

**STATE OF FLORIDA
BOARD OF NURSING**

CASE NUMBER: 2015-00203

DATE OF COMPLAINT: March 20, 2015

COMPLAINT MADE BY: Department of Health

SUBJECT: Mereika D. Miller, C.N.A.
5437 H Byrom Street
Milton, Florida 32570

ALTERNATE ADDRESS: 4693 Petra Circle
Pensacola, Florida 32526

SUBJECT ATTORNEY: Pro Se

INVESTIGATED BY: Aliza Hopkins
Consumer Services Unit

REVIEWED BY: Nicole L. Jordan
Assistant General Counsel

RECOMMENDATION: Dismiss (4097)
Reconsideration

CLOSING ORDER

THE COMPLAINT: Complainant alleged that Respondent violated Section 464.204(1)(b), Florida Statutes (2014), by intentionally violating Section 456.072(1)(c), Florida Statutes (2014), which provides that being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession, constitutes grounds for which disciplinary actions may be taken.

THE FACTS: On or about August 26, 2015, the Department filed an Administrative Complaint against Respondent, whereby charging

Respondent with a violation of Section 464.204(1)(b), Florida Statutes (2014), by violating Section 456.072(1)(c), Florida Statutes (2014). The basis for the Administrative Complaint was that Respondent entered a plea of nolo contendere to one count of Petit Theft.

There is insufficient evidence to establish that there is a nexus between the crime of Petit Theft as a result of failing to pay a taxi cab fare and the practice of certified nursing assistance; the underlying facts of the crime do not establish conduct related to the practice of certified nursing assistance. As such, the Department recommends that this case be dismissed upon reconsideration.

THE LAW: Therefore, pursuant to Section 456.073(2), Florida Statutes, this case is hereby dismissed.

It is, therefore, ORDERED that this matter should be and the same is hereby DISMISSED.

DONE and ORDERED this _____ day of _____, 2016.

CHAIRPERSON, PROBABLE CAUSE PANEL
BOARD OF NURSING

/NLJ

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2015-00203

MEREIKA D. MILLER, C.N.A.,

RESPONDENT.

_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Mereika D. Miller, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing assistance pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued certification number CNA 289499.

3. Respondent's address of record is 5437 H Byrom Street, Milton,

Florida 32570.

4. Respondent is licensed pursuant to Chapter 464, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes.

5. On or about March 12, 2015, in the County Court, in the First Judicial Circuit, in and for Santa Rosa County, Florida, Respondent entered a plea of nolo contendere to one (1) count of Petit Theft, in violation of Section 812.014(3)(b), Florida Statutes.

6. A certified nursing assistant is one of a handful of categories of licensed professionals that provide direct patient care, in many instances, to the elderly and other vulnerable individuals, often in patient homes or in nursing home settings, where they have access to patient prescriptions, identification, and valuables. As such, entering a plea of nolo contendere to Petit Theft relates to the practice, or the ability to practice, nursing assistance and violates the level of trust and confidence invested by the Legislature in this category of licensees.

7. Section 464.204(1)(b), Florida Statutes (2014), provides that intentionally violating any provision of chapter 464, chapter 456, or the rules adopted by the board, constitutes grounds for discipline.

8. Section 456.072(1)(c), Florida Statutes (2014), provides that being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession, constitutes grounds for which disciplinary actions may be taken.

9. As set forth above, Respondent entered a plea of nolo contendere to Petit Theft on or about March 12, 2015, a crime which relates to the practice of, or ability to practice, nursing assistance, which is Respondent's profession.

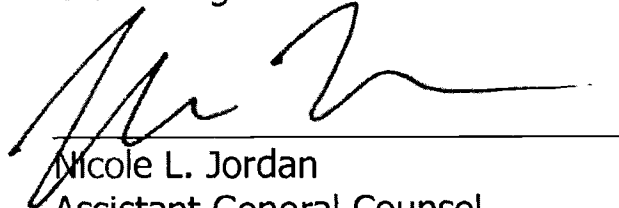
10. Based upon the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2014), by intentionally violating Section 456.072(1)(c), Florida Statutes (2014), by being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession, which constitutes grounds for discipline.

WHEREFORE, Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of

practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 25th **day of** August, **2015.**

John H. Armstrong, MD, FACS
State Surgeon General and Secretary of Health



Nicole L. Jordan
Assistant General Counsel
Florida Bar Number: 106034
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Telephone: (850) 245 - 4444 Ext. 8125
Facsimile: (850) 245 - 4662
Email: Nicole.Jordan@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Angel Sanders*
DATE AUG 26 2015

/NLJ

PCP: 8/25/15

PCP Members: Denker, Forst

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

9414 7266 9904 2043 9743 50

TO:

Mereika D. Miller, C.N.A.
4693 Petra Circle
Pensacola, Florida 32526

SENDER:

M. White-11/23/15
2015-00203
Outgoing PSU Corrspd.

REFERENCE:

Certified Article Number

9414 7266 9904 2043 9743 50

PS Form 3800, January 2005

SENDERS RECORD

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

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Certified Mail®**

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Do Not Use for International Mail

POSTMARK OR DATE

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Rick Scott
Governor

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State Surgeon General and Secretary

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November 23, 2015

Mereika D. Miller, C.N.A.
4693 Petra Circle
Pensacola, Florida 32526

Re: DOH vs. Mereika D. Miler, C.N.A.
DOH Case Number: 2015-00203

Dear Ms. Miller:

This letter is to confirm that you have waived the requirement that the Department refer the above-mentioned case to the Division of Administrative Hearings within 45 days pursuant to Section 456.073(5), Florida Statutes. During our telephone call this morning, you indicated that you are waiving that requirement.

Please do not hesitate to call me with questions at (850) 245-4444, extension 8125.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole L. Jordan".

Nicole L. Jordan,
Assistant General Counsel

Florida Department of Health

Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
Express mail address: 2585 Merchants Row – Suite 105
PHONE: 850/245-4444 • FAX 850/245-4662

www.FloridaHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Area I - Pensacola	Date of Complaint: 03/20/2015	Case Number: 201500203
Subject: MEREIKA D. MILLER, CNA 4693 Petra Circle Pensacola, FL 32526 757-395-0047	Source: DEPARTMENT OF HEALTH-CONSUMER SERVICES UNIT (CSU) 4052 Bald Cypress Way, Bin C-75 Tallahassee, FL 32399-3275 850-245-4444	
Profession: CERTIFIED NURSING ASSISTANT	License Number and Status: CNA289499 CLEAR/ACTIVE	
Related Case(s): 201517527	Period of Investigation and Type of Report: 11/10/2015 – 11/20/2015 SUPPLEMENTAL 3	
Alleged Violation: FS 456.072(1)(c)(k)(dd), FS 464.018(1)(c)(d)2(o), FS 464-204(1)(b)		
<p>Synopsis: This supplemental investigation is predicated upon receipt of a PSU Request Form (<u>EXHIBIT S3-1</u>) from MICHAEL WHITE for NICLOE JORDAN, Esq., requesting to obtain a police report that led to MILLER's arrest resulting in a plea of nolo contendere to Petit Theft on or about 03/12/2015 in Santa Rosa County.</p> <p>On 11/18/2015, Investigator ABDEL-GADIR faxed a request to the Santa Rosa County Sheriff's Office (SRCO) (<u>EXHIBIT S3-2</u>) for Offense/Arrest report 14-010874. On 11/19/2015 by fax, Investigator ABDEL-GADIR received offense/arrest report (<u>EXHIBIT S3-3</u>) on MILLER from the SRCO.</p> <p><u>EXHIBITS:</u> S1-1. PSU Request (p 2) S1-2. Request for Offense/Arrest Report on Miller from SRCO (pp 3-4) S1-3. Offense/Arrest Report on Miller (5-21)</p>		
Investigator/Date: 11/20/2015	Approved By/Date: 11/20/2015	
Maritza Abdel-Gadir, BI-42, Investigator	Cathy Martin, Investigator Supervisor	
Distribution: HQ/ISU	Page 1	



PSU REQUEST FORM

FROM: Michael White for Nicole Jordan, Esq.	TO:
Date: 11/10/2015	TO:
Phone #: 850-245-4444 ext. 8125	CC:
Case Number: 2015-00203 Board: Nursing Subject: Mereika D. Miller, C.N.A. HL Code: HLL124a Status: 67 Requested Completion Date: ASAP (possible DOAH case)	
(PSU) TYPE OF REQUEST: (describe details below)	
<input type="checkbox"/> Process Service* (Activity Code 160) <input checked="" type="checkbox"/> Additional Information Requested (Activity Code 145) <input type="checkbox"/> Deficiency in Investigative Work (Activity Code 150)	

Details:

Copies of any police reports that led to the arrest which resulted in a plea of nolo contendere to Petit Theft on or about March 12, 2015, Santa Rosa County.

Thank you!

*The following additional information is needed for each service request:

Last Known Addresses 5437 H Byrom Street, St. Milton, Florida 32570 (757) 395-0047. Last Known Place of Employment & Address if Known: Has Contact Been Made With This Individual? YES <input type="checkbox"/> No <input checked="" type="checkbox"/> ; If Yes, When?
--

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES ** No NOTE: All process service requests need to be sent to appropriate field office.

****IF YES, please send a copy of the original Investigative Report without attachments.**

(ISU/CSU) RESPONSE:	
<input type="checkbox"/> Process Service Completed (Activity Code 161)	<input type="checkbox"/> Process Service NOT Completed (Activity Code 162)
<input checked="" type="checkbox"/> Additional Info Sent to Legal (Activity Code 156)	
<input type="checkbox"/> Supp. Investigation Request Cancelled (Activity Code 157)	

Email to:
Pensacola Tallahassee Alachua Jacksonville St. Pete Tampa Orlando Ft. Myers West Palm Ft. Lauderdale Miami
Consumer Services

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

TO: Santa Rosa County Sheriff's Office – Records Unit

FROM: Maritza Abdel-Gadir, Investigator

SUBJECT: Request for Offense/Arrest Reports

DATE: 11/18/2015

NUMBER OF PAGES: 1

FAX NUMBER: 850-983-1261

Please fax to this office Offense/Arrest report 14-010874 related to an incident that occurred on or about 12/20/2014 involving MEREIKA D. MILLER (DOB: 07/17/1993). Due to the nature of the allegations, a quick response would be greatly appreciated.

Our fax number is 475-5475. Please note that as a State agency, we are exempt from fees and charges for copies. If you have questions or require further information, please call me at 475-5471.

Thank you for your assistance.

**If problems with transmission occur, please call 850-475-5471
Our fax number is 850-475-5475**

THE INFORMATION IN THIS FACSIMILE TRANSMISSION MAY BE INTENDED ONLY FOR THE PERSON AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT NAMED ABOVE, YOU ARE NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS DOCUMENT IN ERROR, PLEASE NOTIFY THIS OFFICE IMMEDIATELY VIA TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO THE ADDRESS BELOW BY MAIL.

Florida Department of Health
Division of Medical Quality Assurance • Pensacola Investigative Services Unit
5016 N Davis Hwy • Pensacola, FL 32503
PHONE: 850-475-5474 • FAX 850-475-5475

www.FloridasHealth.com
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

TRANSACTION REPORT

NOV/18/2015/WED 03:31 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	NOV/18	03:30PM	818509831261	0:00:32	1	MEMORY OK	SG3 8051

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Department of Health

NOV 19 2015

ISU/Pensacola



Santa Rosa County Sheriff's Office
Sheriff Wendell Hall

FACSIMILE COPY COVER SHEET

Records Division
P.O. Box 7129
Milton, Florida 32572
(850) 983-1268
(850) 983-1261 fax

Date: November 19, 2015

Number of Pages (Including This Cover Sheet): 8

To: Florida Dept of Health

Attn: Maritza Abdel-Gadir

Fax #: 1-850-475-5475

From: Santa Rosa County Sheriff's Office Records – Julie Teichner

Re: Mereika Miller

If You Have Any Questions or Problems Concerning This Message Please Call (850) 983- 1268

Message

Series of horizontal lines for message content.

