

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

[REDACTED]

APPEAL NO. 20N-00033

PETITIONER,

Vs.

ADMINISTRATOR

[REDACTED]

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic nursing home discharge hearing in the above-referenced matter on April 22, 2020 at 10:57 a.m.

APPEARANCES

For Petitioner: The petitioner was present and represented himself.

For Respondent: [REDACTED] Facility Administrator (FA) for [REDACTED].

STATEMENT OF ISSUE

At issue is whether discharge intent was correct based on the petitioner's health has improved so that the services at [REDACTED] are no longer needed. The facility also alleges that the petitioner is endangering the safety of other individuals in the facility due to the allegations that he has made unwanted sexual advances towards residents.

The facility has the burden of proof to establish by clear and convincing evidence that the discharge is appropriate under federal regulations found in Title 42 Code of Federal Regulations § 483.15 and Section 400.0255(15), Florida Statutes.

SUMMARY OF PROCEEDINGS

By notice dated March 10, 2020, the respondent informed the petitioner that the facility was seeking to discharge/transfer him due to his health has improved sufficiently so that he no longer needs the services provided by the facility. The petitioner objected to the Nursing Home Transfer and Discharge Notice (Notice) dated March 10, 2020, as he contends that his copy of the Notice does not include the box checked off that states: "Your health has improved sufficiently so that you no longer need the services provided by this facility." The petitioner believes that the hearing should focus on the allegations against him and not the focus on argues that he was not prepared to provide a defense to address the additional reason for discharge included on the updated Notice. The petitioner's objection was overruled, as the undersigned concludes that the petitioner was not harmed with the amended Notice, as the respondent is the party responsible for proving by clear and convincing evidence that the petitioner's health has sufficiently improved, and he was allowed the opportunity to provide testimony on his behalf during the hearing regarding the additional reason for discharge that was not included on his Notice. The petitioner was also given the opportunity, post-hearing, to provide any medical evidence that he would like to be considered in the making of this decision.

The facility provided a letter recommending discharge from the facility's physician, [REDACTED] who opined that the petitioner is more suited to reside in an assisted living facility due to his level of care and mental capacity. The petitioner

objected to the letter recommending discharge, as he believes that she does not know him well enough to have an opinion of his mental capacity. The undersigned overruled the petitioner's objection, as he was given the opportunity to testify and provide evidence that indicates he is not independent and unable to perform his activities of daily living. The discharge notice also seeks to discharge the petitioner due to the endangerment of the safety of others in the facility. The discharge notice included a brief explanation that states: "Resident had several unwanted sexual advances towards residents..." (Resp't Ex. 1 at 2).

On March 11, 2020, the petitioner timely requested a hearing to challenge the discharge/transfer.

Appearing as witnesses for the petitioner were [REDACTED] resident at [REDACTED] (Pet'r Wit. 1.) and [REDACTED] Nursing Assistant for [REDACTED] (Pet'r Wit.2.)

Appearing as witnesses for the respondent were [REDACTED] Social Service Director (SSD) (Resp't Wit. 1.) for [REDACTED] [REDACTED] Licensed Nurse Practitioner (LPN) for [REDACTED] (Resp't Wit.2.), and [REDACTED] [REDACTED], mother to the alleged victim. (Resp't Wit.3.)

Appearing as an observer was Kelci Kemmerer, Hearing Officer for the Office of Appeal Hearings.

Evidence was received and entered as the Respondent's Exhibits 1 through 3.

The record was held open until 5:00 p.m. on April 29, 2020 to allow the petitioner and the respondent to provide additional evidence. Additional evidence was provided from the respondent, however, the information included was illegible; therefore, the

undersigned was unable to consider and include the additional evidence as part of the respondent's exhibits.

On April 24, 2020, the petitioner contacted the Office of Appeal Hearings (OAH) to inform that he had witness statements that the opposing party was suppressing and that he wanted to provide to the hearing officer for consideration in the final decision. The petitioner was provided with the OAH fax number. On April 27, 2020, the petitioner contacted the OAH to inquire if his fax was received and was advised that no faxes were received from him.

