/23 at 13:07 read, "Resident #1 put [the resident's self] to the floor. Staff encourages resident to stay in [the resident's] wheelchair for [the resident's] safety and safety for the staff."
 - c. On 2/21/23 at 14:17 read, "Resident #1 observed on the floor in [the resident's] bedroom during an hourly check."

- d. On 2/21/23 at 12:50 read, "At approx.12:50pm Resident #1 observed on floor in the hallway of cottage place laying more on the left side of [the resident's] knee."
 - e. On 2/21/23 at 7:40 read, "Resident #1 was halfway in [the resident's] bathroom this morning unable to move and urine on the bathroom and bedroom floor."
 - f. On 2/15/23 at 19:15 read, "Resident#1 confused and having difficulty moving."
 - g. On 2/8/23 at 17:02 read, Resident #1 unstable most of the day."
 - h. On 3/8/23 at 11:09 read, "Resident #1 is going to Rehab today."
 - i. Resident #1's family member stated resident fell and had to be moved to a Rehab place.
 - j. On 4/5/23 at 19:45 read, "Approximately at 7:45 PM, the resident #1 was found on the floor at the backyard behind the activity room. The resident had a bump below [the resident's] right knee."
 - k. On 4/4/23 at 15:06 read, "Resident #1 was observed on the floor in [the resident's] bedroom during a resident check; with [the resident's] knees tucked bend and leaning more on [the resident's] right side.
 - l. On 4/3/23 at 13:20 read, "Resident #1 was in the hallway of cottage observed on the floor with wheelchair turned over.
 - m. On 4/3/23 at 10:23 read, "Caregiver found resident #1 outside in the courtyard on [the resident's] hands and knees in front of [the resident's] wheelchair."
 - n. On 3/29/23 at 3:00 read, "During a courtyard sweep, resident #1 was observed outside with [the resident] and the wheelchair was turned over on resident's left side."
27. On August 17, 2023, at 3:55 PM the Agency interviewed the Administrator and Resident

Service Coordinator who confirmed the findings.

28. That the above reflects the Respondent's failure to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for falls with injuries and elopement for two (2) of four (4) sampled resident (Resident #1 and #3), the same being contrary to the mandates of law.

29. The Agency determined that this deficient practice was a condition or occurrence related to the operation and maintenance of a provider or to the care of clients which directly threatens the physical or emotional health, safety, or security of the clients, other than class I violations.

30. That the same constitutes a Class II offense as defined in Florida Statute § 408.813(2)(b), Fla. Stat. (2023).

WHEREFORE, the Agency intends to impose an administrative fine in the amount of five thousand dollars (\$5,000.00) against Respondent, an assisted living facility in the State of Florida, pursuant to § 429.19(2)(b), Florida Statutes (2023).

COUNT II

31. The Agency re-alleges and incorporates Paragraphs one (1) through five (5) and Count I, as if fully set forth herein.

32. That pursuant to Section 429.19(7), Florida Statutes (2023), in addition to any administrative fines imposed, the Agency may assess a survey fee, equal to the lesser of one half of a facility's biennial license and bed fee or \$500, to cover the cost of conducting initial complaint investigations that result in the finding of a violation that was the subject of the complaint or monitoring visits conducted under Section 429.28(3)(c), Florida Statutes (2023), to verify the correction of the violations.

33. That as a result of the complaint investigation, Respondent was cited with findings of violations which were the subject of the complaint.

34. That Respondent is therefore subject to a survey fee of five hundred dollars (\$500.00) pursuant to Section 429.19(7), Florida Statutes (2023).

WHEREFORE, the Agency intends to impose a survey fee of five hundred dollars (\$500.00) against Respondent, an assisted living facility in the State of Florida, pursuant to §429.19(10), Florida Statutes (2023).

Respectfully submitted this 4th day of October 2023.