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

ARREST REPORT

SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

Jail Booking No SRSO14JBN007706	Offense No SRSO14OFF010874	Other No SRSO14CAD117456	OBTS
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[SUSPECT]

Last First Middle Title Race Sex DOB Age Hgt Wgt
 MILLER MEREIKA DENICE LELANIE B F 7/17/1993 22 5'07" 117

Eyes Hair MNI Number SSN ID. No. St Type OCA/Agency ID
 BRO BRO SRSO06MNI000915 / / FL ID 80533

Birth Location: City: PENSACOLA County: ESCAMBIA State: FL Nation: UNITED STATES Citizenship: UNITED STATES

Address

5880 WHISPER CREEK BLVD MILTON FL 32570

Occupations (Current/Last Known is Listed First)

Business: UNEMPLOYED, Job Title: , Entered: 12/27/2014

Business: SANTA ROSA MEDICAL, Job Title: HOUSEKEEPING, Entered: 5/2/2013

MILTON FL

Aliases (Last, First Middle Title DOB)

* none found in MNI *

SHERIFF'S OFFICE

P. O. BOX 7129

Street Names

* none found in MNI *

MILTON, FL 32570

[INCIDENT INFORMATION]

Occurred Date Range: 12/26/2014 22:00 to 12/26/2014 23:30 Lat / Long 30.58696 / -87.03108

No.	Di	Street	Apt/Lot	City	ST	Zip	(GEO)
4198		GARCON POINT RD		MILTON	FL	32583	4- 02 - CNTY -

[CHARGES]

817.52.2

FRAUD-SWINDLE

HIRE VEHICLE WITH INTENT TO DEFRAUD

Counts	Level	Degree	GOC	UCR	NCIC	AON	Bond Amount
1	Felony	Third	Principal	260A		2602	

[STATEMENT OF PROBABLE CAUSE / NARRATIVE]

On 12/26/2014 I was dispatched to the Tom Thumb Store located at 4198 Garcon Point Rd. Milton, Florida in reference to a police assist. I arrived and spoke to Yellow Cab driver George L. Harman. George told me he picked up Mereika D. Miller from Baptist Hospital in Pensacola, Florida. George said the hospital paid for him to take Mereika to 5409 Glenn Ln. in Pace, Florida. George told me after arriving at the address on Glenn Ln. Mereika exited his cab, walked inside the residence, then came back out and asked him to take her to an unknown address on Warren Rd. in Milton, Florida. George said he asked Mereika if she was able to pay for the cab fare from Glenn Ln. to Warren Rd. George told me Mereika said someone would be at the residence to pay him.

George said me when he arrived on Warren Rd. Mereika was unable to locate the house. George drove Mereika around the area at her request trying to locate the residence. After several failed attempts to locate the residence and Mereika telling George she did not have \$48.00 to pay the cab fare, George called the Sheriff's Office.

I spoke to Mereika in reference to the incident. Mereika was upset, angry, and very uncooperative. Dep. C. Rudd and I spoke to Mereika and asked her why she didn't stay at the residence on Glenn Ln. Mereika told us someone had the keys to her car and she didn't feel like staying at the house alone. I walked back to my patrol car as Dep. C. Rudd continued to speak with Mereika while she sat in the cab. I asked George if he wanted to press charges on Mereika for failure to pay the cab fare and he said "yes". Mereika asked George if she could borrow the money from him to pay for

ARREST REPORT

SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

the cab fare. Dep. C. Rudd asked Mereika to step out of the cab. Dep. C. Rudd escorted her to my patrol car, placed her in handcuffs, and advised her she was under arrest for violation of FSS. 817.52(2) Hiring with Intent to Defraud.

George filled out a sworn written statement and signed a False Information Affidavit. I transported Mereika to the Santa Rosa County Jail. Mereika was given a bond amount of \$5000.00. This incident was cleared by arrest.

This did occur in Santa Rosa County.

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

Signature (Arresting Officer) SMITH JR, PHILLIP EDWIN 173
Name ID/SSN

Subscribed and sworn to (or affirmed) before me this 19 day of November A.D., 2015 by
who is personally known to me or has produced as identification.

Signature Notary Public LEO CO
Commission No: My Commission Expires

[PHYSICAL EVIDENCE] [NO PHYSICAL EVIDENCE LISTED]

[ARREST INFORMATION]

Arrested 12/26/2014 23:16 Residency Within jurisdiction Injured Extent of Injury Resist
Arrested Prior Arrest Jurisdiction Alcohol Drugs
No. Di Street A/L City ST Zip Lat / Long
4198 GARCON POINT RD MILTON FL 32583 30.58696 / -87.03108
Arresting Officer Unit (GEO) 4 - 02 - CNTY - Officer Type
173 SMITH JR, PHILLIP EDWIN SHF/CHF/MAJ/OPS/PATROL/D4
Reporting Officer Unit Original Offense Jurisdiction
173 SMITH JR, PHILLIP EDWIN SHF/CHF/MAJ/OPS/PATROL/D4 SRSO
Forward to for approval
SHF/CHF/MAJ/OPS/PATROL/D4

Bond Set by LEO at Time of Arrest & Booking: \$5,000.00
() None
() ROR
() Cash
() Pro

Bond Set by Judge () None () PTR
() Cash () Property
() Any () GPS
() Pro () Alcohol Monitor
() ROR/Sign

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

ARREST REPORT

SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

()Purge

()SC

Return Court: _____ Date: _____ Time: _____

Instructions: _____

[DISPOSITION]

<u>Disposition Type</u>	<u>Release Type</u>	<u>Other Desc</u>
<u>Release Date</u>	<u>Release Time</u>	<u>Release Officer</u>
<u>Released To</u>	<u>Printed</u>	<u>Printed By</u>
	No	

<u>Court Disposition Type</u>	<u>Court Disposition Description</u>
-------------------------------	--------------------------------------

[ADDITIONAL PERSONS]

COURT DISPOSITION: _____

(right index)

No Bill / Petition Issue Warrant Prosecution Approved

Signature of Assistant State Attorney

Date

SANTA ROSA CO.
SHERIFF'S OFFICE
P. O. BOX 7129
MILTON, FL 32570

OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE
Printed On: 11/19/2015@ 07:31

Offense Number	Offense Description	CAD Incident No
SRSO14OFF010874	44-0 FRAUD: OTHER	SRSO14CAD117456
Range of	Reported	Completed
12/26/2014 22:00	12/26/2014 22:26	12/26/2014 23:30
Occurrence:	Arrived	
12/26/2014 23:30	12/26/2014 22:32	

ADDRESS OF OCCURRENCE

No.	Di	Street	A/L	City	ST	Zip
4198		GARCON POINT RD		MILTON	FL	32583
(GEO)	(Latitude / Longitude)					
4 - 02 - CNTY -	30.58696 / -87.03108					

Business YELLOW CAB COMPANY

MBI ID: SRSO01MBI000033

Business Type: Victim

No.	Di	Street	A/L	City	ST	Zip
1019	W	LEONARD ST		PENSACOLA	FL	32501
(GEO)	(Latitude / Longitude)					
---	0 / 0					

PERSONS

[C/COMP]

MNI ID: SRSO02MNI008445

Last	First	Middle	Title	R	S	DOB	Age
HARMAN	GEORGE	L		W	M	09/26/1962	52
Hgt	Wgt	Eyes	Hair	ID.No.	St	Type	Ethnicity:
5'06"	260	BLU	BRO		FL		

Residence: Within state

Extent of Injury:

Verify For Rape Exam: No Treated For Rape Injury: No

General Appearance:

Demeanor:

Clothing:

Clothing Description:

Probable Destination:

Birth Location: City: PENSACOLA State: FL

Address:

921 ROSE PETAL LANE CANTONMENT FL 32533 Phone: (850)501-6084

Occupation:

Business: YELLO CAB

SANTA ROSA CO.
SHERIFF'S OFFICE
P. O. BOX 7129
MILTON, FL 32570

[S/SUSPECT]

MNI ID: SRSO06MNI000915

Last	First	Middle	Title	R	S	DOB	Age
MILLER	MERIKA	DENEZ LELANIE		B	F	07/17/1993	21
Hgt	Wgt	Eyes	Hair	ID.No.	St	Type	Ethnicity:
5'07"	117	BRO	BRO		FL	ID	Not Hispanic or Latino

Residence: Within jurisdiction

Extent of Injury:

Verify For Rape Exam: No Treated For Rape Injury: No

General Appearance:

Demeanor:

Clothing:

Clothing Description:

Probable Destination:

Birth Location: City: PENSACOLA County: ESCAMBIA State: FL Nation: UNITED STATES Citizenship: UNITED STATES

OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE
Printed On: 11/19/2015@ 07:31

Address:

5880 WHISPER CREEK BLVD MILTON FL 32570 Phone: (757)395-0045

Occupation:

Business: SANTA ROSA MEDICAL, Job Title: HOUSEKEEPING
MILTON FL

CHARGES/OFFENSES

Statute: 817.52.2

Counts: 1

UCR: 260A

NCIC:

Charge: FRAUD-SWINDLE

Desc: HIRE VEHICLE WITH INTENT TO DEFRAUD

General Offense Code...(GOC): P Principal

Arrest Charge Level...(ACL): F Felony

Arrest Charge Degree...(ACD): T Third Degree

Arrest Offense Number.(AON): 2602

Weapon

Location Category

Vehicle

Location Type

Other vehicle

Location Description

Location Status

None

Number of Premises Burglarized

0

Target

Entry Method

Point of Entry (POE)

POE Visible From

Point of Exit

Suspect Actions

SANTA ROSA CO.
SHERIFFS OFFICE

- Other

Circumstances

Weather

P. O. BOX 7129
MILTON, FL 32570

- Clear

Lighting Condition

Night

Security Used

Crime Scene?: Yes

If NO, Explain:

Crime Scene Officer:

173

SMITH JR, PHILLIP EDWIN

Physical Evidence Collected:

X

PROPERTY ITEMS

[S]=Stolen [*]=Stolen/Recovered [M]=Missing [L]=Lost [D]=Damaged/Destroyed
[F]=Found [Z]=Seized [C]=Counterfeited/Forged [U]=Unknown

Code Article

Model No.

Brand

Value

E MISCELLANEOUS ITEM

\$0.00

Description

Quantity

FALSE INFORMATION AFFIDAVIT

1

NCIC Code

Serial No.

Owner Applied Number

Receipt Number

Code Article

Model No.

Brand

Value

S MISCELLANEOUS ITEM

\$48.00

Description

Quantity

CAB FARE

1

NCIC Code

Serial No.

Owner Applied Number

Receipt Number

OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE
Printed On: 11/19/2015 @ 07:31

Code Article	Model No.	Brand	Value
I MISCELLANEOUS ITEM			\$0.00
Description	NCIC Code	Serial No.	Quantity
SWORN WRITTEN STATEMENT			1
Owner Applied Number	Receipt Number		
TOTALS - S:	\$48.00	: \$0.00	M: \$0.00
D:	\$0.00	F: \$0.00	Z: \$0.00

< NARRATIVE >

DATE	TIME	TYPE	OFFICER REPORTING	CALL #	REP TAKER	EDIT DATE	EDIT TIME
12/26/2014	23:42	INITIAL	SMITH JR, PHILLIP EDWIN	173	PSMITH	12/27/2014	00:42
Status: APPROVED DUNSFORD, WILLIAM CORTE 1/11/2015 23:11							

INCIDENT DISPOSITION CODE: [71-2] [I] [3]

SANTA ROSA
SHERIFF'S OFFICE
P. O. BOX 7129
MILTON, FL 32580

On 12/26/2014 I was dispatched to the Tom Thumb Store located at 4198 Garcon Blvd Milton, Florida in reference to a police assist. I arrived and spoke to Yellow Cab driver George L. Harman. George told me he picked up Mereika D. Miller from Baptist Hospital in Pensacola, Florida. George said the hospital paid for him to take Mereika to 5409 Glenn Ln. in Pace, Florida. George told me after arriving at the address on Glenn Ln. Mereika exited his cab, walked inside the residence, then came back out and asked him to take her to an unknown address on Warren Rd. in Milton, Florida. George said he asked Mereika if she was able to pay for the cab fare from Glenn Ln. to Warren Rd. George told me Mereika said someone would be at the residence to pay him.