The record was closed at 5:00 p.m. on April 29, 2020.

As of the writing of this Final Order, no evidence was received from the petitioner.

Petitioner's Position

The petitioner took the position that he did not commit the acts alleged by the respondent and that others in the facility are as cognitive as he is.

Respondent's Position

The respondent alleges that the petitioner sexually assaulted a resident with dementia and that he no longer needs the services provided by the facility, as his medical conditions have sufficiently improved.

FINDINGS OF FACT¹

Based on the oral and documentary evidence presented at the final hearing and on the entire record of this proceeding, the following findings of fact are made:

¹ Citations within the Findings of Fact and Conclusions of Law in this order follow Florida Rules of Appellate Procedure 9.800 and *The Bluebook: A Uniform System of Citation* as the standard for citation.

1. The petitioner was admitted into the facility on [REDACTED] 2018. (Resp't Ex. 2 at 7.) The petitioner was admitted due to issues with his diabetes and became a long-term care resident after he was able to obtain Medicaid. (Resp't Wit. 1 Test.)

2. The respondent alleges that prior to the action under appeal, the petitioner groped some of the facility's nurses. (Resp't Wit. 1 Test.) The respondent's LPN, [REDACTED] contends that she was in the petitioner's room assisting his roommate. (Resp't Wit. 2 Test.) [REDACTED] contends that once she was done assisting the petitioner's roommate, the petitioner asked her to help him with his bed. (Resp't Wit. 2 Test.) [REDACTED] contends that she asked the petitioner what was wrong with his bed. (Resp't Wit. 2 Test.) [REDACTED] contends that the petitioner informed her that something was poking him from inside of his mattress. (Resp't Wit. 2 Test.) [REDACTED] contends that she ran her hand on the mattress when the petitioner instructed her that she needed to press on it. (Resp't Wit. 2 Test.) Ms. [REDACTED] contends that when she began pressing on the mattress, the petitioner went behind her, "grinded on my butt", and she left the room. (Resp't Wit. 2 Test.) Ms. [REDACTED] also contends that she witnessed the petitioner walking the hallway with another patient when he "grabbed said patient on her butt". (Resp't Wit. 2 Test.) The resident wrote a statement regarding the incident. (Resp't Wit. 2 Test.) Ms. [REDACTED] contends that another resident told her that the petitioner was in her room and took another patient into their bathroom and that they were in the bathroom for "a while, with a patient who could not give any kind of consent". (Resp't Wit. 2 Test.) Ms. [REDACTED] believes these incidents occurred about two years ago. (Resp't Wit. 2 Test.) The Progress Notes dated July 31, 2018, state:

Mr. [REDACTED] was accused of inappropriate behavior towards another resident Ms. [REDACTED]. Mr. [REDACTED] was interviewed and an action plan was put in place for a one and one [sic] for Mr. [REDACTED] until the investigation completed. Mr. [REDACTED] was informed to stay away from Ms. [REDACTED]. DCF, ACHA [sic] and the police was notified of the incident." (Resp't Ex. 2 at 5.)

3. The FA contends that the petitioner was placed on one-on-one observation since those alleged incidents occurred until present, except when he leaves the facility. (Resp't Test.) The respondent alleges that on March 5, 2020, the petitioner was seen sexually assaulting one of the residents, [REDACTED], who has dementia. (Resp't Wit.1 Test.)

The Progress Notes dated March 10, 2020, state:

Staff reported that she witnessed Mr. [REDACTED] kissing and making sexual advances towards a resident with memory and cognitive issues. Staff reported that Mr. [REDACTED] was also trying to pull the resident pants down and force into the restroom. Resident staff escorted her to the smoking patio for smoke break, and the facility had an emergency. Staff went to help with the emergency, and Mr. [REDACTED] took the resident off the smoking patio, and took her on the side of the building and the enter the building through the back double doors. Staff reported she was leaving and witnessed the resident being sexually assaulted. Staff said when Mr. [REDACTED] realized she saw what was happening, he told the resident to be quiet. Staff reported the incident to Management staff, we placed Mr. [REDACTED] on 1 on 1 was checked for injuries and did not sustain any. Mr. [REDACTED] will be giving [sic] a 30 day notice of D/C. Resident has multiple incidents with sexual touching and advances towards residents and staff. [REDACTED] will facilitate with finding a safe location to discharge to. (Resp't Ex. 2 at 7.)

