

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

FILED
ANCA
AGENCY CLERK

2007 MAY 15 P 1:01

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

Petitioner,

v.

CASE NO. 2006010965

**HIALEAH WOMEN'S CENTER, INC.,
d/b/a HIALEAH WOMEN'S CENTER,**

Respondent.

FINAL ORDER

Having reviewed the administrative complaint dated February 19, 2007, attached hereto and incorporated herein (Ex. 1), and all other matters of record, the Agency for Health Care Administration (hereinafter "Agency") finds and concludes as follows:

FINDINGS OF FACT

1. The Agency issued an administrative complaint stating the intent to impose an administrative fine against the Respondent, HIALEAH WOMEN'S CENTER, INC., d/b/a HIALEAH WOMEN'S CENTER (hereinafter "Respondent"), an abortion clinic.
2. The Respondent was served the administrative complaint on February 22, 2007, by Certified U.S. Mail, Return Receipt Requested, attached hereto and incorporated herein (Ex.2). Enclosed with the

administrative complaint was an Election of Rights form which advised Respondent of its right to a hearing pursuant to Section 120.57(1) or Section 120.57(2), Florida Statutes (2006).

3. Respondent selected Option (1) within the Election of Rights (Ex.3), admitting the allegations of fact contained in the administrative complaint and expressly waiving the right to a hearing.

4. The facts, as alleged and found, establish that Respondent failed to accurately document the clinical records for 9 of 14 sampled patients, violating Florida Administrative Code Rule 59A-9.031(1). The fine sought is \$500.00.

CONCLUSIONS OF LAW

1. Respondent is an abortion clinic over which the Agency has jurisdiction pursuant to the provisions of Section 20.42 and Chapters 390, and 408, Part II, Florida Statutes (2006).

2. As alleged in the administrative complaint, Respondent is in violation of Chapter 59A-9, Florida Administrative Code, and Chapter 390, Florida Statutes (2006). The violation consists of one deficiency.

3. Respondent expressly waived its right to a hearing and consented to the entry of a Final Order adopting the allegations and conclusions set forth in the administrative complaint and imposing the sanction sought.

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

ORDERED:

1. An administrative fine in the amount of \$500.00 is hereby imposed upon Respondent. The administrative fine is due and payable within thirty (30) days of the date of rendition of this Order.

2. Checks 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:

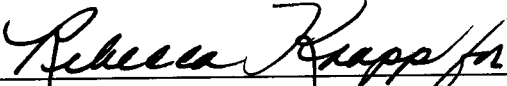
Jean Lombardi
Agency for Health Care Administration
Office of Finance and Accounting
2727 Mahan Drive, MS #14
Tallahassee, Florida 32308

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

4. The above-styled case is hereby closed

DONE and **ORDERED** this 11th day of May, 2007

in Tallahassee, Leon County, Florida.



Andrew C. Agwunobi, M.D., 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 Hialeah Women's Center 952 East 25 th Street Hialeah, Florida 33013 (U.S. Mail)	Thomas M. Hoeler, Senior Attorney Agency for Health Care Admin. 525 Mirror Lake Drive N., Suite 330L St. Petersburg, Florida 33701 (Interoffice Mail)
Elizabeth Dudek Deputy Secretary Agency for Health Care Admin. 2727 Mahan Drive, Bldg #1, MS #9 Tallahassee, Florida 32308 (Interoffice Mail)	Jean Lombardi Finance & Accounting Agency for Health Care Admin. 2727 Mahan Drive, MS #14 Tallahassee, Florida 32308 (Interoffice Mail)
Jan Mills Agency for Health Care Admin. 2727 Mahan Drive, Bldg #3 MS#3 Tallahassee, Florida 32308 (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) and entities by U.S. Mail, or the method designated on this the 15th day of May, 2007.



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

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

**AGENCY FOR HEALTH CARE
ADMINISTRATION,**

Petitioner,

vs.