George said me when he arrived on Warren Rd. Mereika was unable to locate the house. George drove Mereika around the area at her request trying to locate the residence. After several failed attempts to locate the residence and Mereika telling George she did not have \$48.00 to pay the cab fare, George called the Sheriff's Office.

I spoke to Mereika in reference to the incident. Mereika was upset, angry, and very uncooperative. Dep. C. Rudd who was on scene with me had dealt with Mereika earlier in the shift on another incident so, I let him speak to her. Dep. C. Rudd and I spoke to Mereika and asked her why she didn't stay at the residence on Glenn Ln. Mereika told us someone had the keys to her car and she didn't feel like staying at the house alone. I walked back to my patrol car as Dep. C. Rudd continued to speak with Mereika while she sat in the cab. I asked George if he wanted to press charges on Mereika for failure to pay the cab fare and he said "yes". Mereika asked George if she could borrow the money from him to pay for the cab fare. Dep. C. Rudd asked Mereika to step out of the cab. Dep. C. Rudd escorted her to my patrol car, placed her in handcuffs, and advised her she was under arrest for violation of FSS. 817.52(2) Hiring with Intent to Defraud.

George filled out a sworn written statement and signed a False Information Affidavit both of which I placed into records. I transported Mereika to the Santa Rosa County Jail. During the ride to the jail Mereika continually threatened to have my job for falsely arresting her. Mereika threatened to sue and shut down the whole Sheriff's Office. Once at the jail Mereika was uncooperative with detention deputies in the intake room.

OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE
Printed On: 11/19/2015 @ 07:31

Mereika was removed from the intake room and placed in a cell until she was willing to follow directions. Mereika was given a bond amount of \$5000.00. This incident was cleared by arrest.

This did occur in Santa Rosa County.

< END OF NARRATIVE >

Offense Status Closed - Cleared	Yes - Cleared # Clearances 1 Clearance Date 12/27/2014 Clearance Type Arrest	Reporting Officer 173 SMITH JR, PHILLIP EDWIN SHE/CHF/MAJ/OPS/PATROL/D4
Warr./Arr. No. SRSO14ARR007587	Except. Clear. Type Age Classification ADULT	*Forward for Approval / Followup To : SHE/CHF/MAJ/OPS/PATROL/D4

Supervisor WILLIAM CORTEZ DUNSF0	APPROVED	Case Screening Supv.	Investigator
Date 01/11/2015	Time 23:11	Date	Time
Yes No	Concur PdF/U InvF/U	No No	No No

Report Last Modified 01/11/2015 23:12

ASSISTING OFFICERS

Rank: LE DEPUTY Name: RUDD, CHASE MICHAEL Call Number: 200 ID Number: 1167
Assignment: DEPUTY SE Agency Unit: SHE/CHF/MAJ/OPS/PAT Agency Acronym: SRSO Phone: 850-983-1234
Agency: SANTA ROSA COUNTY SHERIFFS OFFICE Report Number:
Comment:

SANTA ROSA CO.
SHERIFF'S OFFICE
P. O. BOX 7129
MILTON, FL 32570

NOV/18/2015/WED 03:30 PM DOH Pensacola ISU

FAX No. 850 475 5475

P. 001/001

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Department of Health

Rick Scott

NOV 19 2015 Governor

John W. Armstrong, MD, FACS
State Surgeon General & Secretary

TO: Santa Rosa County Sheriff's Office – Records Unit

FROM: Maritza Abdel-Gadir, Investigator

SUBJECT: Request for Offense/Arrest Reports

DATE: 11/18/2015

NUMBER OF PAGES: 1

FAX NUMBER: 850-983-1261

Please fax to this office Offense/Arrest report 14-010874 related to an incident that occurred on or about 12/20/2014 involving MEREIKA D. MILLER (DOB: 07/17/1993). Due to the nature of the allegations, a quick response would be greatly appreciated.

Our fax number is 475-5475. Please note that as a State agency, we are exempt from fees and charges for copies. If you have questions or require further information, please call me at 475-5471.

Thank you for your assistance.

If problems with transmission occur, please call 850-475-5471
Our fax number is 850-475-5475

THE INFORMATION IN THIS FACSIMILE TRANSMISSION MAY BE INTENDED ONLY FOR THE PERSON AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT NAMED ABOVE, YOU ARE NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS DOCUMENT IN ERROR, PLEASE NOTIFY THIS OFFICE IMMEDIATELY VIA TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO THE ADDRESS BELOW BY MAIL.

Florida Department of Health
Division of Medical Quality Assurance - Pensacola Investigative Services Unit
5016 N Davis Hwy • Pensacola, FL 32503
PHONE: 850-475-5474 • FAX 850-475-5476

www.FloridasHealth.com
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fdoh



Santa Rosa County Sheriff's Office
Sheriff Wendell Hall

FACSIMILE COPY COVER SHEET

Records Division
P.O. Box 7129
Milton, Florida 32572
(850) 983-1268
(850) 983-1261 fax

Date: November 19, 2015

Number of Pages (Including This Cover Sheet): 8

To: Florida Dept of Health

Attn: Maritza Abdel-Gadir

Fax #: 1-850-475-5475

From: Santa Rosa County Sheriff's Office Records -- Julie Teichner

Re: Mereika Miller

If You Have Any Questions or Problems Concerning This Message Please Call (850) 983- 1268

Message

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

ARREST REPORT

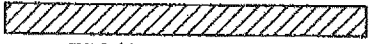
SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

Jail Booking No SRSO14JBN007706	Offense No SRSO14OFF010874	Other No SRSO14CAD117456	OBTS
------------------------------------	-------------------------------	-----------------------------	------

[SUSPECT]

Last First Middle Title Race Sex DOB Age Hgt Wgt
 MILLER MEREIKA DENEZ LELANIE B F 7/17/1993 22 5'07" 117

Eyes Hair MNI Number SSN ID.No. St Type OCA/Agency ID
 BRO BRO SRSO06MNI000915  FL ID 80533

Birth Location: City: PENSACOLA County: ESCAMBIA State: FL Nation: UNITED STATES Citizenship: UNITED STATES

Address

5880 WHISPER CREEK BLVD MILTON FL 32570

Occupations (Current/Last Known is Listed First)

Business: UNEMPLOYED, Job Title: , Entered: 12/27/2014

Business: SANTA ROSA MEDICAL, Job Title: HOUSEKEEPING, Entered: 5/2/2013

MILTON FL

Aliases (Last, First Middle Title DOB)

* none found in MNI *

Street Names

* none found in MNI *

SHERIFF'S OFFICE
P. O. BOX 7129
MILTON, FL 32570

[INCIDENT INFORMATION]

Occurred Date Range: 12/26/2014 22:00 to 12/26/2014 23:30 Lat / Long 30.58696 / -87.03108

No.	Di	Street	Apt/Lot	City	ST	Zip	(GEO)
4198		GARCON POINT RD		MILTON	FL	32583	4- 02 - CNTY -

[CHARGES]

817.52.2

FRAUD-SWINDLE

HIRE VEHICLE WITH INTENT TO DEFRAUD

Counts	Level	Degree	GOC	UCR	NCIC	ACN	Bond Amount
1	Felony	Third	Principal	260A		2602	

[STATEMENT OF PROBABLE CAUSE / NARRATIVE]

On 12/26/2014 I was dispatched to the Tom Thumb Store located at 4198 Garcon Point Rd. Milton, Florida in reference to a police assist. I arrived and spoke to Yellow Cab driver George L. Harman. George told me he picked up Mereika D. Miller from Baptist Hospital in Pensacola, Florida. George said the hospital paid for him to take Mereika to 5409 Glenn Ln. in Pace, Florida. George told me after arriving at the address on Glenn Ln. Mereika exited his cab, walked inside the residence, then came back out and asked him to take her to an unknown address on Warren Rd. in Milton, Florida. George said he asked Mereika if she was able to pay for the cab fare from Glenn Ln. to Warren Rd. George told me Mereika said someone would be at the residence to pay him.

George said me when he arrived on Warren Rd. Mereika was unable to locate the house. George drove Mereika around the area at her request trying to locate the residence. After several failed attempts to locate the residence and Mereika telling George she did not have \$48.00 to pay the cab fare, George called the Sheriff's Office.

I spoke to Mereika in reference to the incident. Mereika was upset, angry, and very uncooperative. Dep. C. Rudd and I spoke to Mereika and asked her why she didn't stay at the residence on Glenn Ln. Mereika told us someone had the keys to her car and she didn't feel like staying at the house alone. I walked back to my patrol car as Dep. C. Rudd continued to speak with Mereika while she sat in the cab. I asked George if he wanted to press charges on Mereika for failure to pay the cab fare and he said "yes". Mereika asked George if she could borrow the money from him to pay for

ARREST REPORT

SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

the cab fare. Dep. C. Rudd asked Mereika to step out of the cab. Dep. C. Rudd escorted her to my patrol car, placed her in handcuffs, and advised her she was under arrest for violation of FSS. 817.52(2) Hiring with Intent to Defraud.

George filled out a sworn written statement and signed a False Information Affidavit. I transported Mereika to the Santa Rosa County Jail. Mereika was given a bond amount of \$5000.00. This incident was cleared by arrest.

This did occur in Santa Rosa County.

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

Signature (Arresting Officer) SMITH JR, PHILLIP EDWIN 173 ID/SSN

Subscribed and sworn to (or affirmed) before me this 19 day of November A.D., 2015 by who is personally known to me or has produced as identification.

Signature Notary Public LEO CO Commission No: My Commission Expires

SANTA ROSA CO. SHERIFF'S OFFICE P. O. BOX 7129 MILTON, FL 32570

[PHYSICAL EVIDENCE] [NO PHYSICAL EVIDENCE LISTED]

[ARREST INFORMATION]

Table with columns: Arrested, Residency, Injured, Extent of Injury, Resist, Arrested Prior, Arrest Jurisdiction, Alcohol, Drugs, No., Di, Street, A/L, City, ST, Zip, Lat / Long, Arresting Officer, Reporting Officer, Unit, Original Offense Jurisdiction.

