

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2019 APR 11 P 12:46

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

CASE No. 18-562 PH
AHCA Nos. 2018009935
2017008559

GENTLE CARE ASSISTED LIVING, INC.,

RENDITION NO.: AHCA-19 - 0309 -S-OLC

Respondent.

FINAL ORDER

Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The parties have since entered into the attached Settlement Agreement, which is adopted and incorporated by reference into this Final Order. (Ex. 2)

2. The Respondent shall pay the Agency \$750.00. If full payment has been made, the cancelled check acts as receipt of payment 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 made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit 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 11 day of April, 2019.



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 11th day of April, 2019.



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

Jan Mills, Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Lindsay W. Granger, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Emma Pronesti, Owner/Administrator Gentle Care Assisted Living, Inc. 66 Blare Castle Drive Palm Coast, FL 32137 (U.S. Mail)
Thomas J. Walsh, II, Esquire Informal Hearing Officer (Electronic Mail)	Maria Posada-Ricci, Esquire Attorney for Respondent American Immigration Attorneys Miami, PLLC 40 SW 13th Street, Suite #301 Miami, FL 33130 (U.S. Mail)

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

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AHCA Nos. 2018009935
2017008559

GENTLE CARE ASSISTED LIVING, INC.,

Respondent.

ADMINISTRATIVE COMPLAINT

The Petitioner, State of Florida, Agency for Health Care Administration ("the Agency"), issues this Administrative Complaint against the Respondent, Gentle Care Assisted Living, Inc. ("the Respondent"), pursuant to Sections 120.569 and 120.57, Florida Statutes, and alleges:

NATURE OF THE ACTION

This is an action to impose an administrative fine of \$3,000.00 against an assisted living facility based upon criminal background screening violations.

PARTIES

1. The Agency is the licensing and regulatory authority that oversees assisted living facilities in Florida and enforces the applicable state statutes and rules governing such facilities. Ch. 408, Part II, Ch. 429, Part I, Fla. Stat. (2016); Ch. 58A-5, Fla. Admin. Code. The Agency may deny, revoke, and suspend any license issued to an assisted living facility and impose an administrative fine for a violation of the Health Care Licensing Procedures Act, the authorizing statutes or applicable rules. §§ 408.813, 408.815, 429.14, 429.19, Fla. Stat. (2016). In addition to licensure denial, revocation or suspension, or any administrative fine imposed, the Agency may assess a survey fee against an assisted living facility. § 429.19(7), Fla. Stat. (2016).

2. The Respondent was issued a license by the Agency to operate an assisted living facility (“the Facility”) and was at all times material required to comply with the applicable statutes and rules governing assisted living facilities.

COUNT I
Criminal Background Screening – Clearinghouse

3. Under Florida law, the Agency shall require level 2 background screening for personnel as required in Section 408.809(1)(e), Florida Statutes, pursuant to Chapter 435 and Section 408.809. § 429.174, Fla. Stat. (2016). The criminal background screening results of such personnel shall be reviewed by the Agency and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. § 408.809(3), Fla. Stat. (2016). The Care Provider Background Screening Clearinghouse was created and providers are required to register with the Clearinghouse and comply with its statutory and rule provisions. § 435.12, Fla. Stat (2016); Fla. Admin. Code R. 59A-35.090. Among other requirements, employers must maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. § 435.12(2)(c), Fla. Stat. (2016). An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic fingerprint submission to the Department of Law Enforcement. § 435.12(2)(d), Fla. Stat. (2016).

4. On or about 06/27/17, the Agency conducted a survey of the Facility.

5. Based upon a review of the Care Provider Background Screening Clearinghouse website, record review and staff interview, the Facility failed to update its employee roster for two of four sampled employees. (Employees B and C)

6. The Clearinghouse website was accessed on 06/26/17 at 8:52 p.m. for the Facility and the employees on the roster were recorded.

7. The employee roster was reviewed with the Facility Manager on 6/27/17 at 4:20 p.m.

8. She stated that she had only been the Manager at the Facility for a month and that Employee C had not worked there during that time.

9. She confirmed that Employee C was not removed from the Facility employee roster within 10 days of termination of employment.

10. The Clearinghouse website revealed that Employee C was hired on 11/14/16 as a nursing aide and was still listed as a current employee.

11. An employee record review for Employee B revealed she was hired on 10/6/16 as a caregiver.

12. She was not listed as an employee roster on the Clearinghouse website for the Facility.

13. The Facility Manager confirmed on 06/27/17 at 4:25 p.m. that Employee B should have been added to the employee roster within 10 days of hire and was not.

