

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

2013 MAY 22 A 10: 25

Petitioner,

v.

AHCA NO. 2013004697

ALL WOMENS HEALTH CENTER OF TAMPA,

Respondent.

FINAL ORDER

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

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

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

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

3. An administrative fine of \$200.00 is imposed on the Respondent. If full payment has already been made, the cancelled check is your receipt and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check payable to the "Agency for Health Care Administration" and containing the AHCA case number should be sent to:

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

ORDERED at Tallahassee, Florida, on this 22 day of May, 2013.



Elizabeth Dudek, 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 22~~nd~~ day of May, 2013.


Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Bldg. #3, Mail Stop #3
Tallahassee, Florida 32308-5403
Telephone: (850) 412-3630

Facilities Intake Unit (Electronic Mail)	Finance & Accounting Revenue Management Unit (Electronic Mail)
Michelle Wilson, Administrator All Women's Health Center of Tampa 3330 West Kennedy Blvd. Tampa, FL 33609 (U.S. Mail)	

2013004697



Certified Article Number
7196 9008 9111 3693 0089
SENDERS RECORD

RICK SCOTT
GOVERNOR

**Better Health Care for all Floridians
RECEIVED
FACILITY INTAKE UNIT**

ELIZABETH DUDEK
SECRETARY

CERTIFIED

May 1, 2013

MAY 3 2013

Provider Type: Abortion Clinic
License Number: 812
File Number: 13910007

Michele P Wilson, Administrator
All Women's Health Center of Tampa
3330 West Kennedy Blvd.
Tampa, FL 33609

Agency for Health
Care Administration

RE: Case Number 2013004697, 3330 West Kennedy Blvd., Tampa, FL 33609

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 03/2013. 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 812 and Case Number 2013004697 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.


Laura MacLafferty, Manager
Hospital And Outpatient Services Unit
Agency for Health Care Administration

cc: Legal Intake Unit, Mail Stop 3



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: All Women's Health Center of Tampa

Case Number: 2013004697

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) 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 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.

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 twenty-one (21) days** of your receipt of this proposed administrative 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. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

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

License Type: Abortion Clinic

License Number: 812

Licensee Name: All Women's Health Center of Tampa

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: _____

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION 2013 MAY -8 A 7 10

RE: All Women's Health Center of Tampa

Case Number: 2013004697

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License Type: Abortion Clinic

License Number: 812

Licensee Name: All Women's Health Center of Tampa

Contact Person: Michele Wilson ADMINISTRATOR

Name

Title

Address: 3330 W. KENNEDY Blvd TAMPA FL 33609

Street and Number

City

Zip Code

Telephone Nbr. 8138740505

Fax Nbr. 813 876 72 33

Email (optional) AWHCSTAMPAA.ORG.MAIL.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: Michele Wilson

Date: 5-7-13

Print Name: Michele Wilson

Title: ADMINISTRATOR