4. The respondent included a letter dated March 5, 2020 from [REDACTED]

Certified Nursing Assistant (CNA) which states:

To whom it may concern. I [REDACTED] clocked out and was in my car heading out the parking lot and I witness Mr. [REDACTED] walking [REDACTED] into the back and I paused to see if [REDACTED] could get in the door. I was waiting to make sure she get in the building, that's when I saw Mr. [REDACTED]'s putting his hands up to his mouth tell [REDACTED] to hush don't say nothing, and started kissing her and she started pushing him away. Then Mr. [REDACTED] stood behind [REDACTED] and was rubbing up on her and trying to take her into the bathroom. And [REDACTED] was trying to get away. So I stopped and called the nurse [REDACTED] and reported it to her and she told me I had 2hrs to report it. So I told [REDACTED] I

am reported to her. And that I'm going to report it. She said well if your gonna report it then imma report it also. So I got out my car and went in and reported it to the supervisor. (Resp't Ex. 2 at 3.)

5. The alleged victim's mother repeated the allegations that she heard but contends that she did not witness the alleged sexual assault against her daughter. (Resp't Wit. 3 Test.) The undersigned does not find the alleged victim's mother to be a credible witness since she did not witness the alleged sexual assault against her daughter.

6. The respondent believes that the petitioner is alert, active, and can walk independently inside and outside of the facility. (Resp't Wit. 1 Test.) The respondent believes the petitioner can make decisions about his financial and healthcare matters. (Resp't Wit. 1 Test.) The respondent contends that the petitioner's vision has been corrected, he has diabetic shoes, and his diabetes is now under control. (Resp't Wit. 1 Test.) The respondent recalled a time when one of the facility's staff, [REDACTED] had issues with his vehicle and asked the petitioner to go with him to look at the vehicle and see if he could diagnose the issue. (Resp't Wit. 1 Test.) The respondent contends that the petitioner rode with [REDACTED] examined his vehicle, and gave him a diagnosis. (Resp't Wit. 1 Test.) The respondent contends that [REDACTED] took his car to a mechanic and got his car fixed. (Resp't Wit. 1 Test.) The respondent believes the petitioner is capable of engaging in activities that most of the other elderly and dementia residents at the facility are not able to do. (Resp't Wit. 1 Test.) The respondent contends that the petitioner filed a lawsuit at the county courthouse, which he believes gives an indication that the petitioner is alert and independent; he believes the facility is inappropriate. (Resp't Wit. 1 Test.) The respondent recommended to the petitioner that he would be

better suited to reside in an assisted living facility with other residents who are also mentally alert, but he declined. (Resp't Wit. 1 Test.) The respondent's physician wrote a letter recommending discharge, signed and dated April 14, 2020, which states:

Mr. [REDACTED] is alert and oriented x 4 and he can make all of his wants and needs known, he is of sound mind and body. Mr. [REDACTED] is independent with activities of daily living, and he is capable of making his own decisions. Resident has the ability to make healthcare, and financial decisions independently. Mr. [REDACTED] case manager has found several assisted living facilities that was willing to accept him, and he refuse to leave [REDACTED] [REDACTED]. Mr. [REDACTED] is very capable of living a productive life in a facility that is more suitable for his level of care and mental capacity. He is independent and will do well in and [sic] independent living environment. (Resp't Ex. 3 at 3.)