Case No. 2006010965

**HIALEAH WOMEN'S CENTER, INC.,
d/b/a HIALEAH WOMEN'S CENTER**

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW the AGENCY FOR HEALTH CARE ADMINISTRATION (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against HIALEAH WOMEN'S CENTER, INC., d/b/a HIALEAH WOMENS CENTER (hereinafter "Respondent"), pursuant to Section 120.569, and 120.57, Florida Statutes, (2006), and alleges:

NATURE OF THE ACTION

1. This is an action to impose an administrative fine in the amount of FIVE HUNDRED DOLLARS (\$500.00) against the Respondent, pursuant to Section 390.018 Florida Statutes (2006), and Rule 59A-9.031(1), Florida Statutes (2006) based upon one uncorrected deficiency cited at a follow up survey on or about November 8, 2006. The previous survey had been conducted on or about May 18, 2005.

JURISDICTION

2. The Agency has jurisdiction over abortion clinics pursuant to Chapter 390, Florida Statutes (2006), and Chapter 59A-9, Florida Administrative Code (2006).

VENUE

3. Venue shall be determined pursuant to Rule 28-106.207, Florida Administrative Code (2006).

PARTIES

4. The Agency is the regulatory authority responsible for licensing, inspecting, investigating and enforcement of all applicable statutes and rules governing abortion clinic facilities pursuant to Chapter 390, Florida Statutes (2006), and Chapter 59A-9, Florida Administrative Code (2006).

5. The Respondent is licensed by the Agency as an abortion clinic pursuant to Section 390, Florida Statutes (2006), located at 952 East 25th Street, Hialeah, Florida 33013 under license number 824.

COUNT I

**RESPONDENT FAILED TO ACCURATELY DOCUMENT THE CLINICAL
RECORD FOR 9 OF 14 SAMPLED PATIENTS.
VIOLATING
RULES 59A-9.031(1), Florida Administrative Code (2006)**

6. The Agency re-alleges and incorporates by reference paragraphs (1) through (5) as if fully set forth herein.

7. The regulatory provisions of the Florida and Federal Statutes and Florida Administrative Code that is specifically pertinent here includes the following:

Rule 59A-9.031(1), Florida Administrative Code (2006)

59A-9.031 Clinical Records.

(1) A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval.

8. On May 18, 2005, AHCA conducted a survey of the Respondent's facility. The standard of Rule 59A-031(1), Florida Administrative Code (2006), that Respondent must ensure that all patients' clinical records are maintained, which are complete, accurately documented, and systematically organized to facilitate storage and retrieval was not met based on observation, record reviews and staff interviews. The Respondent's facility failed to maintain an accurate clinical record for 10 of 10 sampled patients who had procedures in the facility.

The findings include:

Review of the clinical record of sample patient #1 revealed that the ultrasound was completed at 9:42 am and within the hour, the patient had a procedure and left the facility. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. The information was not added to the document at the time of the recovery of the patient. It was not possible for the staff to determine the condition of the patient upon discharge from the facility. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #2 revealed that the ultrasound was completed at 10:02 am and within the hour, the patient had a procedure and left the facility. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. The information was not added to the document at the time of the recovery of the patient. It was not possible for the staff to determine the condition of the patient upon discharge from the facility. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #3 revealed that the ultrasound was completed at 10:11 am and within the hour, the patient had a procedure and left the facility. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. The information was not added to the document at the time of the recovery of the patient. It was not possible for the staff to determine the condition of the patient upon discharge from the facility. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #4 revealed that the ultrasound was completed at 10:33 am and within the hour, the patient had a procedure and left the facility. There was documentation that a procedure had been completed by the physician.

There was no documentation of the recovery period in the record. The information was not added to the document at the time of the recovery of the patient. It was not possible for the staff to determine the condition of the patient upon discharge from the facility. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #5 revealed that the ultrasound was completed at 10:23 am and within the hour, the patient had a procedure and left the facility. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. The information was not added to the document at the time of the recovery of the patient. It was not possible for the staff to determine the condition of the patient upon discharge from the facility. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #6 revealed that the ultrasound was completed and within the hour, the patient had a procedure and went to the recovery room. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #7 revealed that the ultrasound was completed and within the hour, the patient had a procedure and went to the recovery room. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #8 revealed that the ultrasound was completed and within the hour, the patient had a procedure and went to the recovery room. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #9 revealed that the ultrasound was completed and within the hour, the patient had a procedure and went to the recovery room. There was documentation that a procedure had been completed by the physician. There was no documentation of the recovery period in the record. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Review of the clinical record of sample patient #10 revealed that the ultrasound was completed and within the hour, the patient had a procedure and went to the recovery room. There was documentation that a procedure had been completed by the physician.

