

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

**FILED
AHCA
AGENCY CLERK**

2008 APR -7 P 1:27

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

Petitioner,

vs.

AHCA No. 2008001273

**Blue Coral Women's
Care, Inc.,**

Respondent.

FINAL ORDER

Having reviewed the Notice of Intent to Impose Late Renewal Fine ("Notice of Intent") dated January 31, 2008, attached hereto and incorporated herein (Exhibit 1), and all other matters of record, the Agency for Health Care Administration ("Agency") finds and concludes as follows:

FINDINGS OF FACT

1. On January 31, 2008, the Agency issued a Notice of Intent against the Respondent, Blue Coral Women's Care, 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 February 4, 2008, by U.S. Certified Mail, return receipt requested (receipt #7160 3901 9845 4046 5387). (Exhibit 2)

3. Enclosed with the Notice of Intent was an Election of Rights form (Exhibit 3), which advised Respondent of its right to a hearing pursuant to Sections 120.57(1) or (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.

CONCLUSIONS OF LAW

4. The Respondent is an abortion clinic over which the Agency has jurisdiction pursuant to the provisions of Florida Statutes.

5. The Agency may assess a fine of \$257.00 against the Respondent as stated in the Notice of Intent.

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

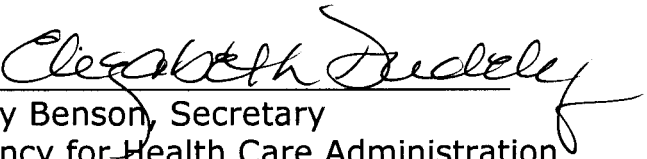
ORDERED:

1. A fine of \$257.00 was imposed upon the Respondent and has been paid.

2. The above case is hereby closed.

DONE and **ORDERED** this 6 day of April, 2008,

in Tallahassee, Leon County, Florida.



Holly Benson, 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:

Elizabeth Dudek
Deputy Secretary
Agency for Health Care
Administration
2727 Mahan Drive, Bldg #1
Mail Stop Code #9
Tallahassee, Florida 32308
(Interoffice Mail)

Administrator
Blue Coral Women's Care, Inc.
7360 Coral Way
Suite 16
Miami, Florida 33155
(U.S. Mail)

Finance & Accounting
Agency for Health Care
Administration
2727 Mahan Drive, Bldg #2
Mail Stop Code #14
Tallahassee, Florida 32308
(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 person(s) by U.S. Mail, or the
method designated, on this the 7th day of April, 2008.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3, MSC#3
Tallahassee, Florida 32308-5403
(850) 922-5873



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

January 31, 2008

Maria A Fernandez
Blue Coral Women's Care, Inc.
7360 Coral Way
Suite 16
Miami, FL 33155

Certified Article Number
7160 3901 9845 4046 5387
SENDERS RECORD

License Number: 852

Case #: 2008001273

RECEIVED
GENERAL COUNSEL
MAR 04 2008
AGENCY FOR HEALTH CARE ADMINISTRATION

NOTICE OF INTENT TO IMPOSE LATE RENEWAL FINE

Pursuant to Section 408.806(2), and Chapter 390 Florida Statutes, (F.S.) a fine of \$257 is hereby imposed for late filing of your license renewal application. Your renewal application was not received sixty 60 days prior to the expiration of your Abortion Clinic license pursuant to Section 408.806(2)(a), F.S. Your renewal application was due December 4, 2007 but was not received until January 22, 2008 making the application 48 days late. Pursuant to Section 408.806(2)(d), F.S., failure to timely submit a renewal application and license fee shall result in a \$50 per day late fee; the aggregate amount of the late fee may not exceed 50 percent of the licensure fee or \$500, whichever is less.

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
Hospital And Outpatient Services Unit
2727 Mahan Drive, MS#31
Tallahassee, FL 32308

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

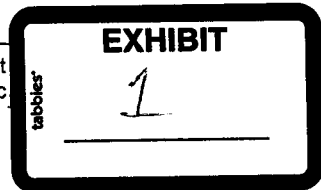
Laura MacLafferty
By: Laura MacLafferty, Manager
Hospital And Outpatient Services Unit

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

2727 Mahan Drive, MS#31
Tallahassee, Florida 32308



Visit
<http://ahc>



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Blue Coral Women'sCare, Inc.

CASE NO: 2008001273

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 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.

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 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: 852

Licensee Name: Blue Coral Women's Care, Inc.

Contact person: _____
Name Title

Address: _____
Street and number City Zip Code

Telephone No. _____ Fax No. _____ 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: _____

2. Article Number



7160 3903 9845 4046 5387

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

BLUE CORAL WOMEN'S CARE, INC.
7360 CORAL WAY
SUITE 16
MIAMI, FL 33155

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2/4

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes
 No

RECEIVED

FEB 08 2008

**Health Facility Regulation
Hospital & Outpatient Services**

RE: 13960950 - FINE.1684.h.doc

3817, January 2005

Domestic Return Receipt

EXHIBIT

2

tabbles

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

RE: Blue Coral Women'sCare, Inc.

2008 FEB 28 P 1:48

CASE NO: 2008001273

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 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.)

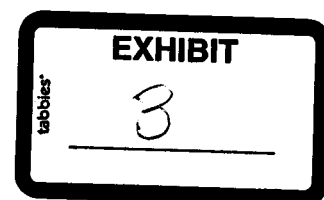
Please return your ELECTION OF RIGHTS to:

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.

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 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: 852

Licensee Name: Blue Coral Women's Care, Inc.

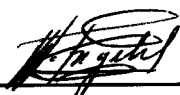
Contact person: Maria A. Fernandez

Address:

Name	Title
<u>7360 Coral Way Suite #16 Miami FL 33155</u>	
Street and number	City Zip Code

Telephone No. (305) 264-4940 Fax No. (305) 264-0099 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: 2/4/08
Print Name: Maria A. Fernandez Title: Administrator