

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2020 MAY -5 A 11:42

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA No. 2020003575

FT. MYERS WOMEN'S HEALTH CENTER, 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 Respondent the attached Notice of Intent and Election of Rights form. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing pursuant to Sections 120.57(1) and 120.57(2), Florida Statutes. The Respondent received the Notice of Intent and Election of Rights form. (Ex. 2) The Respondent failed to timely file the Election of Rights form or other response with the Agency Clerk.

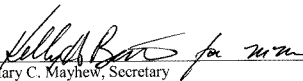
2. By failing to timely respond, the Respondent waived the right to a hearing and waived the right to contest the allegations within the Notice of Intent. Cann v. Department of Children and Family Services, 813 So.2d 237 (Fla. 2d DCA 2002). The findings of fact, conclusions of law and proposed sanction set forth within the Notice of Intent are adopted and incorporated by reference.

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

3. The Respondent shall pay the Agency \$200.00. 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. Overdue amounts are subject to statutory interest and may be referred to collections. A check payable to the "Agency for Health Care Administration" and containing the AHCA case number should be sent to:

Central Intake Unit
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 61
Tallahassee, Florida 32308

ORDERED at Tallahassee, Florida, on this 4th day of May, 2020.


Mary C. Mayhew, 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 5th day of May, 2020.



Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 3
Tallahassee, Florida 32308
Telephone: (850) 412-3630

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Sandra Sisk, Administrator Ft. Myers Women's Health Center, Inc. 2106 Drew St., Suite 103 Clearwater, FL 33765 (U.S. Mail)	



2020003575

RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Certified Article Number

9414 7266 9904 2148 0599 14

SENDER'S RECORD CERTIFIED

March 4, 2020

Sandra Sisk, Administrator
Ft Myers Women's Health Center Inc
2106 Drew St Ste 103
Clearwater, FL 33765-3238

Provider Type: Abortion Clinic
License Number: 828
File Number: 13910015

RE: Case Number 2020003575, 3677 Central Ave, Suite H, Fort Myers, FL 33901

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 January 2020. The monthly report is due no later than 30 days following the preceding month. Pursuant to s. 390.0112(5) F.S., any person required to report who fails to report timely 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:

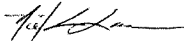
Agency for Health Care Administration
Attention: Hospital And Outpatient Services Unit
2727 Mahan Drive MS31
Tallahassee, Florida 32308

Include License Number 828 and Case Number 2020003575 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.


Noël Cronin Lawrence, Program Administrator
Jack Plagge, Manager
Hospital And Outpatient Services Unit
Agency for Health Care Administration

cc: Legal Intake Unit, MS 3

2727 Mahan Drive • MS#31
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Exhibit "1"

Ft Myers Women's Health Center, Inc.
March 4, 2020

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: Ft Myers Women's Health Center, Inc.

Case Number: 2020003575

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, MS #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.

Ft Myers Women's Health Center, Inc.

March 4, 2020

Page 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 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: 828

Licensee Name: Ft Myers Women's Health Center, 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: _____



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

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:

Ft Myers Women's Health Center, Inc.
2106 Drew St Ste 103
Clearwater, FL 33765-3238
File Number: 13910015
Provider Type: Abortion Clinic

License Number: 828

Payment Information

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

Legal Case 2020003575	
Charge Code	Amount
13FN	\$200.00
Total Amount:	\$200.00

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

Division of Health Quality Assurance



USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 9414726699042148059914[Remove X](#)

Your item was delivered to an individual at the address at 9:28 am on March 6, 2020 in CLEARWATER, FL 33765.

Delivered

March 6, 2020 at 9:28 am
Delivered, Left with Individual
CLEARWATER, FL 33765

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[Tracking History](#)

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Feedback

Exhibit "2"