



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

Certified Article Number

9414 7266 9904 2120 3278 40

SENDER'S RECORD

July 9, 2018

Roneika Pettermon, Administrator
American Family Planning
6115 Village Oaks Drive
Pensacola, FL 32504

File Number: 13960123

Provider Type: Abortion Clinic

RE: Case Number 2018009860, 6115 Village Oaks Drive, Pensacola

Notice of Intent to Deny

Pending the outcome of the legal process, it is the intent of the Agency that the initial application for American Family Planning be denied. The specific basis for this determination is:

On May 25, 2018, the Agency received an initial application for the above-referenced location. The applicant licensee had previously operated an abortion clinic at this location; its license expired April 28, 2018. Based on observation, record review and interview during an onsite inspection conducted on June 26, 2018, the Agency substantiated the licensee has continuously operated an abortion clinic without a proper license in violation of sections 408.804(1), 408.812 and 390.014(1) Florida Statutes (F.S.). A review of applicant and patient records confirmed 99 procedures performed from April 29, 2018 to May 11, 2018.

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.

If you need further assistance, please contact the Office of the General Counsel at (850) 412-3630

Jack Plagge, Unit Manager
Hospital and Outpatient Services Unit
Agency for Health Care Administration

cc: Legal Intake Unit, MS 3



American Family Planning
July 9, 2018

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: American Family Planning

Case Number: 2018009860

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deem Incomplete and Withdraw from Further Review of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Deem Incomplete and Withdraw from Further Review 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 Deem Incomplete and Withdraw from Further Review 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 Deem Incomplete and Withdraw from Further Review, 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 contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review, 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 fact contained in the Notice of Intent to Deem Incomplete and Withdraw from Further Review 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 Subsection 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.)

License Type: Abortion Clinic File Number: 13960123
Licensee Name: American Family Planning

Contact Person:

Name	Title
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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: _____

Return Receipt (Form 3811) Barcode



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1. Article Addressed to:

AMERICAN FAMILY PLANNING
6115 VILLAGE OAKS DR
PENSACOLA, FL 32504

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2120 3278 40

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/16/18

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type:

☒ Certified Mail☐ Certified Mail Restricted DeliveryReference Information

RE: 13960123

SENDER: burkef, Tallahassee Field Office, MS#31

NOI_Deny_Core, 2018009860