There was no documentation of the recovery period in the record. It was also unable to be determined whether or not the patient was instructed in after care or given information regarding returning to the center for a follow up visit.

Observation of the recovery room on 5-18-05 at 11:45 am revealed that 5 patients were in the room, unattended by facility staff. There was no evidence of recovery documentation in the record of the patients who were in the recovery room during the investigation. Interview with the Administrator on 5-18-05 at 12 noon revealed that he/she was shown the blank recovery documents in the records of the 5 patients whose procedures were completed before the surveyor arrived. The patients were no longer in the facility. When asked how the patients were recovered, he/she stated that assistant #2 recovered them between helping the physician with the rest of the procedures. When assistant #2 could not provide the documentation for the recovery of the patients, the Administrator stated that the physician's assistant must have recovered them. The Administrator stated that the physician sometimes brings an assistant of his/her own. When asked to produce the physician's assistant, the Administrator could not. Neither the Administrator nor assistant #2 could produce any recovery documentation for the 10 patients having had procedures on the day of the investigation.

9. The Respondent was provided a mandated correction date of June 18, 2006, for this violation of Rule 59A-9.031(1), Florida Administrative Code (2006).

10. On November 8, 2006, AHCA conducted a survey of the Respondent's facility. The standard that Respondent must ensure that all patients' clinical records are maintained, which are complete, accurately documented, and systematically organized to facilitate storage and retrieval was not met again based on record review. The Respondent's facility failed to accurately document the clinical record for 9 of 14 (#1,#2,#3,#4,#5,#6,#7,#8,#9) sampled patients.

The findings include.

Review of the clinical record for sampled patient #1 revealed the patient had an abortion done on 9-2-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #2 revealed the patient had an abortion done on 9-6-06. Review

of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #3 revealed the patient had an abortion done on 9-7-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #4 revealed the patient had an abortion done on 9-13-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #5 revealed the patient had an abortion done on 9-28-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #6 revealed the patient had an abortion done on 9-23-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #7 revealed the patient had an abortion done on 9-20-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #8 revealed the patient had an abortion done on 9-20-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the clinical record for sampled patient #9 revealed the patient had an abortion done on 9-15-06. Review of the post-operative report revealed the patient was not reassessed post-operatively. There was no documentation that the vital signs were taken and that the patient left the facility in stable condition post-operatively. All consents were in the record.

Review of the current policy and procedure for "Facility Manual" revealed that the physician's assistant (Registered Nurse, Licensed Practical Nurse, ARNP) will work in the recovery room with post-operative patients as well as note patient charts accordingly. The surgical protocol #7 revealed that the patient's vital signs are monitored. The patient remains in the recovery room 30 minutes to an hour. The area of abortion standards revealed that the patient's vital signs are monitored. The recovery room standards revealed that the Registered Nurse or Licensed Practical Nurse will remain present to provide post-operative monitoring care until the patient is discharged.

11. The Respondent was provided a mandated correction date of December 8, 2006, for this violation of Rule 59A-9.031(1), Florida Administrative Code (2006).

12. The foregoing violation is cited as an uncorrected deficiency pursuant to Rules 59A-9.031(1), Florida Administrative Code, which establishes the responsibilities of all patients' clinical records are maintained, which are complete, accurately documented, and systematically organized to facilitate storage and retrieval. This standard is not met as evidenced by the Respondent's failure to accurately document the clinical record for 9 of 14 (#1,#2,#3,#4,#5,#6,#7,#8,#9) sampled patients.

13. Such violations as were cited from the aforementioned surveys of May 18, 2005, and November 8, 2006 constitute the grounds for the imposed deficiency. AHCA

determined that these deficient practices demonstrate that the Respondent violated a rule of the Agency giving grounds for penalties under Sections 390.017 and 390.018, Florida Statutes (2006).

