

RECEIVED

DEC 10 1998

REVENUE
DPR

12/18/98 \$2,000.00
ID : 000459798 ID TYPE: P
BT: 98112741 RC: 981221430
01-021-83 - \$2,000.00

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK *Stephanie Q. Dism*

DATE 10-7-99

RECEIVED
CONSUMER SERVICES UNIT
99 SEP 27 PM 3:54

PROF. CODE- CITATION NO.

OS / 98-14671

DATE OF COMPLAINT

July 20, 1998

CASE NUMBER

98-14671

AGENCY FOR HEALTH CARE ADMINISTRATION

UNIFORM DISCIPLINARY CITATION

ISSUED TO:

Wesley Richardson

P.O. Box 5002

Des Moines, Ia. 50306 5002

LICENSE NUMBER: OS 0005591

Pursuant to Section 455.617, Florida Statutes (1997), formerly Section 455.224 (1991), the undersigned hereby certifies that he has probable cause to believe that on the day of July 20, 1998, the person whose name appears above did violate the following provisions of law: F.S. 459.015 (1)(X)(bb) pursuant to Rule 64B15-13.001 F.A.C.

by committing the following act: Failure to provide documentation to show completion of 1 hour Risk Management, and 2 of the 3 hours HIV/AIDS, continuing education required for license renewal for the biennium February 1, 1996 thru January 31, 1998.

Pursuant to Rule 64B15-19.007, Florida Administrative Code, the Agency has set the following penalty for violation of the aforesaid provision: \$2,000.00

Total amount due = \$2,000.00

ISSUED this day of December 1, 1998. DOUGLAS M. COOK, EXECUTIVE DIRECTOR

By *Shane Walters*
Shane Walters, Investigative Specialist II

ID No. HA 8:

IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF SERVICE, THE CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD. IN ORDER TO DISPUTE THIS CITATION, YOU MUST DO SO IN WRITING TO THE AGENCY FOR HEALTH CARE ADMINISTRATION, Bureau of Investigative and Consumer Services Unit, Northwood Centre, 1940 North Monroe Street, Tallahassee, FL 32399-0782, BY CERTIFIED MAIL, ENCLOSING A COPY OF THE CITATION.

NOTICE: YOU MAY ELECT TO HAVE THESE CHARGES PROSECUTED AS A DISCIPLINARY ACTION ACCORDING TO SEC. 455.621, FLORIDA STATUTES, RATHER THAN ACCEPT THIS CITATION.

In the event that you elect to have these charges prosecuted pursuant to s.455.621, Florida Statutes, the case will be presented to the appropriate probable cause panel or the agency for review. This will result in a finding of probable cause or no probable cause.

CHECK (1) I CHOOSE TO PAY THE PENALTIES ON THE CITATION.
ONE (2) I CHOOSE NOT TO PAY THE CITATION, AND WISH TO HAVE THIS CASE PROSECUTED UNDER s. 455.621, FL. STAT.

Signed: *Wesley D. Richardson* *DD*

Date Signed 12-8-98

PLEASE READ REVERSE SIDE OF THIS FORM

NOTICE

YOU HAVE A TOTAL OF SIXTY (60) DAYS FROM THE DATE THIS CITATION WAS SERVED UPON YOU TO PAY THE FINE AND COSTS SPECIFIED. THIS CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF THE DATE THIS CITATION WAS SERVED UPON YOU. AS A FINAL ORDER, THE FINE AND COSTS SHALL BE DUE TO THE BOARD WITHIN THIRTY (30) DAYS OF THE DATE OF THE FINAL ORDER. AFTER THIS CITATION HAS BECOME A FINAL ORDER, FAILURE TO PAY THE FINE AND COSTS SPECIFIED CONSTITUTES A VIOLATION OF A FINAL ORDER OF THE BOARD, AND MAY SUBJECT YOU TO FURTHER DISCIPLINARY ACTION. PAYMENT SHALL BE MADE TO THE AGENCY FOR HEALTH CARE ADMINISTRATION, Bureau of Revenue, Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida 32399-1006. PLEASE ATTACH A COPY OF THIS CITATION WITH YOUR PAYMENT.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon:

at:

by Personal Service/U.S. Certified Mail, Restricted Delivery, this _____ day of _____

Signature _____

A.H.C.A. REPRESENTATIVE

NOTICE OF APPELLATE RIGHTS

This citation becomes a Final Order of the Board if you have not contested it within thirty (30) days of the date upon which the Citation was served upon you. If this Citation becomes a Final Order of the Board, you have the right to appeal to the District Court of Appeal in your area or to the First District Court of Appeal.

YOU ARE HEREBY NOTIFIED, pursuant to Section 120.59, Florida Statutes, and 120.68, Florida Statutes, that you may appeal the Final Order by filing one copy of a Notice of Appeal with the Clerk of the Agency for Health Care Administration, Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida 32399-0750, and by filing one copy of the Notice of Appeal and the filing fee (\$ 250.00, pursuant to Sec. 35.22(3), Florida Statutes) with the District Court of Appeal within thirty (30) days of the effective date of the Final Order.