

2022 JAN 31 A 11: 56

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATIONSTATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

LOVING ANGELS ASSISTED LIVING,
LLC,Respondent.
_____ /

MPI Case No.: 2021-0021424

Provider No.: 103352700

License No.: 12405

NPI No.: 1114478948

TERMINATION FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated December 13, 2021, (Ex. 1) Loving Angels Assisted Living, LLC (Respondent), was informed that the State of Florida, Agency for Health Care Administration (Agency) applied a sanction of termination with cause from participation in the Florida Medicaid program, in accordance with Sections 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.). A termination pursuant to this rule is also called a "for cause" or "with cause" termination. The respondent is prohibited from performing any action that results in a claim for payment to the Medicaid program as a result of furnishing, supervising a person who is furnishing, or causing a person to furnish goods or services.

The letter contained full disclosure and notice regarding the Respondent's administrative hearing and due process rights and was sent to the address last shown on the provider's provider enrollment file in compliance with Section 409.913(6), F.S., which specifies that it is "the responsibility of the provider to furnish and keep the agency informed of the provider's current address. United States Postal Service proof of mailing or certified or registered mailing of such notice to the provider at the address shown on the provider enrollment file constitutes sufficient proof of notice." The certified mail receipt is attached hereto and incorporated herein as Ex. 2. To date, the Respondent has not requested a hearing to dispute the facts contained in the letter, and the timeframe within which Respondent had to request a hearing has expired.

FINDINGS OF FACTS

1. The letter disclosed the Respondent's administrative and due process rights and was sent via certified mail to the address last shown on the provider's provider enrollment file. See Ex. 2.
2. The Respondent has not disputed imposition of the sanction as set forth in the letter.

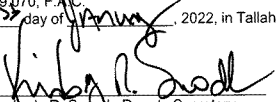
CONCLUSIONS OF LAW

1. The Agency incorporates and adopts the statements and conclusions of law as set forth in the aforementioned letter.
2. The sanction as set forth in the letter is final.

ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Respondent is **TERMINATED** with cause from participation in the Florida Medicaid program in accordance with Sections 409.913, F.S., and Rule 59C-9.070, F.A.C.

DONE AND ORDERED this 21st day of January, 2022, in Tallahassee, Florida.



Kimberly R. Smpak, Deputy Secretary
Division of Health Quality Assurance
Agency for Health Care Administration

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A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A 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 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.

Copies furnished to:

Loving Angels Assisted Living, LLC
9 Ramble Way
Palm Coast, FL 32164
(U.S. Mail)

Kelly Bennett, Chief
Division of Health Quality Assurance
Medicaid Program Integrity
Kelly.Bennett@ahca.myflorida.com
(Electronic Mail)

Bernard Hudson, Chief
Division of Health Quality Assurance
Bureau of Health Facility Regulation
BHFR@ahca.myflorida.com
(Electronic Mail)

Josefina M. Tamayo
General Counsel
Office of the General Counsel
Josefina.Tamayo@ahca.myflorida.com
(Electronic Mail)

Michael Murphy, Revenue Financial Administrator
Bureau of Financial Services
Michael.Murphy@ahca.myflorida.com
(Electronic Mail)

Pamela Hull, Chief
Bureau of Plan Management Operations
Pamela.Hull@ahca.myflorida.com
(Electronic Mail)

Final Orders Inbox
finalorders@ahca.myflorida.com
(Electronic Mail)

Florida Agency for Persons with Disabilities
(Electronic Mail)

Cheryl Travis, Chief
Bureau of Medicaid Fiscal Agent Operations
Cheryl.Travis@ahca.myflorida.com
(Electronic Mail)

Ryan Fitch, Chief
Division of Health Quality Assurance
Bureau of Central Services
CSMU-86@ahca.myflorida.com
(Electronic Mail)

Shena L. Grantham, Esquire
MAL & MPI Chief Counsel
Office of the General Counsel
Shena.Grantham@ahca.myflorida.com
(Electronic Mail)

Katrina Derico-Harris, Unit Manager
Medicaid Accounts Receivables Unit
Bureau of Financial Services
Katrina.Derico-Harris@ahca.myflorida.com
(Electronic Mail)

Erica Baker, Government Analyst II
Bureau of Plan Management Operations
Erica.Baker@ahca.myflorida.com
(Electronic Mail)

Florida Department of Health (remove
Medical Quality Assurance
(Electronic Mail)

floridaexclusions@oig.hhs.gov
(Electronic Mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by U.S. Mail or other designated method as indicated on this the 31st day of January, 2022.



