

FILED
AHCA
AGENCY CLERK

2010 MAR 22 P 12: 52

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

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

AHCA NO: 2010002428

vs.

**A WOMAN'S WORLD MEDICAL CENTER,
INC.,
RESPONDENT.**

_____/

FINAL ORDER

Having reviewed the Notice of Intent to Impose Fine dated March 3, 2010, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

FINDINGS OF FACT

1. On March 3, 2010, the Agency issued a Notice of Intent against the Respondent, A Woman's World Medical Center, Inc., an abortion clinic. The Notice of Intent is attached hereto and incorporated herein (Exhibit 1). The findings of fact and law set forth in Exhibit 1 are adopted.

2. The Respondent was served the Notice of Intent on March 10, 2010, by U.S. Certified Mail, return receipt requested. (Exhibit 2)

3. Enclosed with the Notice of Intent was an Election of Rights form, which advised Respondent of its right to a hearing pursuant to Section 120.57(1) or 120.57(2), Florida Statutes. The Respondent selected Option (1), admitting the allegations of fact and law contained in the Notice of Intent and expressly waiving the right to a hearing on the Election of Rights form (Exhibit 3)

CONCLUSIONS OF LAW

4. The Respondent is subject to the Agency's jurisdiction pursuant to the provisions of Florida Statutes.

5. The Agency may assess an administrative fine against the Respondent as stated in the Notice of Intent.

Based on the foregoing findings of fact and conclusions of law, it is

ORDERED:

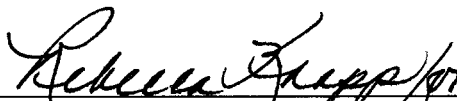
1. An administrative fine of \$200 is hereby imposed upon the Respondent. The fine is now due and payable within 30 days, unless payment has already been made.

2. A check should be made payable to the "Agency for Health Care Administration." The check, along with a reference to this case number, should be sent directly to:

**Agency for Health Care Administration
Office of Finance and Accounting
Revenue Management Unit
2727 Mahan Drive, MS #14
Tallahassee, Florida 32308**

3. Unpaid fines will be subject to statutory interest and may be collected by all methods legally available.

DONE and ORDERED this 19TH day of March, 2010 in
Tallahassee, Leon County, Florida.



THOMAS W. ARNOLD, Secretary
Agency for Health Care Administration

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.

Copies furnished to:

ADMINISTRATOR
A WOMAN'S WORLD MEDICAL
CENTER, INC.
503 SOUTH 12TH STREET
FORT PIERCE, FL 34950
(U.S. Mail)

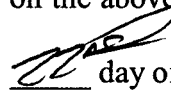
Finance & Accounting
Agency for Health Care Administration
2727 Mahan Drive, Bldg #2
Mail Stop Code #14
Tallahassee, Florida 32308
(Interoffice Mail)

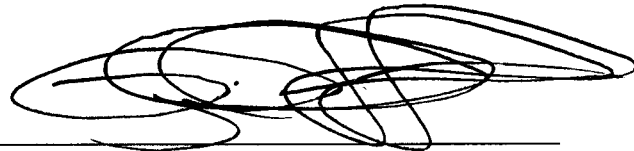
Laura MacLafferty
Hospital Unit
(Interoffice Mail)

Jan Mills
Facilities Intake Unit
(Interoffice Mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order was served
on the above-named persons and entities by U.S. Mail, or the method designated, on this

 day of March, 2010.



Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3, MSC #3
Tallahassee, Florida 32308-5403
(850) 412-3630

2010002428

Certified Article Number
7160 3901 9848 8171 3550
SENDERS RECORD



CHARLIE CRIST GOVERNOR
GENERAL COUNSEL
Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

March 3, 2010 2010 MAR -4 P 3:31

CANDACE M DYE
A WOMAN'S WORLD MEDICAL CENTER, INC.
503 SOUTH 12TH STREET
FORT PIERCE, FL 34950

LICENSE NUMBER: 820
CASE #: 2010002428

NOTICE OF INTENT TO IMPOSE FINE

Pursuant to Section 408.813 and Section 390.0112(4), Florida Statutes (F.S.), a fine of \$200 is hereby imposed for not submitting your monthly report of induced terminations of pregnancy for the month of January, 2010. The monthly report is due no later than 30 days following the preceding month. Pursuant to Section 390.0112(4) F.S., any person required to report who fails to report may be subject to a \$200 fine.

TO PAY NOW, PAYMENT SHOULD BE MADE WITHIN 21 DAYS AND MAILED WITH A COPY OF THIS NOTICE OF INTENT TO:

Agency for Health Care Administration
Finance and Accounting, Revenue Section
OMC Manager
2727 Mahan Drive, MS #14
Tallahassee, FL 32308

Include License Number: 820 and Case Number: 2010002428 in check memo field

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Agency for Health Care Administration

Laura MacLafferty
By: Laura MacLafferty, Manager
Hospital And Outpatient Services Unit

cc: Agency Clerk, Mail Stop 3
Legal Intake Unit, Mail Stop 3



Exhibit
1



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[Track & Confirm](#)

[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: **7160 3901 9848 8171 3550**
Service(s): **Certified Mail™**
Status: **Delivered**

Your item was delivered at 1:16 PM on March 10, 2010 in FORT PIERCE, FL 34950.

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

Detailed Results:

- **Delivered, March 10, 2010, 1:16 pm, FORT PIERCE, FL 34950**
- **Notice Left, March 08, 2010, 4:59 pm, FORT PIERCE, FL 34950**
- **Notice Left, March 06, 2010, 2:59 pm, FORT PIERCE, FL 34950**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

Return Receipt (Electronic)

Verify who signed for your item by email. [Go >](#)

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[Business Customer Gateway](#)

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No FEAR Act EEO Data FOIA



United States Postal Service
Post Office



United States Postal Service
Post Office

Exhibit 2

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

RE: A WOMAN'S WORLD MEDICAL CENTER, INC.

CASE NO: 2010002428

2010 MAR 11 P 1:11

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deny of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Fine, Administrative Complaint, or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within twenty-one (21) days of the day you receive the attached Notice of Intent to Impose a Fine, Administrative Complaint 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) 922-5873 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 Impose a Fine, Administrative Complaint, 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 and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, 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 facts and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, 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
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