14. The Agency seeks to impose a fine in the amount of FIVE HUNDRED DOLLARS (\$500.00) for this uncorrected deficiency; as authorized under Sections 390.18, Florida Statutes (2006). If the agency finds that one or more grounds exist for the revocation or suspension of a license issued to an abortion clinic, the agency may, in lieu of such suspension or revocation, impose a fine upon the clinic in an amount not to exceed \$1,000 for each violation. The fine shall be paid to the agency within 60 days from the date of entry of the administrative order. If the licensee fails to pay the fine in its entirety to the agency within the period allowed, the license of the licensee shall stand suspended, revoked, or renewal or continuation may be refused, as the case may be, upon expiration of such period and without any further administrative or judicial proceedings. Accordingly, the fine assessed is FIVE HUNDRED DOLLARS (\$500.00).

CLAIM FOR RELIEF

WHEREFORE, State of Florida, Agency for Health Care Administration, demands the following relief:

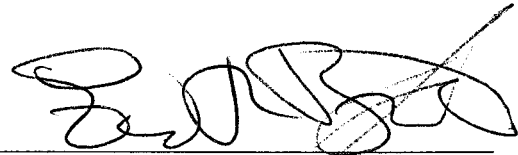
1. Make factual and legal findings in favor of the Agency on Count I;
2. Impose a fine of FIVE HUNDRED DOLLARS (\$500.00) for the violation cited in Count I against the Respondent under Sections 390.017 and 390.018, Florida Statutes (2006), and Rule 59A-9.031(1), Florida Administrative Code (2006);
3. All other general and equitable relief the court deems appropriate.

NOTICE

The Respondent, Hialeah Women's Center, is notified that it has a right to request an administrative hearing pursuant to Section 120.569, Florida Statutes (2005). Specific options for administrative action are set out in the attached Election of Rights (one page) and explained in the attached Explanation of Rights (one page). All requests for hearing shall be made to the Agency for Health Care Administration, and delivered to the *Agency for Health Care Administration, Attn: Richard Shoop, Agency Clerk, 2727 Mahan Drive, Building 3, Mail Stop #3, Tallahassee, Florida 32308.*

THE RESPONDENT IS FURTHER NOTIFIED, IF THE REQUEST FOR HEARING IS NOT RECEIVED BY THE AGENCY FOR HEALTH CARE ADMINISTRATION WITHIN TWENTY-ONE (21) DAYS OF RECEIPT OF THIS ADMINISTRATIVE COMPLAINT, A FINAL ORDER WILL BE ENTERED. IF YOU WISH TO HIRE AN ATTORNEY, YOU HAVE THE RIGHT TO BE REPRESENTED BY AN ATTORNEY IN THIS MATTER.

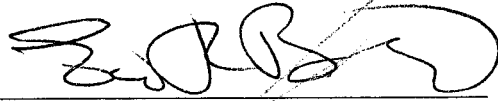
Submitted this 19 day of February 2007.



Eric R. Bredemeyer
AHCA – Assistant General Counsel
Fla. Bar No.: 318442
2295 Victoria Ave., Room 346C
Fort Myers, Florida 33901
Office: (239) 338-3203
Fax: (239) 338-2699

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that one original Administrative Complaint has been sent via certified mail return receipt requested to Administrator, HIALEAH WOMEN'S CENTER, 952 East 25th Street, Hialeah, FL 33013 (return receipt #7006 0810 0005 8950 3420) and one copy of the Administrative Complaint has been sent via certified mail (return receipt #7006 0810 0005 8950 3437) requested to Registered Agent, Dayana Gowdy, Hialeah Women's Center, 952 East 25th Street, Hialeah, FL 33013 on this 19 day of February 2007.



Eric R. Bredemeyer, Esquire

Copy furnished to: Harold Williams, Field Office Manager, Miami

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

**RE: HIALEAH WOMEN'S CENTER, INC., d/b/a HIALEAH WOMEN'S CENTER
CASE NO: 2006010965**

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed administrative action by the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deny, Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late 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 Deny, Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late 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 a notice of proposed action by AHCA, you will have given up your right to contest the Agency's proposed action and a final order will be issued.