Richard J. Sheep, Esquire
Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, FL 32308-5403
(850) 412-3689



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

CERTIFIED MAIL NO.: 9489 0090 0027 6349 9454 28

December 13, 2021

Loving Angels Assisted Living, LLC
9 Ramble Way
Palm Coast, FL 32164

Provider No.: 103352700
MPI Case No.: 2021-0021424

License No.: 12405
NPI No.: N/A

In Reply Refer to: Termination from Participation (License)

Dear Provider:

Our records indicate that a license which is required for your participation in the Florida Medicaid program has not been renewed, or has been revoked, suspended, or terminated, for cause, by the licensing agency of any state. Specifically, we have information that on December 1, 2021, a Settlement Agreement/Final Order was executed, which resulted in the agency denying the renewal of your required Assisted Living Facility license.

As mandated by section 409.913(15)(a), Florida Statutes (F.S.), and Rule 59G-9.070(7)(a), Florida Administrative Code (F.A.C.), the Agency for Health Care Administration (Agency) is initiating termination of your participation in the Medicaid program. This preclusion from participation includes any action that results in a claim for payment to the Medicaid program as a result of furnishing, supervising a person who is furnishing, or causing a person to furnish goods or services. The termination is in effect for a period of twenty years. You may not resume participation until authorized by the Agency.

You have the right to request a formal or informal hearing pursuant to section 120.569, F.S. If you request a formal hearing, the petition must be in compliance with Rule 28-106.201, Florida Administrative Code (F.A.C.), and mediation may be available. If you request an informal hearing, the petition must be in compliance with Rule 28-106.301, F.A.C.

Additionally, any petition requesting a hearing must be received by the Agency within twenty-one (21) days of receipt of this letter. For more information regarding your hearing and mediation rights, please see the attached Notice of Administrative Hearing and Mediation Rights.

This correspondence was sent to the address last shown on your provider enrollment file in compliance with section 409.913(6), F.S.

Section 409.913(12), F.S., provides certain exemptions from public records disclosure required by section 119.07(1), F.S., for the complaint and all information obtained pursuant to an investigation of a Medicaid provider relating to an allegation of fraud, abuse, or neglect.

2727 Mahan Drive • Mail Stop #6
Tallahassee, FL 32308
AHCA.MyFlorida.com



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

EX-1

Loving Angels Assisted Living, LLC
Provider No.: 103352700
MPI Case No.: 2021-0021424
Page 2 of 4

The Agency has determined that your violation(s) of Medicaid policy constitute(s) fraud or abuse as referenced in section 409.913, F.S. Thus, all information obtained pursuant to this review is confidential and exempt from the provisions of section 119.07(1), F.S., until the Agency takes final agency action with respect to the provider and requires repayment of any overpayment or imposes an administrative sanction by Final Order.

Please direct any questions you may have about this matter to: **Kelly Bennett, Bureau Chief, either by email (Kelly.Bennett@ahca.myflorida.com) or U.S. Mail to: Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403.**

Sincerely,



Kelly A. Bennett, JD, CFE, AHFI
Chief, Medicaid Program Integrity

KB/ss/wc

cc: Division of Health Quality Assurance
Bureau of Health Facility Regulation
BHFR@ahca.myflorida.com
(Electronic Mail)

Division of Health Quality Assurance
Bureau of Central Services
CSMU-86@ahca.myflorida.com
(Electronic Mail)

Notice: Section 409.913(16), F.S., states; If a provider voluntarily relinquishes its Medicaid provider number or an associated license, or allows the associated licensure to expire after receiving written notice that the agency is conducting, or has conducted, an audit, survey, inspection, or investigation and that a sanction of suspension or termination will or would be imposed for noncompliance discovered as a result of the audit, survey, inspection, or investigation, the agency shall impose the sanction of termination for cause against the provider.

This is notice that the Agency is conducting or has conducted an audit, survey, inspection, or investigation within the meaning of 409.913(16), F.S. Accordingly, if you voluntarily terminate your Medicaid provider number, voluntarily relinquish an associated license, or allow an associated license to expire following receipt of this notice (but prior to the conclusion of this audit, survey, inspection, or investigation), said action will result in the imposition of the sanction of termination for cause from the Medicaid program.