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION

By: /s/ Jessica Brar
Jessica Brar, Esq.
Fla. Bar. No. 63839
Agency for Health Care Administration
15500 Lightwave Drive, Suite 101
Clearwater, FL 33760
(727) 552-1955 (office)
Jessica.Brar@ahca.myflorida.com

NOTICE

The Respondent is notified that it/he/she has the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. If the Respondent wants to hire an attorney, it/he/she has the right to be represented by an attorney in this matter. Specific options for administrative action are set out in the attached Election of Rights form.

The Respondent is further notified if the Election of Rights form is not received by the Agency for Health Care Administration within twenty-one (21) days of the receipt of this Administrative Complaint, a final order will be entered.

The Election of Rights form shall be made to the Agency for Health Care Administration and delivered to: Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Mail Stop 3, Tallahassee, FL 32308; Telephone (850) 412-3630.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served by U.S. Certified Mail, Return Receipt No. 9589 0710 5270 0424 5880 44 on 10/04/2023, to Shan'a Mann, Administrator for Arden Courts of Winter Springs FL, LLC, d/b/a Arden Courts (Winter Springs), 1057 Willa Springs Drive, Winter Springs, FL 32708, and by Regular U.S. Mail to CT Corporation System, Registered Agent for Arden Courts, of Winter Springs FL, LLC, 1200 South Pine Island Road, Plantation, FL 33324.

/s/ Jessica Brar
Jessica Brar, Esq.

Copy furnished to:
Theresa DeCanio
Field Office Manager
Agency for Health Care Administration

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: Arden Courts of Winter Springs FL, LLC
d/b/a Arden Court (Winter Springs)

AHCA No. 2023013574

ELECTION OF RIGHTS

This Election of Rights form is attached to an Administrative Complaint. The Election of Rights form may be returned by mail or by facsimile transmission, **but must be filed with the Agency Clerk within 21 days by 5:00 p.m., Eastern Time**, of the day that you received the Administrative Complaint. If your Election of Rights form with your selected option (or request for hearing) is not timely received by the Agency Clerk, the right to an administrative hearing to contest the proposed agency action will be waived and an adverse Final Order will be issued. In addition, please send a copy of this form to the attorney of record who issued the Administrative Complaint.

(Please use this form unless you, your attorney or your qualified representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.) The address for the Agency Clerk is:

Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3, 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 contained in the Administrative Complaint. 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 fine, sanction or other agency action.

OPTION TWO (2) _____ I admit the allegations of fact contained in the Administrative Complaint, but I wish to be heard at an informal hearing (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, sanction or other agency action should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained 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.

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

Signed: _____ Date: _____

Print Name: _____ Title: _____

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2023 OCT 25 A 11: 26

Re: Arden Courts of Winter Springs FL, LLC
d/b/a Arden Court (Winter Springs)

AHCA No. 2023013574

ELECTION OF RIGHTS

This Election of Rights form is attached to an Administrative Complaint. The Election of Rights form may be returned by mail or by facsimile transmission, **but must be filed with the Agency Clerk within 21 days by 5:00 p.m., Eastern Time**, of the day that you received the Administrative Complaint. If your Election of Rights form with your selected option (or request for hearing) is not timely received by the Agency Clerk, the right to an administrative hearing to contest the proposed agency action will be waived and an adverse Final Order will be issued. In addition, please send a copy of this form to the attorney of record who issued the Administrative Complaint.

(Please use this form unless you, your attorney or your qualified representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.) The address for the Agency Clerk is:

Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3, 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 contained in the Administrative Complaint. 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 fine, sanction or other agency action.

OPTION TWO (2) I admit the allegations of fact contained in the Administrative Complaint, but I wish to be heard at an informal hearing (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, sanction or other agency action should be reduced.

OPTION THREE (3) I dispute the allegations of fact contained 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.

Licensee Name: Arden Courts of Winter Springs, FL LLC d/b/a Arden Courts (Winter Springs)

Contact Person: Shan'a Mann Title: Executive Director

Address: 1057 Willa Springs Drive Winter Springs, FL 32708
Number and Street City Zip Code

Telephone No. 407-696-8400 Fax No. _____

E-Mail (Optional) _____

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

Signed:  Date: 10/20/23

Print Name: Shan'a Mann Title: Executive Director