Relief

14. Under Florida law, regardless of the class of violation cited, instead of the fine amounts listed in paragraphs (a)-(d), the Agency shall impose an administrative fine of \$500 if a facility is found not to be in compliance with the background screening requirements as provided in section 408.809, Florida Statutes (2016). § 429.19(2)(e), Fla. Stat. (2016).

15. Under Florida law, the Agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include: Violating any provision of this part, authorizing statutes, or applicable rules.

§ 408.813(3)(b), Fla. Stat. (2016).

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, seeks to impose an administrative fine of \$1,000.00 against the Respondent.

COUNT II
Criminal Background Screening -- Clearinghouse

16. The Agency re-alleges and incorporates by reference Count I.
17. On or about 10/05/16, the Agency conducted a survey of the Facility.
18. Based upon record review and interview, the Facility failed to ensure that all employees currently working at the Facility were listed on the Facility's employee roster on the Care Provider Background Screening Clearinghouse website. (Employees A, C and E)
19. A review of Employee A's personnel file revealed a hire date of 1/4/14 with an eligible level II background screening dated 1/22/13.
20. A review of Employee C's personnel file revealed a hire date of 6/5/16 with an eligible level II background screening dated 6/14/16.
21. A review of Employee E's personnel file revealed a hire date of 6/5/16 with an eligible level II background screening dated 6/15/16.
22. A review of the Clearinghouse website on 10/04/16 at 5:30 PM revealed the Facility employee roster was blank.
23. An interview with the Administrator on 10/5/16 at 12:05 PM confirmed she had not completed the employee roster on the Clearinghouse website for the employees currently working at the Facility.

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, seeks to impose an administrative fine of \$1,500.00 against the Respondent.

COUNT III
Criminal Background Screening

24. Under Florida law, the Agency shall require level 2 background screening for personnel as required in Section 408.809(1)(c) pursuant to Chapter 435 and Section 408.809. § 429.174, Fla. Stat. (2016).

25. Under Florida law,

Level 2 background screening pursuant to Chapter 435 must be conducted through the Agency on each of the following persons, who are considered employees for the purposes of conducting screening under Chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest if the Agency has reason to believe that such person has been convicted of any offense prohibited by Section 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the Agency a description and explanation of the conviction at the time of license application. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor's employer or the licensee.

§ 408.809(1), Fla. Stat. (2016).

26. Under Florida law:

Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints

electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print arrest notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

§ 408.809(2), Fla. Stat. (2016).

27. Under Florida law,

An employer may not hire, select, or otherwise allow an employee to have contact with any vulnerable person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any vulnerable person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been arrested for a disqualifying offense, the employer must remove the employee from contact with any vulnerable person that places the employee in a role that requires background screening until the arrest is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening

before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with vulnerable persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.

§ 435.06(2)(a)-(d), Fla. Stat. (2016).

28. On or about 10/05/16, the Agency conducted a survey of the Facility.
29. Based upon employee record review and staff interviews, the Facility failed to perform level II background screenings on all staff before having direct patient contact for one out of five employee records sampled. (Employee B)
 30. A record review was conducted for Employee B, which revealed a hire date of 7/28/16.
 31. No evidence was found in the employee file of an eligible Level II background screening.
 32. An interview with the Administrator on 10/5/16 at 12:45 PM confirmed that Employee B did not have an eligible background screening result in her chart.
 33. The Administrator and could not verify that it was done.
 34. A review of the Agency's background screening website on 10/5/16 revealed no results for Employee B.

Relief

35. Under Florida law, regardless of the class of violation cited, instead of the fine amounts listed in paragraphs (a)-(d), the Agency shall impose an administrative fine of \$500 if a facility is found not to be in compliance with the background screening requirements as provided in section 408.809, Florida Statutes (2016). § 429.19(2)(e), Fla. Stat. (2016).
36. Under Florida law, the Agency may impose an administrative fine for a violation

that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include: Violating any provision of this part, authorizing statutes, or applicable rules. § 408.813(3)(b), Fla. Stat. (2016).

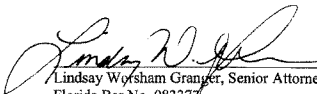
WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, seeks to impose an administrative fine of \$500.00 against the Respondent.