Bond Set by LEO at Time of Arrest & Booking: \$5,000.00

- () None
() ROR
() Cash
() Pro

Bond Set by Judge () None () PTR () Cash () Property () Any () GPS () Pro () Alcohol Monitor () ROR/Sign

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

ARREST REPORT

SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

()Purge

()SC

Return Court: _____ Date: _____ Time: _____

Instructions: _____

[DISPOSITION]

<u>Disposition Type</u>	<u>Release Type</u>	<u>Other Desc</u>
<u>Release Date</u>	<u>Release Time</u>	<u>Release Officer</u>
<u>Released To</u>	<u>Printed</u>	<u>Printed By</u>
	No	

<u>Court Disposition Type</u>	<u>Court Disposition Description</u>

[ADDITIONAL PERSONS]

COURT DISPOSITION: _____

(right index)

No Bill / Petition Issue Warrant Prosecution Approved

Signature of Assistant State Attorney _____ Date _____

SANTA ROSA CO.
SHERIFF'S OFFICE
P. O. BOX 7129
MILTON, FL 32570

OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE
Printed On: 11/19/2015 @ 07:31

Offense Number	Offense Description	CAD Incident No
SRSO14OFF010874	44-0 FRAUD: OTHER	SRSO14CAD117456
Range of	12/26/2014 22:00 Reported	Arrived
Occurrence:	12/26/2014 23:30	12/26/2014 22:26
		12/26/2014 22:32
		Completed
		12/26/2014 23:30

ADDRESS OF OCCURRENCE

No.	Di	Street	A/L	City	ST	Zip
4198		GARCON POINT RD		MILTON	FL	32583
(GEO)		(Latitude / Longitude)				
4 - 02 - CNTY -		30.58696 / -87.03108				

Business YELLOW CAB COMPANY

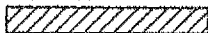
MBIID: SRSO01MBI000033

Business Type: Victim

No.	Di	Street	A/L	City	ST	Zip
1019	W	LEONARD ST		PENSACOLA	FL	32501
(GEO)		(Latitude / Longitude)				
---		0 / 0				

PERSONS

[C /COMP] MNI ID: SRSO02MNI008445

Last	First	Middle	Title	R	S	DOB	Age
HARMAN	GEORGE	L		W	M	09/26/1962	52
Hgt	Wgt	Eyes	Hair	I.D. No.	St	Type	Ethnicity:
5'06"	260	BLU	BRO		FL		

Residence: Within state

Extent of Injury:

General Appearance:

Demeanor:

Clothing:

Clothing Description:

Probable Destination:

Birth Location: City: PENSACOLA State: FL

Address:

921 ROSE PETAL LANE CANTONMENT FL 32533 Phone: (850)501-6084

Occupation:

Business: YELLO CAB

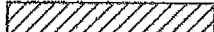
Verify For Rape Exam: No

Treated For Rape Injury: No

SANTA ROSA CO.
SHERIFF'S OFFICE
P. O. BOX 7129
MILTON, FL 32570

[S /SUSPECT]

MNI ID: SRSO06MNI000915

Last	First	Middle	Title	R	S	DOB	Age
MILLER	MEREIKA	DENEÉ LELANIE		B	F	07/17/1993	21
Hgt	Wgt	Eyes	Hair	I.D. No.	St	Type	Ethnicity:
5'07"	117	BRO	BRO		FL	ID	Not Hispanic or Latino

Residence: Within jurisdiction

Extent of Injury:

General Appearance:

Demeanor:

Clothing:

Clothing Description:

Probable Destination:

Birth Location: City: PENSACOLA County: ESCAMBIA State: FL Nation: UNITED STATES Citizenship: UNITED STATES

Verify For Rape Exam: No

Treated For Rape Injury: No

OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE

Printed On: 11/19/2015 @ 07:31

Address:

5880 WHISPER CREEK BLVD MILTON FL 32570 Phone: (757)395-0045

Occupation:

Business: SANTA ROSA MEDICAL, Job Title: HOUSEKEEPING
MILTON FL

CHARGES/OFFENSES

Statute: 817.52.2

Counts : 1

UCR: 260A

NCIC :

Charge : FRAUD-SWINDLE

Desc : HIRE VEHICLE WITH INTENT TO DEFRAUD

General Offense Code... (GOC): P Principal

Arrest Charge Level.....(ACL): F Felony

Arrest Charge Degree...(ACD): T Third Degree

Arrest Offense Number (AON): 2602

Weapon

Location Category

Vehicle

Location Type

Other vehicle

Location Description

Location Status

None

Number of Premises Burglarized

0

Target

Entry Method

Point of Entry (POE)

POE Visible From

Point of Exit

Suspect Actions

- Other

Circumstances

Weather

- Clear

Lighting Condition

Night

Security Used

Crime Scene? : Yes

If NO, Explain :

Crime Scene Officer: 173

SMITH JR, PHILLIP EDWIN

Physical Evidence Collected:

X

PROPERTY ITEMS [S]=Stolen [*]=Stolen/Recovered [M]=Missing [L]=Lost [D]=Damaged/Destroyed
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Code Article	Model No.	Brand	Value
E MISCELLANEOUS ITEM			\$8.00
Description			Quantity
FALSE INFORMATION AFFIDAVIT			1
NCIC Code	Serial No.	Owner Applied Number	Receipt Number

Code Article	Model No.	Brand	Value
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Description			Quantity
CAB FARE			1
NCIC Code	Serial No.	Owner Applied Number	Receipt Number

OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE
Printed On: 11/19/2015 @ 07:31

Code Article	Model No.	Brand	Value
E MISCELLANEOUS ITEM			\$0.00
Description			Quantity
SWORN WRITTEN STATEMENT			1
NCIC Code	Serial No.	Owner Applied Number	Receipt Number

TOTALS - S:	\$48.00	?: \$0.00	M: \$0.00
D:	\$0.00	F: \$0.00	Z: \$0.00

< NARRATIVE >

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Status:		APPROVED	DUNSFORD, WILLIAM CORTE	1/11/2015	23:11		

INCIDENT DISPOSITION CODE: [71-2] [I] [3]

SANTA ROSA COUNTY SHERIFFS OFFICE
P. O. BOX 7129
MILTON, FL 32587

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OFFENSE REPORT
SRSO14OFF010874

SANTA ROSA COUNTY SHERIFFS OFFICE

Printed On: 11/19/2015 @ 07:31

Mereika was removed from the intake room and placed in a cell until she was willing to follow directions. Mereika was given a bond amount of \$5000.00. This incident was cleared by arrest.

This did occur in Santa Rosa County.

< END OF NARRATIVE >

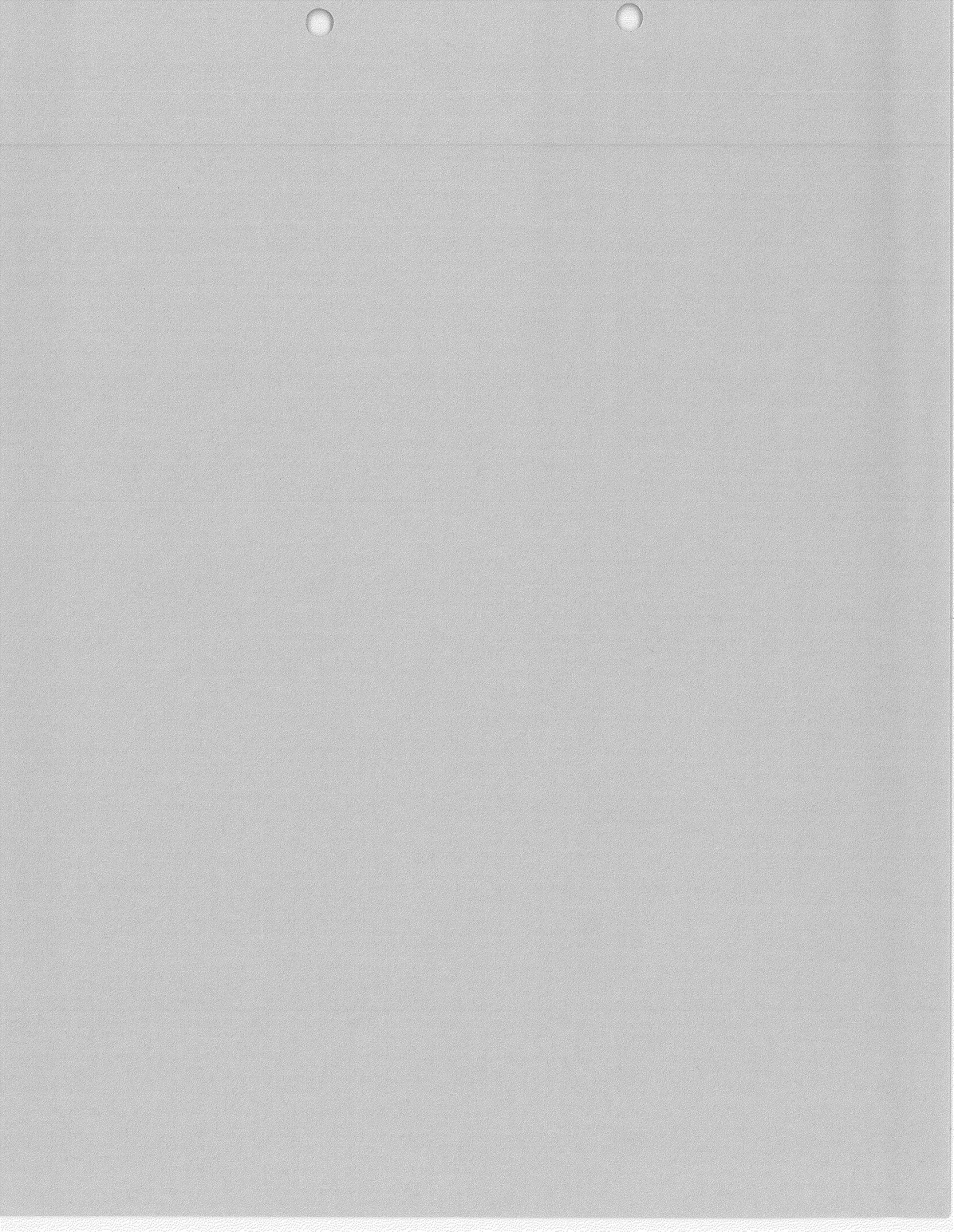
Offense Status Closed - Cleared	Yes -- Cleared # Clearances Clearance Date Clearance Type	I 12/27/2014 Arrest	Reporting Officer 173 SMITH JR, PHILLIP EDWIN SHF/CHF/MAJ/OPS/PATROL/D4
Warr./Arr. No. SRSO14ARR007587	Except. Clear. Type Age Classification	ADULT	*Forward for Approval / Followup To : SHF/CHF/MAJ/OPS/PATROL/D4
Supervisor WILLIAM CORTEZ DUNSFO	APPROVED	Case Screening Supv.	Investigator
Date 01/11/2015	Time 23:11	Yes No No	Concur PdF/U InvF/U
		No No No	Date Time

Report Last Modified 01/11/2015 23:12

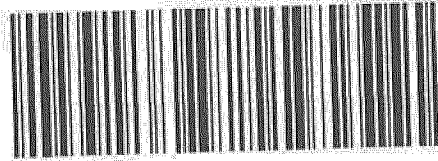
ASSISTING OFFICERS

Rank: LE DEPUTY Name: RUDD, CHASE MICHAEL Call Number: 200 ID Number: 1167
 Assignment: DEPUTY SF Agency Unit: SHF/CHF/MAJ/OPS/PAT Agency Acronym: SRSO Phone: 850-983-1234
 Agency: SANTA ROSA COUNTY SHERIFFS OFFICE Report Number:
 Comment:

SANTA ROSA CO.
 SHERIFF'S OFFICE
 P. O. BOX 7129
 MILTON, FL 32570

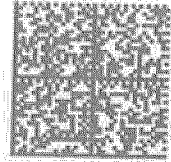


CERTIFIED MAIL®



9414 7266 9904 2043 9747 94

FIRST CLASS

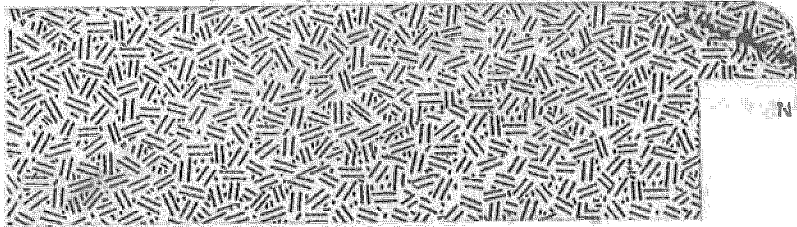


02 1M \$ 06.73⁵
0004273294 NOV 04 2015
MAILED FROM ZIP CODE 32301

Florida Department of Health
Office of the General Counsel
Prosecution Services Unit
4052 East Cypress Way, Bin C-65
Tallahassee, Florida 32399-1701

NOV 12 PM 1:21

Att



NIXIE 322 FE 1009 0011/08/15

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 32399170199 *0791-01768-04-43

0004273294



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

November 3, 2015

VIA CERTIFIED MAIL

Mereika D. Miller, C.N.A.
4693 Petra Circle
Pensacola, Florida 32526

Re: DOH vs. Mereika D. Miller, C.N.A.
DOH Case Number: 2015-00203

Dear Ms. Miller:

On October 19, 2015, the Department of Health received your Election of Rights requesting a formal hearing before the Division of Administrative Hearings. I have reviewed your request and have determined that your request is in compliance with Uniform Rule 28-106.2015(5), Florida Administrative Code, and Section 120.54(5)(b)(5), Florida Statutes.