NOTICE OF ADMINISTRATIVE HEARING AND MEDIATION RIGHTS

You have the right to request an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes (F.S.). If you disagree with the facts stated in this Agency Action letter (letter), you may request a formal administrative hearing pursuant to Section 120.57(1), F.S. If you do not dispute the facts stated in this letter, but believe there are additional reasons to grant the relief you seek, you may request an informal administrative hearing pursuant to Section 120.57(2), F.S. Additionally, pursuant to Section 120.573, F.S., mediation may be available if you have chosen a formal administrative hearing, as discussed more fully below.

The written request for an administrative hearing must conform to the requirements of either Rule 28-106.201(2) or Rule 28-106.301(2), Florida Administrative Code, and must be received by the Agency for Health Care Administration by 5:00 P.M. no later than 21 days after you received this letter. The address for filing the written request for an administrative hearing is:

Richard J. Shoop, Esquire
Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop # 3
Tallahassee, Florida 32308
Fax: (850) 921-0158
Phone: (850) 412-3630
E-File Website: <http://apps.ahca.myflorida.com/Efile>

Petitions for hearing filed pursuant to the administrative process of Chapter 120, F.S., may be filed with the Agency by U.S. mail or courier sent to the Agency Clerk at the address listed above, by hand delivery at the address listed above, by facsimile transmission to (850) 921-0158, or by electronic filing through the Agency's website at <http://apps.ahca.myflorida.com/Efile>.

The request must be legible, on 8 ½ by 11-inch white paper, and contain:

1. Your name, address, telephone number, any Agency identifying number on the letter, if known, and name, address, and telephone number of your representative, if any;
2. An explanation of how your substantial interests will be affected by the action described in the letter;
3. A statement of when and how you received the letter;
4. For a request for formal hearing, a statement of all disputed issues of material fact;
5. For a request for formal hearing, a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle you to relief;
6. For a request for formal hearing, whether you request mediation, if it is available;
7. For a request for informal hearing, what bases support an adjustment to the amount owed to the Agency; and
8. A demand for relief.

A formal hearing will be held if there are disputed issues of material fact. Additionally, mediation may be available in conjunction with a formal hearing. Mediation is a way to use a neutral third party to assist the parties in a legal or administrative proceeding to reach a settlement of their case. If you and the Agency agree to mediation, it does not mean that you give up the right to a hearing. Rather, you and the Agency will try to settle your case first with mediation.

If you request mediation, and the Agency agrees to it, you will be contacted by the Agency to set up a time for the mediation and to enter into a mediation agreement. If a mediation

Loving Angels Assisted Living, LLC
Provider No.: 103352700
MPI Case No.: 2021-0021424
Page 4 of 4

agreement is not reached within 10 days following the request for mediation, the matter will proceed without mediation. The mediation must be concluded within 60 days of having entered into the agreement, unless you and the Agency agree to a different time period. The mediation agreement between you and the Agency will include provisions for selecting the mediator, the allocation of costs and fees associated with the mediation, and the confidentiality of discussions and documents involved in the mediation. Mediators charge hourly fees that must be shared equally by you and the Agency.

If a written request for an administrative hearing is not timely received you will have waived your right to have the intended action reviewed pursuant to Chapter 120, F.S., and the action set forth in the letter shall be conclusive and final.

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Delivered, Left with Individual

December 15, 2021 at 2:20 pm
PALM COAST, FL 32164

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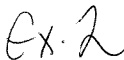
Text & Email Updates

Tracking History**December 15, 2021, 2:20 pm**

Delivered, Left with Individual

PALM COAST, FL 32164

Your item was delivered to an individual at the address at 2:20 pm on December 15, 2021 in PALM COAST, FL 32164.



December 15, 2021, 12:38 am

Departed USPS Regional Facility
LAKE MARY FL DISTRIBUTION CENTER

December 14, 2021, 6:53 pm

Arrived at USPS Regional Facility
LAKE MARY FL DISTRIBUTION CENTER

December 14, 2021, 10:47 am

Arrived at USPS Regional Facility
ORLANDO FL DISTRIBUTION CENTER

December 14, 2021, 2:07 am

Departed USPS Regional Facility
TALLAHASSEE FL DISTRIBUTION CENTER

December 13, 2021, 8:32 pm

Arrived at USPS Regional Facility
TALLAHASSEE FL DISTRIBUTION CENTER

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FAQs