CLAIM FOR RELIEF

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully seeks an order that:

1. Makes findings of fact and conclusions of law in favor of the Agency.
2. Imposes the relief set forth above.

Respectfully Submitted,



Lindsay Worsham Granger, Senior Attorney
Florida Bar No. 083377
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 7
Tallahassee, Florida 32308
Telephone (850) 412-3636
Facsimile (850) 922-9634
Email: Lindsay.Granger@ahca.myflorida.com

NOTICE

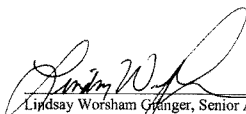
Pursuant to Section 120.569, F.S., any party has the right to request an administrative hearing by filing a request with the Agency Clerk. In order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), F.S., however, a party must file a request for an administrative hearing that complies with the requirements of Rule 28-106.2015, Florida Administrative Code. Specific options for administrative action are set out in the attached Election of Rights form.

The Election of Rights form or request for hearing must be filed with the Agency Clerk for the Agency for Health Care Administration within 21 days of the day the Administrative Complaint was received. If the Election of Rights form or request for hearing is not timely received by the Agency Clerk by 5:00 p.m. Eastern Time on the 21st day, the right to a hearing will be waived. A copy of the Election of Rights form or request for hearing must also be sent to the attorney who issued the Administrative Complaint at his or her address. The Election of Rights form shall be addressed to: Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 3, Tallahassee, FL 32308; Telephone (850) 412-3630, Facsimile (850) 921-0158.

Any party who appears in any agency proceeding has the right, at his or her own expense, to be accompanied, represented, and advised by counsel or other qualified representative. Mediation under Section 120.573, F.S., is available if the Agency agrees, and if available, the pursuit of mediation will not adversely affect the right to administrative proceedings in the event mediation does not result in a settlement.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Administrative Complaint and Election of Rights form were served to the below named persons/entities by the method designated on this 11th day of July, 2018.



Lindsay Worsham Granger, Senior Attorney
Florida Bar No. 089377
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 7
Tallahassee, Florida 32308
Telephone (850) 412-3636
Facsimile (850) 922-9634
Email: Lindsay.Granger@ahca.myflorida.com

Administrator Gentle Care Assisted Living, Inc. 66 Blair Castle Drive Palm Coast, FL 32137 (U.S. Certified Mail) 9489 0090 0027 6046 8186 98	Owner Gentle Care Assisted Living, Inc. 27 Rolling Sands Drive Palm Coast, FL 32164 (U.S. Certified Mail) 9489 0090 0027 6046 8187 04
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STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: Gentle Care Assisted Living, Inc.

AHCA Nos. 2018009935
2017008559

ELECTION OF RIGHTS

This Election of Rights form is attached to an Administrative Complaint. It may be returned by mail or facsimile transmission, but must be received by the Agency Clerk within 21 days, by 5:00 pm, Eastern Time, of the day you received the Administrative Complaint. If your Election of Rights form or request for hearing is not received by the Agency Clerk within 21 days of the day you received the Administrative Complaint, you will have waived your right to contest the proposed agency action and a Final Order will be issued imposing the sanction alleged in the Administrative Complaint.

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

Please return your Election of Rights form to this address:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Telephone: 850-412-3630 Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I admit to the allegations of fact and conclusions of law alleged in the Administrative Complaint and waive my right to object and to have a hearing. I understand that by giving up the right to object and have a hearing, a Final Order will be issued that adopts the allegations of fact and conclusions of law alleged in the Administrative Complaint and imposes the sanction alleged in the Administrative Complaint.

OPTION TWO (2) _____ I admit to the allegations of fact alleged in the Administrative Complaint, but 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 agency action is too severe or that the sanction should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact alleged in the Administrative Complaint and 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 21 days of your receipt of this proposed agency 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. The name, address, telephone number, and facsimile number (if any) of the Respondent.
2. The name, address, telephone number and facsimile number of the attorney or qualified representative of the Respondent (if any) upon whom service of pleadings and other papers shall be made.
3. A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.
4. A statement of when the respondent received notice of the administrative complaint.
5. A statement including the file number to the administrative complaint.

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

Licensee Name: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____

E-Mail (optional) _____

I hereby certify that I am duly authorized to submit this Election of Rights form to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

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

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

CASE No. 18-562 PH
AHCA Nos. 2018009935
2017008559

GENTLE CARE ASSISTED LIVING, INC.,

Respondent.