The Department of Health hereby grants the request for a formal Administrative Hearing. Section 456.073(5), Florida Statutes, provides that the Department shall refer the case to the Division of Administrative Hearings within 45 days after the date the Department received your client's Election of Rights. You have the ability to waive that requirement. If you wish to be afforded more time prior to the referral of your client's case for an Administrative Hearing in order to attempt settlement negotiations with the Department, you may do so. Please fill out the portion below and return this form to me via email, facsimile or mail delivery. You should also keep a copy for your records.

_____ I hereby waive the requirement that the Department of Health refer this case to the Division of Administrative Hearings within 45 days after the date the Department received my Election of Rights.

OR

_____ I do not waive the requirement that the Department of Health refer this case to the Division of Administrative Hearings within 45 days after the date the Department received my Election of Rights.

Florida Department of Health

Office of the General Counsel • Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
Express mail address: 2585 Merchants Row – Suite 105
PHONE: 850/245-4444 • FAX 850/245-4662

www.FloridaHealth.gov


TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

Signature

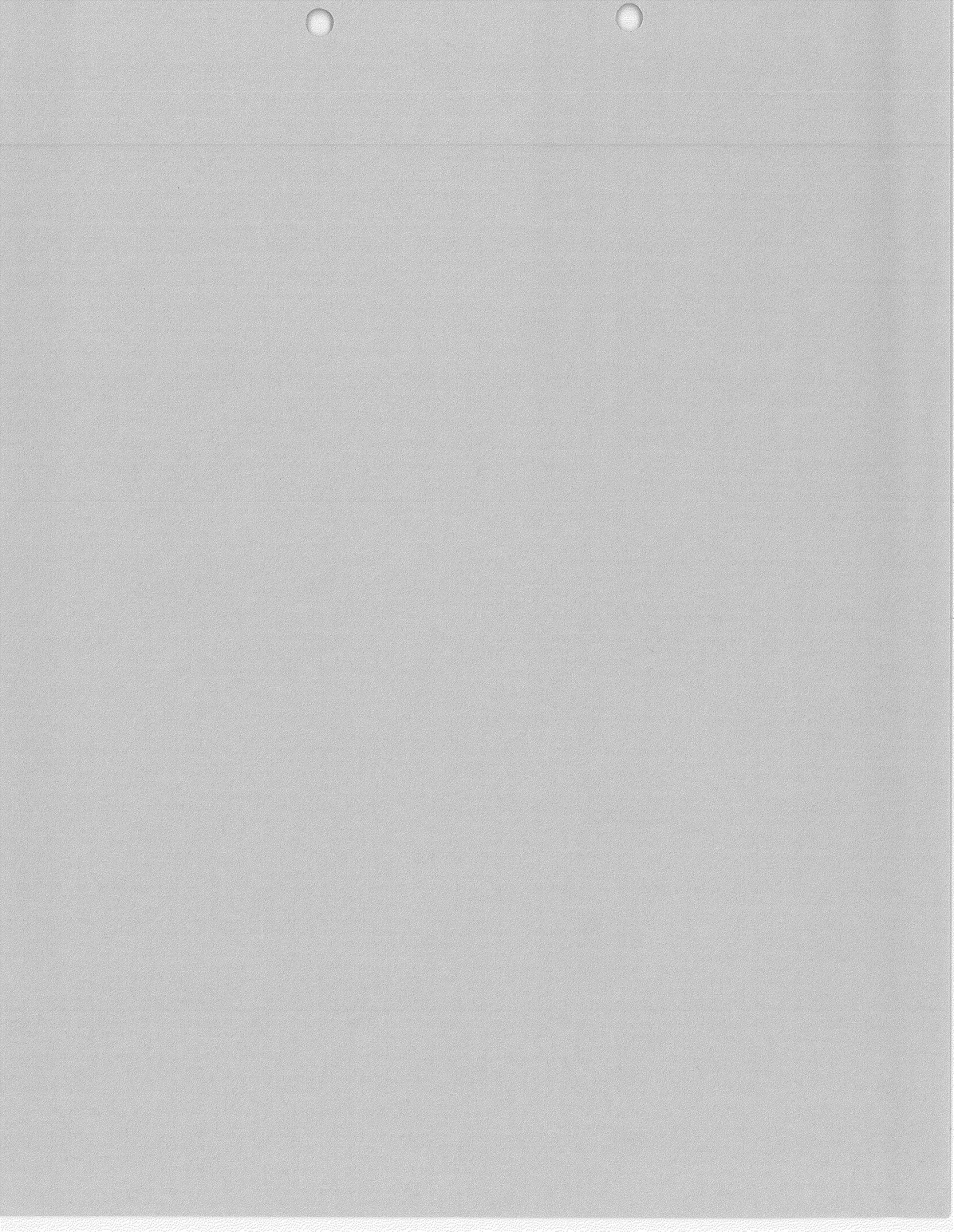
Date

Please contact me by phone at 850-245-4444, extension 8125, if you have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read 'Nicole L. Jordan', written over a light gray rectangular background.

Nicole L. Jordan, Esq.
Assistant General Counsel





STATE OF FLORIDA

DEPARTMENT OF HEALTH



INVESTIGATIVE REPORT

Office: Consumer Services Unit	Date of Complaint: March 20, 2015	Case Number: 201500203
Subject: MEREIKA D. MILLER 5437 H Byrom Street Milton, FL 32570 (757)395-0047	Source: DEPARTMENT OF HEALTH-CSU	
Profession: Certified Nursing Assistant	License Number - Status: : CNA289499/Delinquent, Active	
Related Case(s): 201517527	Period of Investigation and Type of Report: SUPPLEMENTAL	
Alleged Violation: SS 456.072(1)(c)(k)(dd), 464.018(1)(c)(d)2.(o) and 464.204(1)(b) F.S.		
Synopsis: This investigation is predicated via a Supplemental request from Prosecution Services Unit to obtain an arrest report or narrative, if available, for the Petit Theft (S. 812.014(3)(b), F.S.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date: Specialty:		
Law Enforcement <input type="checkbox"/> Notified Date: <input type="checkbox"/> Involved Agency: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney? Attorney information:		
Investigator/Date: <i>Aliza Hopkins 11/3/12</i> Aliza Hopkins, Government Analyst, I (HA-165)	Approved By/Date: <i>Shane Walters</i> Shane Walters Senior Management Analyst	11/10/2015
Distribution: Prosecution Services Unit/Consumer Services Unit		Page 1

Arraignment Sheet

Judge: MILLER

Date: 1/15/15

Division: B

STATE of FLORIDA

Vs.

MEREIKA DENEEN LELANIE MILLER

Case: 14001726 CFMXAX

Attorney: _____

<input checked="" type="checkbox"/> SUBD	<input type="checkbox"/> ROR	<input type="checkbox"/> No Bond
<input type="checkbox"/> CABD	<input type="checkbox"/> ROR to PTRP	<input type="checkbox"/> In Jail
<input type="checkbox"/> SIGN/APPEAR	<input type="checkbox"/> ROR/HA	<input checked="" type="checkbox"/> PD Appointed at 1 st Appearance
<input type="checkbox"/> PTRJ	<input type="checkbox"/> ROR/HA & GPS	<input type="checkbox"/> PD Appointed at Arraignment
<input type="checkbox"/> PTR/HA	<input type="checkbox"/> HA	
<input type="checkbox"/> PTR/CC	<input type="checkbox"/> HA/Elect Mon.	
<input type="checkbox"/> PTR to GPS	<input type="checkbox"/> GPS Mon	

STATE ATTORNEY	PUBLIC DEFENDER
<input checked="" type="checkbox"/> Loren	<input type="checkbox"/> Davis
<input type="checkbox"/> Pecko	<input type="checkbox"/> Edwards
<input type="checkbox"/> Rowland	<input type="checkbox"/> Weekley
<input type="checkbox"/> Liles	<input checked="" type="checkbox"/> Nash
<input type="checkbox"/> Brost	<input type="checkbox"/> Bostic
<input type="checkbox"/> Pace	<input type="checkbox"/> Pfeiffer

COURT REPORTER	
<input type="checkbox"/> Danielson	<input checked="" type="checkbox"/> Tyree
<input type="checkbox"/> Emmanuel	<input checked="" type="checkbox"/> Court Smart

DEFENDANT

Appeared FTA ()

Appeared in Jail ()

Waived Reading of Information ()

Waived Speedy Trial ()

Copy to Counsel

This _____ day of _____, 2014

By: _____
Deputy Clerk

ENTERED PLEA

Guilty () Not Guilty

Public Defender Conflict ()

Notify Ct App. Attorney ()

Next Court Date

<input type="checkbox"/> PRE-TRIAL _____ at 9:00am	<input type="checkbox"/> CONTROL DATE: _____ 2014 at _____
<input type="checkbox"/> DOCKET DAY _____ at 9:00am	<input type="checkbox"/> State Not Filed on
<input type="checkbox"/> TRIAL DAY _____ at 9:00am	<input type="checkbox"/> Defendant to Hire Attorney
<input type="checkbox"/> CONTINUED TO _____ 2014 at 9:00am	<input type="checkbox"/> Waiting on Acceptance into PTI
	<input type="checkbox"/> _____

Notify Bondsman to have here on _____ 2014 at _____ am/pm or Bond will be Estreated. Leave Capias Outstanding

Issue No Bond Capias Issue No Bond Capias Pending 1st Appearance Issue Capias with Cash/Professional Bond of \$ _____

Hold for Circuit Judge Vacate/Revoke Bond Order Vacate/Revoke OTTC Revoke PTR Issue Criminal Summons

Estreat Bond Forfeit Bond _____

Transferred to County Court

1/29 @ 1:30 PM

DONALD C. SPENCER
CLERK OF COURT &
COMPTROLLER

2015 JAN 20 AM 10 59

SANTA ROSA COUNTY, FL
MISD FILED

Request for Misdemeanor Case Number

**CASE TRANSFERRED TO MISDEMEANOR
DURING FELONY ARRAIGNMENTS
BOND REMAINS THE SAME**

2015 JAN 15 PM 11 33
SANTA ROSA COUNTY, FL
FEL FILED
DONALD C. SPENCER
CLERK OF COURT &
COMPTROLLER

STATE OF FLORIDA

V.

MEREIKA DENEE LELANIE MILLER

Date Filed:

Case#: 2015- 65mma DIVISION: I

Court Date: 1/29/15 @ 1:30pm

Law Enforcement Agency: SANTA ROSA SHERIFF'S DEPT

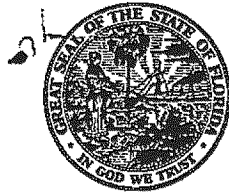
Law Enforcement Complaint Number: 14010874

Date of Offense: 12/26/2014

Charges:

- 1) PETIT THEFT (PRIOR CONVICTION)

**RETURN TO MISDEMEANOR
STATE ATTORNEY'S OFFICE
ATTN: CHERYL**



OFFICE OF
STATE ATTORNEY
FIRST JUDICIAL CIRCUIT OF FLORIDA

MEMORANDUM

TO: CLERK TO CIRCUIT COURT
FROM: JASON ENGLISH, ASSISTANT STATE ATTORNEY
DATE: JANUARY 15, 2015
RE: STATE V. MEREIKA DENE LELANIE MILLER
CLERK NUMBER: 5714CF001726A

Please be advised that the above-referenced case is being transferred to County Court. A direct information is attached.

**CASE TRANSFERRED TO MISDEMEANOR
DURING FELONY ARRAIGNMENTS
BOND REMAINS THE SAME**

Clerk Number: _____ SA Number: 5714CF012457A
Agency Number: 14010874

RACE: B
SEX: F
DOB: 07/17/1993
ADDRESS OF DEFENDANT: MEREIKA DENE LELANIE MILLER, 5880 WHISPER CREEK BLVD , MILTON, FL

1) PETIT THEFT (PRIOR CONVICTION) (9823)

**IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA
IN THE COUNTY COURT OF SANTA ROSA COUNTY, FLORIDA**

STATE OF FLORIDA,


v.

