

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

2011 AUG 25 A 10:52

Petitioner,

v.

AHCA NO. 2011008418

PLANNED PARENTHOOD OF SOUTHWEST &  
CENTRAL FLORIDA, INC,

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 the Respondent 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. The Agency has jurisdiction over the Respondent pursuant to Chapter 408, Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.
3. 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.

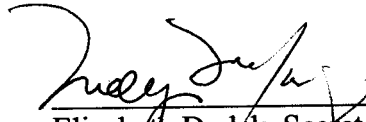
Based upon the foregoing, it is **ORDERED**:

1. An administrative fine of \$200.00 is imposed upon 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. 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

2. Overdue amounts are subject to statutory interest and may be referred to collections.

ORDERED at Tallahassee, Florida, on this 25 day of August, 2011.



Elizabeth Dudék, 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 25<sup>th</sup> day of August, 2011.



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

Copies furnished to:

Jan Mills Facilities Intake Unit (Interoffice Mail)  Finance & Accounting Revenue Management Unit (Interoffice Mail)	Kristin Flahart Planned Parenthood of Southwest and Central Florida, Inc. 736 Central Ave Sarasota, FL 34236 (U.S. Mail)
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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 1, 2011

MAUREEN STEPHENS  
Planned Parenthood Of Southwest & Central Florida, Inc  
736 Central Ave  
Sarasota, FL 34230

License Number: 903  
Case Number: 2011008418

**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 May, 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

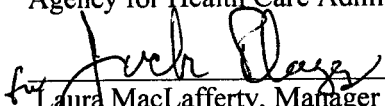
Include License Number: 844 and Case Number: 2010006844 in check memo field

**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

  
\_\_\_\_\_  
for Laura MacLafferty, Manager  
Hospital And Outpatient Services Unit

cc: Agency Clerk, Mail Stop 3



Exhibit  
1

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA, INC

CASE NUMBER: 2011008418

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: 903

Licensee Name: PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA, INC

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:** \_\_\_\_\_

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

RE: PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA, 2011 AUG 15 P 4: 20

CASE NUMBER: 2011008418

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**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.

Exhibit  
2

**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: 903

Licensee Name: PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA, INC

Contact person: Kristin Flahart, Director of Quality Assurance

Address: 736 Central Avenue Sarasota, FL 34236  
Name Title  
Street and number City Zip Code

Telephone Nbr.: 941-365-3913 Fax Nbr.: 941-957-1050

Email (optional): Kristin.flahart@pplswct.org

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: [Signature] Date: 8/9/11

Print Name: Sujatha Prabhakaran Title: Medical Director