SETTLEMENT AGREEMENT

The parties, State of Florida, Agency for Health Care Administration (“the Agency”), and Gentle Care Assisted Living, Inc. (“the Respondent”), pursuant to Section 120.57(4), Florida Statutes, each individually a “party,” collectively as “parties,” by and through their undersigned representatives, enter into this Settlement Agreement (“Agreement”) and agree as follows:

WHEREAS, the Agency is the licensing and regulatory authority that oversees assisted living facilities in Florida and enforces the state laws governing such facilities pursuant to Chapter 408, Part II, and Chapter 429, Part I; and

WHEREAS, the Respondent is an assisted living facility licensed by the Agency; and

WHEREAS, the Agency issued an Administrative Complaint, notifying the Respondent of the Agency’s intent to impose administrative fines in the amount of \$3,000 for background screening violations; and

WHEREAS, the Parties have agreed to an amicable resolution of these cases,

NOW THEREFORE, for good and valuable consideration, the sufficiency of which is hereby agreed to and confirmed, the Respondent and the Agency agree as follows:

1. All recitals herein are true and correct and are expressly incorporated herein.

2. Both parties agree that the “whereas” clauses incorporated herein are binding findings on the parties.

3. Upon full execution of this Agreement, the Respondent agrees to waive any and all appeals and proceedings to which it may be entitled including, but not limited to, an informal proceeding under Subsection 120.57(2), Florida Statutes, a formal proceeding under Subsection 120.57(1), Florida Statutes, appeals under Section 120.68, Florida Statutes, provided, however, that no agreement herein shall be deemed a waiver by either party of its right to judicial enforcement of this Agreement.

4. Upon full execution of this Agreement, the Respondent shall pay the Agency an administrative fine of \$750.00 within thirty (30) days of the entry of the Final Order.

5. Venue for any action brought to interpret, challenge, or enforce the terms of this Agreement or the Final Order entered pursuant to this Agreement shall lie solely in the Circuit Court of Leon County, Florida.

6. By executing this Agreement, the Respondent neither admits nor denies the allegations set forth in the Administrative Complaint and recognizes that the Agency continues to assert the validity of the allegations in this action.

7. Upon full execution of this Agreement, the Agency shall enter a Final Order adopting and incorporating the terms of this Agreement and closing the above-styled cases.

8. Each party shall bear its own costs and attorney’s fees.

9. This Agreement shall become effective on the date upon which it is fully executed by all of the parties.

10. The Respondent discharges the Florida Agency for Health Care Administration, its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses, and expenses, of any nature whatsoever, arising out of or in any

way related to this matter and the Agency's actions.

11. This Agreement is binding upon all parties and those identified in the paragraph above of this Agreement.

12. In the event that the Respondent was a Medicaid provider at the subject time of the occurrences alleged in the complaint herein, this settlement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

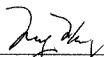
13. The Respondent agrees that if any funds to be paid under this Agreement to the Agency are not paid within the time set forth in this Agreement, the Agency may deduct the amounts assessed against the Respondent in the Final Order, or any portion thereof, owed by the Respondent to the Agency from any present or future funds owed to the Respondent by the Agency, and that the Agency shall hold a lien against present and future funds owed to the Respondent by the Agency for said amounts until paid.

14. The undersigned have read and understand this Agreement and have the authority to bind their respective principals.

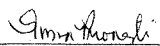
15. This Agreement contains and incorporates the entire understandings and agreements of the parties. This Agreement supersedes any prior oral or written agreements between the parties. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

16. All parties agree that facsimile and electronic signatures suffice for original signatures and that the Agreement may be executed in counterpart.

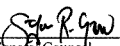
17. The following representatives acknowledge that they are duly authorized to enter into this Agreement on behalf of their respective parties.


Molly McKinstry, Deputy Secretary
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, FL 32308


Dated: 4/11/19


Emma Pronesti, Owner/Administrator
Gentle Care Assisted Living, Inc.
66 Blare Castle Drive
Palm Coast, FL 32137

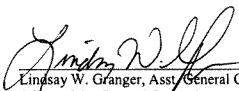
Dated: 3/11/2019


Stefan R. Grow, General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, FL 32308

Dated: 3/25/19


Maria Posada-Ricci, Esquire
Attorney for Respondent
American Immigration Attorneys Miami,
PLLC
40 SW 13th Street, Suite #301
Miami, FL 33130

Dated: 03/01/2019


Lindsay W. Granger, Asst. General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #7
Tallahassee, FL 32308

Dated: 3/4/2019