MEREIKA DENE LELANIE MILLER,

WILLIAM EDDINS, STATE ATTORNEY FOR THE FIRST JUDICIAL CIRCUIT OF FLORIDA, PROSECUTING FOR THE STATE OF FLORIDA, CHARGES THAT MEREIKA DENE LELANIE MILLER, on or about December 26, 2014, at and in Santa Rosa County, Florida, having been previously convicted of theft on May 24, 2013 in the Circuit Court of Santa Rosa County under case number 5713CF000508, did unlawfully and knowingly obtain or use or endeavor to obtain or use, certain property, United States currency or services, the value of less than \$300 United States currency, the property of YELLOW CAB COMPANY or GEORGE LANGLEY HARMAN as owner or custodian, with the intent to either temporarily or permanently deprive YELLOW CAB COMPANY or GEORGE LANGLEY HARMAN, the owner or custodian of a right to the property, or a benefit of the property, or to appropriate the property to the use of herself or another person not entitled to the property, in violation of Sections 812.014(1)(a) and (b) and 812.014(3)(b), Florida Statutes. (M-1)


**STATE OF FLORIDA
COUNTY OF SANTA ROSA**

Before me personally appeared the undersigned designated Assistant State Attorney for the First Judicial Circuit of Florida, being personally known to me, and who first being duly sworn, says that the allegations set forth in the foregoing information are based on facts that have been sworn as true, and which if true, would constitute the offense there charged, that said Assistant State Attorney has received testimony under oath from a material witness or witnesses for the offense and that this prosecution is instituted in good faith.



JASON ENGLISH jenglish@sa01.org
FLORIDA BAR NO.: 0052077
ASSISTANT STATE ATTORNEY
6495 CAROLINE ST SUITE S
MILTON, FL 32570
PHONE NO: (850) 981-5510

Sworn to and subscribed before me this 14 day of January, 2015.



Notary Public



DONALD C. SPENCER
CLERK OF COURT &
COMPTROLLER
2015 JAN 20 AM 10 59
SANTA ROSA COUNTY, FL
MISD FILED

**IN THE COUNTY COURT FOR
SANTA ROSA COUNTY FLORIDA**

STATE OF FLORIDA,
Plaintiff,

v.

MEREIKA DENE LELANIE MILLER,
Defendant

**CLERK NO:
DIVISION:**

DEMAND FOR NOTICE OF ALIBI

Pursuant to Rule 3.200, Florida Rules of Criminal Procedure, the undersigned Assistant State Attorney hereby makes written demand upon you, the said defendant within the times and in the manner prescribed in said Rule, to file and serve upon such Assistant State Attorney's notice in writing of your intention to claim or offer evidence of any alibi in your defense in the above-named case, which notice shall contain specific information as to the place at which you claim to have been at the time of the alleged offense in said case and, as particularly as is known to you or your attorney, the names and addresses of the witnesses by whom you propose to establish such alibi.

The undersigned Assistant State Attorney hereby informs you, as particularly as is known to said prosecuting attorney, that it is alleged that said crime charged against you in said case was committed at or in Santa Rosa County, Florida on or about the date, place and time indicated on the Probable Cause Affidavit filed with the Clerk of the Court.

FAILURE TO COMPLY WITH THIS DEMAND SUBJECTS YOU TO CERTAIN PENALTIES PROVIDED FOR IN SAID RULE.

I hereby certify that a true and correct copy hereof was served upon the above-named defendant or his/her attorney by mail/delivery/fax/electronically on January 8, 2015.

/s/ JASON ENGLISH
JASON ENGLISH (jenglish@sa01.org)
ASSISTANT STATE ATTORNEY
6495 CAROLINE ST SUITE S
MILTON, FL 32570
FL BAR NO: 0052077
PHONE: (850) 981-5510

ARREST REPORT

SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

George filled out a sworn written statement and signed a False Information Affidavit. I transported Mereika to the Santa Rosa County Jail. Mereika was given a bond amount of \$5000.00. This incident was cleared by arrest.

This did occur in Santa Rosa County.

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

Dep. Phillip Smith 1086/173
Signature (Arresting Officer)

SMITH JR, PHILLIP EDWIN
Name

173
ID/SSN

Subscribed and sworn to (or affirmed) before me this 27 day of December A.D., 2014 by

who is personally known to me or has produced as identification.

Signature

Notary Public

LEO

CO

Commission No: FSS17.10 My Commission Expires

[PHYSICAL EVIDENCE] [NO PHYSICAL EVIDENCE LISTED]

[ARREST INFORMATION]

Arrested 12/26/2014 23:16 Residency Within jurisdiction Injured Extent of Injury Resist
Arrested Prior Arrest Jurisdiction Alcohol Drugs
No. 4198 Di Street GARCON POINT RD A/L City MILTON ST FL Zip 32583 Lat / Long 30.58696 / -87.03108
Arresting Officer 173 SMITH JR, PHILLIP EDWIN Unit SHF/CHF/MAJ/OPS/PATROL/D4 (GEO) 4 - 02 - CNTY - Officer Type
Reporting Officer 173 SMITH JR, PHILLIP EDWIN Unit SHF/CHF/MAJ/OPS/PATROL/D4 Original Offense Jurisdiction SRSO
Forward to for approval SHF/CHF/MAJ/OPS/PATROL/D4

Bond Set by LEO at Time of Arrest & Booking: \$5,000.00

- () None
() ROR
() Cash
() Pro

Bond Set by Judge () None () PTR
() Cash () Property
() Any () GPS
() Pro () Alcohol Monitor
() ROR/Sign

()Purge
()SC

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

ARREST REPORT

SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO14ARR007587

Return Court: _____ Date: _____ Time: _____

Instructions: _____

[DISPOSITION]

<u>Disposition Type</u>	<u>Release Type</u>	<u>Other Desc</u>
<u>Release Date</u>	<u>Release Time</u>	<u>Release Officer</u>
<u>Released To</u>		<u>Printed</u> <u>No</u>
		<u>Printed By</u>

<u>Court DispositionType</u>	<u>Court Disposition Description</u>
------------------------------	--------------------------------------

[ADDITIONAL PERSONS]

COURT DISPOSITION: _____

(right index)

- No Bill / Petition Issue Warrant Prosecution Approved

Signature of Assistant State Attorney

Date



**SANTA ROSA COUNTY SHERIFFS OFFICE
MILLER, MEREIKA DENE LELANIE
BOOKING INFORMATION**



HIGH PROFILE SUICIDAL ESCAPE RISK HOLD Agency:




DONALD C. SPENCER
CLERK OF COURT &
COMPTROLLER
2014 DEC 30 AM 7 59
SANTA ROSA COUNTY, FL
FEL FILED

Booking No: SRSO14JBN007706 MNI No: SRSO06MNI000915 Cell Assigned: Cell not assigned.

Address : 5880 WHISPER CREEK BLVD
City, State Zip: MILTON, FL 32570
SSN : ██████████ DOB: 7/17/1993 Place of Birth: ESCAMBIA Telephone Number: (757)395-0047
DL No: M460544937570 City, State: PENSACOLA, FL Citizenship: UNITED STATES
SID No: Race Gender Height Weight Hair Eyes Build Skin Hand
FBI No: B F 5'07" 117 BRO BRO

Occupation: Employer : UNEMPLOYED
Telephone:

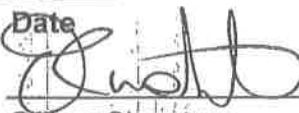
Date Booked: 12/26/2014 Date Released:
Time Booked: 11:43 PM Time Released:
Booked By: RUSNAK, BRANDEN MICHAEL Searched By: MCPHAIL, JUDITH MARIE
Property Bag No: Printed By: RUSHTON, SHANNA MARIE
OBTS: 5701110559
Photo By: RUSHTON, SHANNA MARIE

Right Index Finger In	MNI No  SRSO06MNI000915 Booking No  SRSO14JBN007706	Right Index Finger Out
-----------------------	--	------------------------

Inmate does hereby acknowledge receipt of all property and \$ _____ from the agency as correct.

x 

Defendant Signature

Date  **12-27-14**
Officer Signature **Date**

Booking No: SRSO14JBN007706

MNI No: SRSO06MNI000915

marked

IN THE CIRCUIT/COUNTY COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA

STATE OF FLORIDA vs. Miller, Mercedes Renee Lelaxie
Defendant/Minor Child

CASE NO. _____

APPLICATION FOR CRIMINAL INDIGENT STATUS

I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER
OR

I HAVE A PRIVATE ATTORNEY OR AM SELF-REPRESENTED AND SEEK DETERMINATION OF INDIGENCE STATUS FOR COSTS

Notice to Applicant: The provision of a public defender/court appointed lawyer and costs/due process services are not free. A judgment and lien may be imposed against all real or personal property you own to pay for legal and other services provided on your behalf or on behalf of the person for whom you are making this application. There is a \$50.00 fee for each application filed. If the application fee is not paid to the Clerk of the Court within 7 days, it will be added to any costs that may be assessed against you at the conclusion of this case. If you are a parent/guardian making this affidavit on behalf of a minor or tax-dependent adult, the information contained in this application must include your income and assets.

- I have 2 dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
- I have a take home income of \$ 0 paid weekly bi-weekly semi-monthly monthly yearly.
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered support payments)
- I have other income paid weekly bi-weekly semi-monthly monthly yearly: (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Social Security benefits..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	Veterans' benefil..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
Unemployment compensation..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	Child support or other regular support from family members/spouse..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
Union Funds..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	Rental income..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
Workers compensation..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	Dividends or interest..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
Retirement/pensions..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other kinds of income not on the list..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
Trusts or gifts..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	
- I have other assets: (Circle "Yes" and fill in the value of the property, otherwise circle "No." Use the back of this form to provide additional information.)

Cash..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	Savings..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bank account(s)..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	Stocks/bonds..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
Certificates of deposit or money market accounts..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	*Equity in Real estate (excluding homestead) Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>
*Equity in Motor Vehicles/Boats/ Other tangible property..... Yes \$ _____ <input type="checkbox"/> No <input checked="" type="checkbox"/>	*Equity means value minus loans. Also list any expectancy in an interest in such property.

List the year/make/model and tag #: _____
List the address of this property:
Address _____
City, State, Zip _____
County of Residence _____
- I have a total amount of liabilities and debts in the amount of \$ _____
- I receive: (Circle "Yes" or "No")

Temporary Assistance for Needy Families-Cash Assistance.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Poverty-related veterans' benefits.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Supplemental Security Income (SSI).....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
- I have been released on bail in the amount of \$ _____ Cash _____ Surety _____ Posted by: Self _____ Family _____ Other _____

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 27.52, F.S., commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S., or s. 775.083, F.S. I attest that the information I have provided on this Application is true and accurate to the best of my knowledge.

Signed this 26 day of December, 2014.

M. Lelaxie
Signature of Applicant for Indigent Status
Print Full Legal Name M. Lelaxie
Address _____
City, State, Zip _____
Phone number _____

Date of Birth 7-17-93
Driver's license or ID number _____

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be Indigent Not Indigent

The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated this 30 day of Dec, 2014.

DONALD C. SPENCER
CLERK OF COURT &
COMPTROLLER
2014 DEC 30 AM 7 59
SANTA ROSA COUNTY, FL
ELL FILED
Clerk of the Circuit Court
J. Mulet
Clerk/Deputy Clerk/Other authorized person

This form was completed with the assistance of _____

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent. _____

FIRST APPEARANCE

BOND MODIFICATION

FUGITIVE WARRANT PROBATION VIOLATION FILED CASE NOT FILED FELONY MISDEMEANOR BENCH WARRANT

IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

Date December 23, 2014

Time 7:45

STATE OF FLORIDA
VS

MEREIKA DENEEN LELANIE MILLER

CASE NO. _____

Charge(s) **FRAUD-SWINDLE**

I. Defendant arrested by Florida HP; Gulf Breeze PD; Milton PD; SRC Sheriff's Office; upon warrant;
 upon capias; other _____
Having reviewed: sworn complaint, Affidavits information filed by the state attorney, warrant, there is
PROBABLE CAUSE to believe that defendant has committed, and defendant shall be held to answer for, the offenses except for:

Having found probable cause, the court has now advised the defendant of:

- The charge. Defendant given copy of complaint. Yes No Reason _____
- His right to communicate with counselor or the public defender.
- His right to remain silent and that anything he says may be used against him
- His right to private counsel or the public defender.