7. The petitioner does not recall sexually assaulting the LPN and denies her allegations made against him. (Pet'r Test.) The petitioner questioned why the authorities were not called to investigate these allegations made by the LPN. (Pet'r Test.) The petitioner contends that he has the records and signatures from the staff who provided intense one-on-one observations from August 1, 2018 through August 3, 2018. (Pet'r Test.) The petitioner contends that the intense one-on-one ended once the former chief administrative officer apologized to him after the sexual allegations against him were found to be false at the conclusion of the investigation. (Pet'r Test.) The petitioner disputes sexually assaulting the resident with dementia on March 5, 2020. (Pet'r Test.) The petitioner contends that the alleged victim was smoking on the smoke patio when an employee by the name of [REDACTED] directed all of the residents to leave the smoke patio due to a medical emergency. (Pet'r Test.) The petitioner contends that the alleged victim attempted to leave the smoke patio to go to the back of the smoking area. (Pet'r Test.) The petitioner denies inappropriately touching the

alleged victim and contends that he redirected her back to the facility's employees, Ms. [REDACTED] and [REDACTED] (Pet'r Test.) The petitioner's witness contends that the alleged victim (R) wanted to go out of the gate and that the petitioner took the alleged victim out of the gate. (Pet'r Wit. 1 Test.) The petitioner's witness contends that the petitioner and (R) were gone for about five minutes; she cannot remember the time of day or if it were dark because it happened so long ago. (Pet'r Wit. 1 Test.) The facility's nursing assistant, [REDACTED] contends that she was in another room when she received the call to get the alleged victim from the smoking patio and return her to her room. (Pet'r Wit. 2 Test.) [REDACTED] states that as she and [REDACTED] were coming down to the smoking patio from the other room, she observed the alleged victim between the double door and that the petitioner was bringing her down. (Pet'r Wit. 2 Test.) Ms. [REDACTED] contends that the petitioner and the alleged victim were already at the double doors once she and [REDACTED] got there to get the alleged victim. (Pet'r Wit. 2 Test.) Ms. [REDACTED] contends that the alleged victim's clothes did not appear to be out of place. (Pet'r Wit. 2 Test.) [REDACTED] contends that she asked the alleged victim if anything happened to her and she stated that nothing happened. (Pet'r Wit. 2 Test.)

8. The petitioner contends that he was assaulted by an alleged quadriplegic and that the SSD did not address the issue with the alleged offender; therefore, he acknowledges that he went to the [REDACTED] Courthouse to press charges against the alleged offender. (Pet'r Test.) The petitioner believes the facility practices selective prosecution when it does not like a resident. (Pet'r Test.) The petitioner argues that he has a stable mind, is educated, and believes he is being targeted. (Pet'r Test.) The petitioner believes the facility is not providing the full picture because they are not

allowing his witnesses to provide statements on his behalf regarding the matter. (Pet'r Test.) The petitioner was informed during the hearing that he would be given the opportunity to obtain witness' statements, post-hearing. The petitioner contends that some of the facility's staff do not like him and that he often gets accused of things he did not do; therefore, he acknowledges taking photos without residents' permission to defend himself. (Pet'r Test.) The petitioner denies being able to make his own medical decisions, as he believes his medical provider makes those decisions for him. (Pet'r Test.) The petitioner argues that the facility does not like that he is more focused than 80% of the residents and is taking the facility's intent to discharge him, personally. (Pet'r Test.) The petitioner argues that he belongs in the facility because he has been legally determined to be disabled by a judge. (Pet'r Test.) The petitioner argues that there are other residents in the facility who are just as cognitive and as bright as he is, but the facility is not going after them to discharge them. (Pet'r Test.) The petitioner argues that other facilities are infected with COVID-19 and that this facility is safe. (Pet'r Test.) The petitioner acknowledges assisting [REDACTED] with the brake issue on his vehicle, as he is a shade tree mechanic, and that [REDACTED] was able to take his vehicle to a certified mechanic to get it fixed. (Pet'r Test.)

9. The respondent contends that reports were filed with DCF in response to the sexual assault allegations and that the facility has records of the case files, along with the case numbers for the reports that were made to the local authorities. (Resp't Wit. 1Test.)

