

July 17, 2019

MARY C. MAYHEW SECRETARY

Certified Article Number

9414 7266 9904 2148 0544 69

SENDER'S RECORD

Provider Type: Abortion Clinic

License Number: 853 File Number: 13960053

Heidi Mullis, Administrator Women's Center of Hyde Park LLC

502 S Magnolia Ave Tampa, FL 33606-2257

RE: Case Number 2019010416, 502 S Magnolia Ave, Tampa, FL 33606-2257

Notice of Intent to Impose Fine

Pursuant to s. 408.813 and 390.0112(5), Florida Statutes (F.S.), the Agency intends to impose a fine of \$200 for the above provider's failure to timely submit its monthly report of induced terminations of pregnancy for the month of May 2019. The monthly report is due no later than 30 days following the preceding month. Pursuant to Section 390.0112(5) 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 THE ENCLOSED PAYMENT STATEMENT TO:

Agency for Health Care Administration Attention: Hospital And Outpatient Services Unit 2727 Mahan Drive, MS 31 Tallahassee, Florida 32308

Include License Number 853 and Case Number 2019010416 in the 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.

Jack Plagge, Manager

Hospital and Outpatient Services Unit Agency for Health Care Administration

cc: Legal Intake Unit, MS 3



STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Women's Center of Hyde Park LLC

Case Number: 2019010416

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 <u>Election of Rights</u> 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 <u>Election of Rights</u> 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:

ODTION ONE (1)

Agency for Health Care Administration Attention: Agency Clerk 2727 Mahan Drive, MS #3 Tallahassee, Florida 32308

Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OF HON ONE (I)	1 admit to the anegations of facts and law contained in the Notice of Intent to
Deem Incomplete and Wit	radmit to the allegations of facts and law contained in the Notice of Intent to be complete and Withdraw from Further Review, or other notice of intended action by AHCA and I by right to object and have a hearing. I understand that by giving up my right to a hearing, a final order issued that adopts the proposed agency action and imposes the proposed penalty, fine or action. TWO (2) I admit to the allegations of facts contained in the Notice of Intent to Deem ete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard in the Notice of Intent to Deem ete and Withdraw from Further Review, or other proposed action by AHCA, but I wish to be heard
waive my right to object a	nd have a hearing. I understand that by giving up my right to a hearing, a final order
will be issued that adopts th	e 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 Agei	ncy to show that the proposed administrative action is too severe or that the fine should
be reduced.	i i
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	on 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the
Division of Administrative	Hearings.

Women's Center of Hyde Park LLC July 17, 2019 Page 2

<u>PLEASE NOTE</u>: Choosing OPTION THREE (3), by itself, is <u>NOT</u> 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	License Number: 853)
Licensee Name: Women's Center of	f Hyde Park LLC	
Contact Person:	1980	
Address:	11116	
Street and number	City	Zip Code
Telephone Nbr.:	Fax N	Nbr.:
Email (optional):		
I hereby certify that I am duly autho Care Administration on behalf of the	rized to submit this Notice e licensee referred to above	of Election of Rights to the Agency for Health
Signed:	Da	ate:
Print Name:	Ti	tle



PAYMENT STATEMENT

Remit To:

Agency for Health Care Administration Attention: Hospital and Outpatient Services Unit 2727 Mahan Drive, MS 31 Tallahassee, FL 32308

Facility Information:

Women's Center of Hyde Park LLC 502 S Magnolia Ave Tampa, FL 33606-2257 File Number: 13960053

Provider Type: Abortion Clinic

License Number: 853

Payment Information

Please remit this statement with payment to the address above. Make checks payable to: AHCA.

Legal Cases - 2019010416			
Charge Code		Amount	
13FN		\$200.00	
	Total Amount:	\$200.00	

Please remember the Election of Rights form must be returned to the Agency to close this case. If you have any questions, please contact the Agency Clerk at 850-412-3630.

Division of Health Quality Assurance