Public Defender appointed w/\$50 fee: Yes No Private Attorney: _____

DONALD C. SPENSER
 CLERK OF COURT
 COMPL. FILED
 2014 DEC 30 AM 10:59
 SANTA ROSA COUNTY, FL
 FEL FILED

II. WAIVER:

I have been given the advice by the Court as above set forth, which includes my right to counsel, and I hereby waive my right to counsel at this hearing and understand that this, my waiver of counsel, is limited to first appearance only and that it shall in no way be construed to be a waiver of counsel for subsequent proceedings.

Dated this December 23, 2014

[Signature]
 DEFENDANT

III. BOND SET AT: \$2000 d.m.
 Defendant held w/out bond ROR to Pre-Trial Release (report w/in 24 hours) Report to PTR w/in 24 hours
 GPS: Active Passive / AGENCY SRSO Private Private if N.Q. w/ SRSO
 Exclusion Zone(s): _____

SPECIAL CONDITIONS:

- Do not engage in any criminal activity
- Do not commit any acts or threats of violence
- Have no contact, direct or indirect, with victim
- Abide by DVI/ Injunction for Protection
- Do not possess/carry any weapons or firearms
- 1x visit to residence w/LEO to retrieve personal effects
- Do not consume any alcohol
- Do not use/possess any illegal drugs. D/T ___ x/week
- Do not operate a motor vehicle w/out valid D/L
- Not leave Santa Rosa/Escambia/Okaloosa County, Florida
- Make/Keep appointment w/Public Defender upon release
- Other _____

WARNING: A WARRANT OR CAPIAS FOR RE-ARREST WILL BE ISSUED FOR ANY VIOLATION OF THE ABOVE CONDITIONS ANY VIOLATIONS MAY ALSO BE PUNISHABLE AS CONTEMPT OF COURT.

The violation of any condition of release shall immediately be reported to the sentencing Judge.

Bound over to: Circuit Court returnable 01/15/15 at 9:00 a.m County Court returnable _____ at 8:30 a.m.
 County VOP returnable _____ at 8:45 a.m.

[Signature]
 JUDGE

Plea of: _____ sentenced to: _____

The face of this document has microprinting and "VOID" when copied. Paper has a printed watermark, invisible fibers, and coin reactive authentication.



2014-AA-025444

Only the Original Power of Attorney will bind this surety.

POWER OF ATTORNEY LEXINGTON NATIONAL INSURANCE CORPORATION Power No. 2014-AA-025444

P.O. Box 6098, Lutherville, Maryland 21094 • 410-625-0800

THIS POWER OF ATTORNEY NULL AND VOID UNLESS USED BEFORE 1/1/15

KNOW ALL MEN BY THESE PRESENTS, that LEXINGTON NATIONAL INSURANCE CORPORATION, a corporation duly organized and existing under the laws of the State of Maryland hereby constitutes and appoints, subject to any General Qualifying Power of Attorney or other legal prerequisite, as its true and lawful attorney-in-fact the person signing below as Attorney-in-Fact, with full power and authority to sign the Company's name and affix its corporate seal to, and deliver on its behalf as surety, any and all obligations as herein provided, and the execution of such obligations in pursuance of these presents shall be as binding upon the Company as fully and to all intents and purposes as if done by the regularly elected officers of the Company at its home office in their own proper person, and the Company hereby ratifies and confirms all and whatsoever its attorney-in-fact may lawfully do and perform in the premises by virtue of these presents.

THE OBLIGATION OF THE COMPANY SHALL NOT EXCEED THE SUM OF FIVE THOUSAND FIVE HUNDRED DOLLARS (5,500.00). THIS POWER OF ATTORNEY IS VOID IF ALTERED OR ERASED, VOID IF USED TO FURNISH BAIL ON THE SUBJECT BOND IN EXCESS OF THE STATED MAXIMUM AMOUNT OF THIS POWER AND VOID IF USED WITH OTHER POWERS OF THIS COMPANY OR OTHER POWERS OF OTHER COMPANIES TO MAKE BAIL ON THE SUBJECT BOND. EACH POWER OF ATTORNEY CAN ONLY BE USED ONCE AND MAY BE EXECUTED ONLY FOR RECOGNIZANCE ON CRIMINAL BAIL BONDS.

Bond Amount: \$ 2000.00

Defendant: Mereika Miller

First Court Date: 1-15-15 Case Number: 14007587

Defendant's Address: _____

Court: Circuit County/City: Santa Rosa

Offense(s): Fraud-Swindle

Date of Execution: 12-28-14 Court Assigned Agent #: _____

Attorney-in-Fact: Melton Nelson Bail Bonds, Stacy [Signature]

NOT VALID FOR IMMIGRATION BONDS

IN WITNESS WHEREOF, LEXINGTON NATIONAL INSURANCE CORPORATION, by virtue of authority conferred by its Board of Directors, has caused these presents to be sealed with its corporate seal, signed by its President and attested by its Secretary this 9th day of April, 1996.

[Signature]
President

[Signature]
Secretary



Form # LNIC-Bail-90

1. A separate Power of Attorney must be attached to each bond executed.
2. Powers of Attorney must not be returned to attorney-in-fact, but should remain a permanent part of court records.
3. The authority of such attorney-in-fact is limited to appearance bonds and cannot be construed to guarantee defendant's future lawful conduct, adherence to release conditions, travel limitations, payment of fines, restitution, or penalties, or any other conditions imposed by a court not specifically related to court appearance.

LEXINGTON NATIONAL INSURANCE CORPORATION

P.O. Box 6098 • Lutherville, MD 21094

GENERAL SURETY APPEARANCE BOND

SEND ALL COURT NOTICES TO:

POWER NO. 2014AA025444
ARREST/CASE NO. 14007587

STATE OF FLORIDA

VS.

Mereika Miller

Melisa Nelson Bail Bonds 5189 Stewart Street Milton, FL 32570 850-623-6623 or 850-434-6620	
TRANSFER AGENT	
Name _____	_____
Street _____	_____
City _____	State _____ Zip _____

In The Circuit Court
Santa Rosa County

KNOWN ALL MEN BY THESE PRESENTS: That we, the above captioned defendant, as Principal, and Lexington National Insurance Corporation, a Maryland corporation, as Surety, are held and firmly bond unto the State of Florida, and its successors, to the penal sum of \$ 2000.00 Dollars, for the payment whereof well and truly to be made we bind ourselves, our heirs, representatives, successors, and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the said principal shall appear on 1-15, 20 15 at 9am at the next regular or special term of the above captioned court only and shall submit to the said court to answer a charge of Fraud - Swindle only and shall submit to orders and process of said court and not depart same without leave, then this obligation to be void, else to remain in full force and virtue.

SIGNED AND SEALED this 28 day of December, A.D., 20 14.

Taken before me and approved by me:
Wendell Hill, Clerk/Sheriff

[Signature] (L.S.)
PRINCIPAL
LEXINGTON NATIONAL INSURANCE CORPORATION

By [Signature] 1070

By Stacy Perry (L.S.)
(ATTORNEY-IN-FACT) (Surety)



STATEMENT OF THE BONDSMAN

I, THE UNDERSIGNED, AM A DULY LICENSED BAIL BONDSMAN and have registered for the current year with the office of the Clerk of Courts of the aforementioned county, and have filed a certified copy of my appointment by Power of Attorney for the Surety with the office of the Clerk of Court of the aforementioned county.

That the Principal named in the foregoing bond, of (Address) _____ has (given or promised to give) the sum of two hundred dollars (\$ 200)

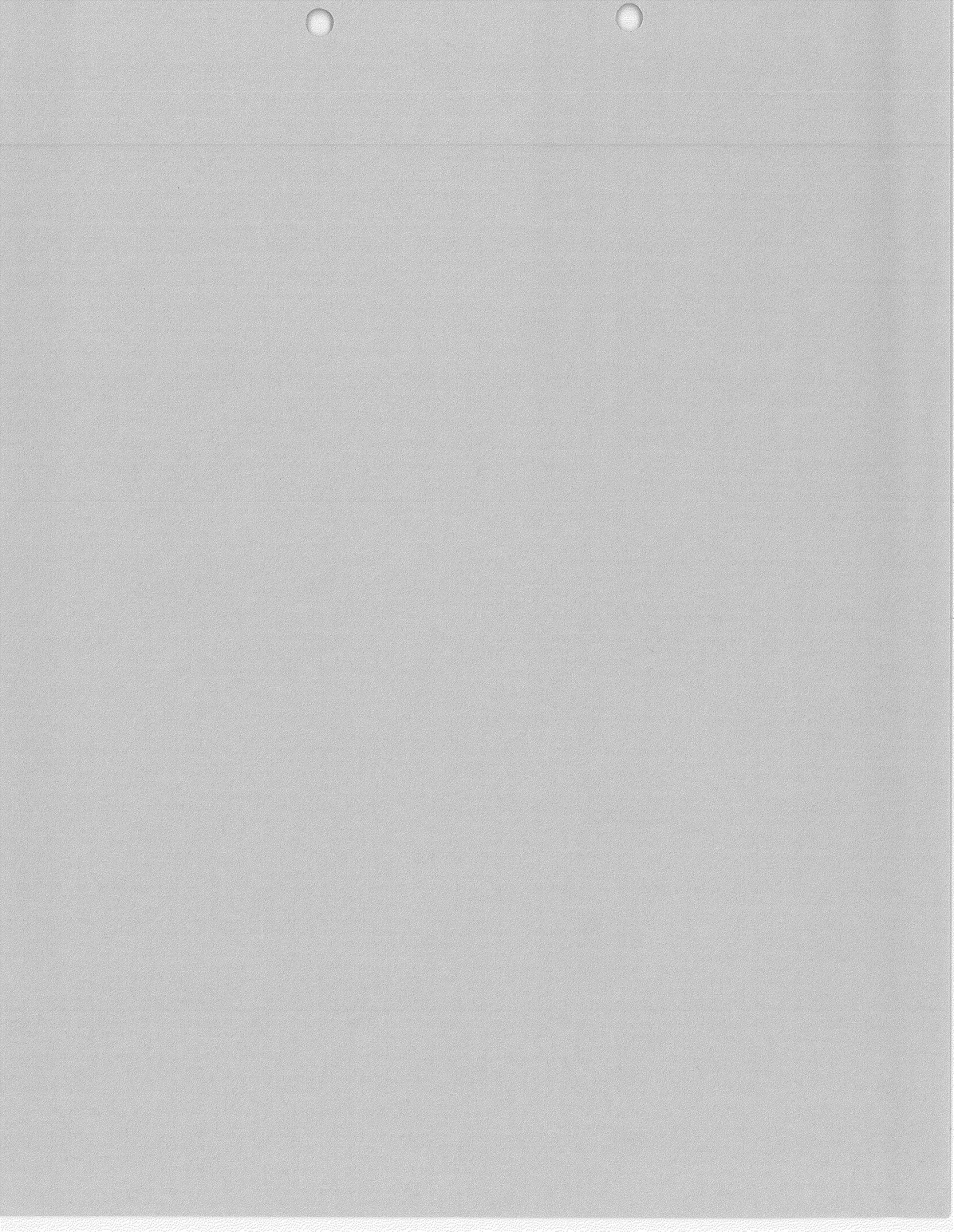
Dollars as consideration for the foregoing bond, filed with the Clerk of the above captioned Court, located in said County, together with the (promise or receipt) of security belonging to: Kaitlyn Melendez

Promissory Note & Indemnity Agreement

as follows: (detail description and source of collateral security) (if none, so state) _____

That a duly signed receipt has been given to the said principal for the consideration given and/or that the said indemnitor has (also been) given a receipt for the security described above.