10. The petitioner believes [REDACTED] [REDACTED] took over when [REDACTED] left the facility. (Pet'r Test.) The petitioner contends that [REDACTED] cut off his medications

without consulting him and endangered him by possibly causing him to suffer from a cardiac event. (Pet'r Test.) The petitioner believes [REDACTED] opinion is not valid, as she does not know him; he believes she cannot make a decision about him. (Pet'r Test.) The petitioner acknowledges he is able to perform activities of daily living (ADL), such as brushing his teeth and brushing and combing his hair, as this is what he was taught as a child; therefore, it is natural for to him to be able to perform these activities. (Pet'r Test.) The petitioner believes he is being monitored every time he gathers his clothing and takes a shower. (Pet'r Test.) The petitioner argues that one of the facility's nurses gave him multiple doses of his medication, which caused his blood sugar to drop to such a low level that he was sent to the hospital. (Pet'r Test.) The petitioner argues that he has advised the nurses to not give him a combination of certain medications to avoid causing him to go into a cardiac arrest. (Pet'r Test.) The petitioner believes he needs to continue residing at the current facility because he still needs help with dispensing his medication and making sure he stays healthy. (Pet'r Test.)

11. The respondent denies that the facility is monitoring the petitioner, as he has personally seen him come out of the shower with a towel wrapped around him; staff has had to tell him to put on clothes. (Resp't Wit. 1 Test.) The respondent contends that the facility's business records indicate that the petitioner can perform his ADLs without assistance. (Resp't Wit. 1 Test.) The respondent explained that an ALF offers services to residents who have differing levels of care and are able to assist in administering his medication. (Resp't Wit. 1 Test.)

CONTROLLING LAW

12. Section 400.0255(15), Florida Statutes, provides the Department of Children and Families, Office of Appeal Hearings, jurisdiction over the subject matter of this proceeding and the parties. This section further prescribes this order as the final administrative decision of the Department of Children and Families.

13. Title 42 Code of Federal Regulations Section 483.15 sets forth the reasons a facility may involuntarily discharge a resident as follows: Admission, transfer and discharge rights.

(c) Transfer and discharge—(1) Facility requirements—(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless—

(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;

(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;

(D) The health of individuals in the facility would otherwise be endangered;

(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or

(F) The facility ceases to operate.

(2) *Documentation.* When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A)

through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.

(i) Documentation in the resident's medical record must include:

(A) The basis for the transfer per paragraph (c)(1)(i) of this section.

(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.

(4) *Timing of the notice.* (i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.

(ii) Notice must be made as soon as practicable before transfer or discharge when—

(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;

...

(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;

14. Florida Statutes 400.0255, Resident transfer or discharge; requirements and procedures; hearings, states in relevant part:

(3) When a discharge or transfer is initiated by the nursing home, the nursing home administrator employed by the nursing home that is discharging or transferring the resident, or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administration, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge must either be signed by the resident's attending physician or the medical director of the facility, or include an attached written order for the discharge or transfer. The notice or order must be signed by the resident's physician, medical director, treating physician, nurse practitioner, or physician assistant.

(7) At least 30 days prior to any proposed transfer or discharge, a facility must provide advance notice of the proposed transfer or discharge to the resident and, if known, to a family member or the resident's legal guardian or representative...

(b) The resident's health or safety or other residents or facility employees would be endangered, and the circumstances are documented in the resident's medical records by the resident's physician or the medical director if the resident's physician is not available.

(8) The notice required by subsection (7) must be in writing and must contain all information required by state and federal law, rules, or regulations applicable to Medicaid or Medicare cases. The agency shall develop a standard document to be used by all facilities licensed under this part for purposes of notifying residents of a discharge or transfer. Such document must include a means for a resident to request the local long-term care ombudsman council to review the notice and request information about or assistance with initiating a fair hearing with the department's Office of Appeals Hearings. In addition to any other pertinent information included, the form shall specify the reason allowed under federal or state law that the resident is being discharged or transferred, with an explanation to support this action. Further, the form must state the effective date of the discharge or transfer and the location to which the resident is being discharged or transferred. The form must clearly describe the resident's appeal rights and the procedures for filing an appeal, including the right to request the local ombudsman council review the notice of discharge or transfer. A copy of the notice must be placed in the resident's clinical record, and a copy must be transmitted to the resident's legal guardian or representative and to the local ombudsman council within 5 business days after signature by the resident or resident designee.