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 Deny, the Notice of Intent to Levy a Late Fee, the Notice of Intent to Levy a Late Fine, the Administrative Complaint, or other notice of intended action by AHCA and I waive my right to object or to 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 penalty, fine or action.**

OPTION TWO (2) ____ **I admit to the allegations of facts contained in the Notice of Intent to Deny, the Notice of Intent to Levy a Late Fee, the Notice of Intent to Levy a Late Fine, the 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 do dispute the allegations of fact contained in the Notice of Intent to Deny, the Notice of Intent to Levy a Late Fee, the Notice of Intent to Levy a Late Fine, the Administrative Complaint, or other proposed action by AHCA, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes (2006) 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 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 receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.201, Florida Administrative Code, which requires that it contain:

1. The name and address of each agency affected and each agency's file or identification number, if known;
2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
3. An explanation of how your substantial interests will be affected by the Agency's proposed action;
4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

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

Facility type: _____ (ALF? nursing home? medical equipment? Other type?)

Facility Name: _____ License number: _____

Contact person(or attorney or representative): _____
Name Title

Address: _____
Street and number City Zip Code

Telephone No. _____ Fax No. _____ Email _____

Signed: _____ **Date:** _____

NOTE: If your facility is owned or operated by a business entity (corporation, LLC, etc.) please include a written statement from one of the officers or managers that you are the authorized representative. If you are one of the managers or officers, please state which office you hold.

Entity name: _____ Name of office you hold: _____

You, your attorney or representative may reply according Subsection 120.54 Florida Statutes (2006) and Rule 28, Florida Administrative Code or you may use this recommended form.



Home | Help

Track & Confirm

Track & Confirm

Search Results

Label/Receipt Number: 7006 0810 0005 8950 3420
Status:

Your item was delivered at 10:54 am on February 22, 2007 in HIALEAH, FL 33013. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

[Restore Offline Details >](#) [Return to USPS.com Home >](#)

Track & Confirm

Enter Label/Receipt Number.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Administrator
 Hialeah Women's Center
 952 East 25th St.
 Hialeah, FL 33013

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Quateka Hill Agent Addressee

B. Received by (Printed Name)
Quateka Hill

C. Date of Delivery
 (Circled)

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery Yes

7006 0810 0005 8950 3420

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT 2

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: HIALEAH WOMEN'S CENTER, INC., d/b/a HIALEAH WOMEN'S CENTER
CASE NO: 2006010965

2007 11 27 - 9 A 11:45

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed administrative action by the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deny, Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late 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 Deny, Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late 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 a notice of proposed action by AHCA, you will have given up your right to contest the Agency's proposed action and a **final order will be issued.**

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 Deny, the Notice of Intent to Levy a Late Fee, the Notice of Intent to Levy a Late Fine, the Administrative Complaint, or other notice of intended action by AHCA and I waive my right to object or to 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 penalty, fine or action.

OPTION TWO (2) I admit to the allegations of facts contained in the Notice of Intent to Deny, the Notice of Intent to Levy a Late Fee, the Notice of Intent to Levy a Late Fine, the 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 do dispute the allegations of fact contained in the Notice of Intent to Deny, the Notice of Intent to Levy a Late Fee, the Notice of Intent to Levy a Late Fine, the Administrative Complaint, or other proposed action by AHCA, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes (2006) 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 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 receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.201, Florida Administrative Code, which requires that it contain:

1. The name and address of each agency affected and each agency's file or identification number, if known;
2. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any;
3. An explanation of how your substantial interests will be affected by the Agency's proposed action;
4. A statement of when and how you received notice of the Agency's proposed action;
5. A statement of all disputed issues of material fact. If there are none, you must state that there are none;
6. A concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Agency's proposed action;
7. A statement of the specific rules or statutes you claim require reversal or modification of the Agency's proposed action; and
8. A statement of the relief you are seeking, stating exactly what action you wish the Agency to take with respect to its proposed action.

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

Facility type: _____ (ALF? nursing home? medical equipment? Other type?)

Facility Name: _____ License number: _____

Contact person(or attorney or representative): _____
Name Title

Address: _____
Street and number City Zip Code

Telephone No. _____ Fax No. _____ Email _____

Signed: _____

Date: _____

NOTE: If your facility is owned or operated by a business entity (corporation, LLC, etc.) please include a written statement from one of the officers or managers that you are the authorized representative. If you are one of the managers or officers, please state which office you hold.

Entity name: _____ Name of office you hold: _____

You, your attorney or representative may reply according Subsection 120.54 Florida Statutes (2006) and Rule 28, Florida Administrative Code or you may use this recommended form.