CONCLUSIONS OF LAW

15. The respondent's reasons for discharge is, the petitioner's health has improved sufficiently so that he no longer needs the services provided by the facility, and the safety of individuals is endangered. These are two of the reasons given in the above federal and state law to permit discharge from a facility. According to the above authorities, this discharge reason would require documentation from a physician. The facility's physician provided a letter recommending discharge of the petitioner on her opinion that the petitioner is more suited to reside in an assisted living facility due to his ability to independently make financial and medical decisions and due to his ability to independently perform activities of daily living.

16. The respondent's evidence includes testimony from staff who testified that the petitioner sexually assaulted her in 2018, progress notes from 2018 documenting

the assault, and progress note from March 2020 documenting an alleged sexual assault against a resident with dementia. The petitioner acknowledges that he is able to perform activities of daily living, such as brushing his teeth, combing, and brushing his hair. The findings show that the petitioner is able to travel to the courthouse to file a lawsuit, independently shower, and gather his clothing. The petitioner also acknowledges that he is shade tree mechanic, who is stable-minded and educated. The petitioner testified during the hearing that he instructed the nurses not to combine certain medications to prevent him from going into cardiac arrest. After review of the entire record as well as the controlling authorities, the undersigned cannot conclude that the nursing facility has proven by clear and convincing evidence that the safety of individuals in the facility would be endangered. However, the undersigned concludes that the nursing facility has proven by clear and convincing evidence that the petitioner's health has improved sufficiently so that he no longer needs the services provided by the facility. This is one of the six reasons provided in Title 42 Code of Federal Regulations § 483.15 for which a nursing facility may involuntarily discharge a resident.

17. Establishing that the reason for a discharge is lawful is just one step in the discharge process. The Facility must also provide discharge planning, which includes identifying an appropriate transfer or discharge location and sufficiently preparing the resident for a safe and orderly transfer or discharge from the Facility. The undersigned cannot and has not considered either of these issues. The undersigned has considered only whether the discharge is for a lawful reason.

18. Any discharge by the Facility must comply with all applicable federal regulations, Florida Statutes, and AHCA requirements. Should the resident have

concerns about the appropriateness of the discharge location or the discharge planning process, the resident may contact the AHCA's health care facility complaint line at (888) 419-3456.

DECISION

Based on the foregoing Findings of Fact, Controlling Law and Conclusions of Law, this appeal is DENIED. The Facility's action to discharge Petitioner is in accordance with Federal Regulations. The Facility may proceed with its proposed discharge action, as described in the Conclusions of Law and in accordance with all applicable Agency for Health Care Administration requirements.

NOTICE OF RIGHT TO APPEAL

The decision of the hearing officer is final. Any aggrieved party may appeal the decision to the district court of appeals in the appellate district where the facility is located. Review procedures shall be in accordance with the Florida Rules of Appellate Procedure. To begin the judicial review, the party must file one copy of a "Notice of Appeal" with the Office of Appeal Hearings, Bldg. 5, Rm.255, 1317 Winewood Blvd., Tallahassee, FL 32399-0700. The party must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The department has no funds to assist in this review, and any financial obligations incurred will be the party's responsibility.

DONE and ORDERED this _____ day of _____, 2020,
in Tallahassee, Florida.

Paula Ali
Hearing Officer
Building 5, Room 255
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
Office: 850-488-1429
Fax: 850-487-0662
Email: Appeal.Hearings@myflfamilies.com

Copies Furnished To: [REDACTED] Petitioner
[REDACTED] Respondent
[REDACTED]
Agency for Health Care Administration