Agent's Signature Stacy Perry
Agency Melisa Nelson Bail Bonds, Inc.



9414 7266 9904 2043 9747 94

TO:

Mereika D. Miller, C.N.A.
4693 Petra Circle
Pensacola, Florida 32526

SENDER:

M. White-11/4/15
2015-00203
Formal Hearing ltr.

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

USPS®

**Receipt for
Certified Mail®**

No Insurance Coverage Provided
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POSTMARK OR DATE

Certified Article Number

9414 7266 9904 2043 9747 94

SENDER'S RECORD

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

November 3, 2015

VIA CERTIFIED MAIL

Mereika D. Miller, C.N.A.
4693 Petra Circle
Pensacola, Florida 32526

Re: DOH vs. Mereika D. Miller, C.N.A.
DOH Case Number: 2015-00203

Dear Ms. Miller:

On October 19, 2015, the Department of Health received your Election of Rights requesting a formal hearing before the Division of Administrative Hearings. I have reviewed your request and have determined that your request is in compliance with Uniform Rule 28-106.2015(5), Florida Administrative Code, and Section 120.54(5)(b)(5), Florida Statutes.

The Department of Health hereby grants the request for a formal Administrative Hearing. Section 456.073(5), Florida Statutes, provides that the Department shall refer the case to the Division of Administrative Hearings within 45 days after the date the Department received your client's Election of Rights. You have the ability to waive that requirement. If you wish to be afforded more time prior to the referral of your client's case for an Administrative Hearing in order to attempt settlement negotiations with the Department, you may do so. Please fill out the portion below and return this form to me via email, facsimile or mail delivery. You should also keep a copy for your records.

_____ I hereby waive the requirement that the Department of Health refer this case to the Division of Administrative Hearings within 45 days after the date the Department received my Election of Rights.

OR

_____ I do not waive the requirement that the Department of Health refer this case to the Division of Administrative Hearings within 45 days after the date the Department received my Election of Rights.

Florida Department of Health

Office of the General Counsel • Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
Express mail address: 2585 Merchants Row – Suite 105
PHONE: 850/245-4444 • FAX 850/245-4662

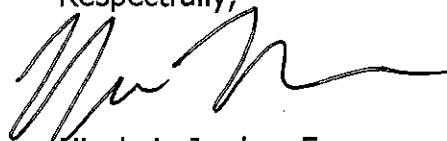
www.FloridaHealth.gov
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

Signature

Date

Please contact me by phone at 850-245-4444, extension 8125, if you have any questions.

Respectfully,



Nicole L. Jordan, Esq.
Assistant General Counsel

9414 7266 9904 2043 9467 08

TO:

Mereika D. Miller, C.N.A.
4693 Petra Circle
Pensacola, Florida 32526

Certified Article Number

9414 7266 9904 2043 9467 08

SENDER'S RECORD

SENDER: M. White-10/23/15
2015-00203
Election of Rights Form

REFERENCE:

PS Form 3800, January 2005

RETURN
RECEIPT
SERVICE

Postage

Certified Fee

Return Receipt Fee

Restricted Delivery

Total Postage & Fees

USPS®
Receipt for
Certified Mail®

No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE

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**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

October 22, 2015

VIA CERTIFIED MAIL

Mereika D. Miller, C.N.A.
4693 Petra Circle
Pensacola, Florida 32526

Re: Department of Health v. Mereika D. Miller, C.N.A.
Complaint Number: 2015-00203

Dear Ms. Miller:

My office is in receipt of your Election of Rights, which indicates that you dispute allegations of fact contained within the Administrative Complaint filed against you. However, you failed to identify the **specific paragraphs** in the Administrative Complaint that you are disputing.

Your request for an administrative hearing is hereby denied. Should you still wish to request a formal hearing, you will need to provide specific information as to issues of material fact that you dispute within **ten days** of receipt of this letter.

Enclosed please find another Election of Rights form. Please indicate which **paragraphs** you specifically dispute and submit your updated response within ten days. If you do not timely submit a specific dispute of material facts, this matter will be forwarded to the Board of Nursing for a hearing not involving disputed issues of material fact. You will be allowed to testify and provide evidence regarding mitigation, but not to dispute the facts. You will receive notice from the Board office of the specific date, time and location of the Board meeting where this matter will be considered.

Please contact me at (850) 245-4444 ext. 8125 if you have any questions concerning this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole L. Jordan".

Nicole L. Jordan
Assistant General Counsel

Enclosure: Election of Rights form

Florida Department of Health

Office of the General Counsel • Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701
Express mail address: 2585 Merchants Row – Suite 105
PHONE: 850/245-4444 • FAX 850/245-4662

www.FloridaHealth.com

TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE:fldoh

ELECTION OF RIGHTS

DOH v First Name, Last Name, D.M.D. Case No.

PLEASE SELECT ONLY 1 OF THE FOLLOWING 3 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. _____ I do not dispute the allegations in the Administrative Complaint, but do wish to be accorded an "informal" hearing pursuant to section 120.57(2), Florida Statutes, at which time I will be permitted to submit to the Board oral and/or written evidence in mitigation of the complaint.

OPTION 2. _____ I do not dispute the allegations contained in the Administrative Complaint and waive my right to object or to be heard. I understand that the Board will enter a final order in this case pursuant to section 120.57(2), Florida Statutes.

OPTION 3. _____ I do dispute one or more allegations of material fact in the Administrative Complaint and request a "formal" hearing on the disputed facts pursuant to sections 120.569(2)(a) and 120.57(1); Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. I specifically dispute the following paragraphs of the Administrative Complaint, as indicated by paragraph numbers listed below:

I understand that regardless of the option I have elected, I will be given notice of the time, date, and place when the Board will consider this case for Final Action. Mediation, per section 120.573, Florida Statutes, is not available in this matter.

Respondent's signature _____
Current address: _____

Lic. No. _____

Phone No. _____

Fax No. _____

STATE OF FLORIDA
COUNTY OF _____

Before me, personally appeared _____ whose identity is known to me by _____ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____, 2015.

Notary Public-State of Florida _____ My Commission Expires _____

Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Attorney Name, Title, Ass't General Counsel, DOH, PSU, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444, FAX (850) 245-4681; TDD 1-800-955-8771. NOTE: THIS FORM MUST BE RECEIVED BY THE DEPARTMENT WITHIN TWENTY-ONE (21) DAYS OF THE DATE THE ADMINISTRATIVE COMPLAINT WAS SERVED OR YOUR RIGHT TO AN ADMINISTRATIVE HEARING IN THIS CASE MAY BE DEEMED WAIVED, PER RULE 28-106.111(4), FLORIDA ADMINISTRATIVE CODE.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

EXPLANATION OF RIGHTS

In response to the allegations set forth in the Administrative Complaint, you may elect **ONE** of the following three Options. Please make your election on the attached Election of Rights form and return it, fully executed, to the address listed on the form. **THE EXECUTED ELECTION OF RIGHTS FORM MUST BE RECEIVED BY THE DEPARTMENT WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF SERVICE OF THE ADMINISTRATIVE COMPLAINT OR YOU MAY BE DEEMED TO HAVE WAIVED YOUR RIGHT TO BE HEARD ON THE COMPLAINT.**

1. If you do not dispute any material fact alleged in the Administrative Complaint, you may elect an informal proceeding on the issues of penalty and/or law before the appropriate Board, pursuant to section 120.57(2), Florida Statutes. You will be given an opportunity to present both written and oral evidence in mitigation of the complaint. To elect this option, check the appropriate space, marked as OPTION 1, on the Election of Rights form.

2. If you do not dispute any material facts alleged in the Administrative Complaint and you do not desire to participate in the disposition of this case, you may elect OPTION 2 on the Election of Rights form.

3. If you dispute any of the material facts alleged in the Administrative Complaint, you may elect a "formal" hearing on the disputed facts before an Administrative Law Judge appointed by the Division of Administrative Hearings pursuant to section 120.569(2)(a), Florida Statutes. At this hearing, you may present evidence and witness testimony regarding the material facts of the complaint that you specified as disputed on the Election of Rights form. To elect this proceeding, check the appropriate space marked as OPTION 3 on the Election of Rights form. You must keep the Department informed as to your current mailing address for notifications, orders, and service of administrative pleadings in this hearing.

In addition to securing your rights with one of the three options above, you may also request an opportunity discuss a settlement agreement to resolve this case, pursuant to Section 120.57(4), Florida Statutes. If you and the Department agree to a settlement, the agreement and case file will be presented to the appropriate Board for consideration. If approved, the Board will incorporate the terms of the settlement agreement into a final order resolving the case. Please be advised that a final order incorporating a settlement agreement is considered disciplinary action and is reported as such. If you elect to voluntarily relinquish your license in lieu of further action, the relinquishment form will be presented to the appropriate Board for consideration. A final order accepting voluntary relinquishment is disciplinary action and is reported as such.

NOTE: If the Department does not receive your election of rights within twenty-one (21) days from the date the Administrative Complaint was served, you may be deemed to have waived of your right to a hearing, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Department and Board may proceed in this matter without your participation. This does not eliminate the defense of equitable tolling to a failure to timely request an administrative hearing.

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: _____

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

This point that I was charged with was not relating to me specifically stealing anything from any store, or any body, I was \$20.00 short of a taxi fair.

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.

Respondent's Signature

Address: 4693 Petra Circle Pensacola, FL 32526

Lic. No.: 289499

Phone No.: (757) 395-0047

Email:

STATE OF FLORIDA COUNTY OF Escambia

Attorney/Qualified Representative*

Address:

Phone No.:

Fax No.:

Email:

*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared _____ whose identity is known to me or produced _____ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____ 20 _____

Notary Public-State of Florida

My Commission Expires

Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Nicole L. Jordan, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. [8125]; FAX (850) 245-4662; TDD 1-800-955-8771

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

August 27, 2015

Mereika D. Miller, C.N.A.
5437 H. Byrom Street
Milton, Florida 32570

RE: DOH v. Mereika Miller, C.N.A.
Case No. 2015-00203

Dear Ms. Miller:

Enclosed please find a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights form is also enclosed.

Please review the attached documents and return the Election of Rights form to my attention. You **must** return the election to my office within twenty-one (21) days of the date you received it. Failure to return the election within twenty-one (21) days will be considered a waiver of your right to dispute the facts alleged in the Administrative Complaint.

In addition, enclosed is a Settlement Agreement containing terms I believe will be acceptable in resolving this matter without the need for a Formal or Informal Hearing. If you would like to accept the terms of the Settlement Agreement, please sign it before a notary public and return it to my office. Please note that the Settlement Agreement is subject to final approval by the Board of Nursing and is considered disciplinary action.

A Voluntary Relinquishment form has also been included in this package for your consideration. Voluntarily relinquishing your license is giving up your ability to practice nursing assistance in the state of Florida. If you no longer wish to practice nursing assistance in Florida, please sign the voluntary relinquishment before a notary and return it to my office. Please note that voluntary relinquishment of your license is considered disciplinary action.

Please contact me by phone at 850-245-4444, extension 8125, if you have any questions.

Sincerely,

Nicole L. Jordan
Assistant General Counsel
(850) 245-4444 Ext. 8125

Florida Department of Health

Office of the General Counsel - Prosecution Services Unit
4052 Bald Cypress Way, Bldg C-65 - Tallahassee, FL 32399-3265
Express mail address: 2585 Merchants Row - Suite 105
PHONE: 850/245-4444 - FAX 850/245-4682

www.FloridasHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fdoh FLICKR: HealthyFla
PINTEREST: HealthyFla



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Area I - Pensacola		Date of Complaint: 03/20/2015		Case Number: 201500203	
Subject: MEREIKA D. MILLER, CNA 5437 H Byrom Street Milton, FL 32570* 757-395-0047			Source: DOH/CONSUMER SERVICES UNIT (CSU) 4052 Bald Cypress Way, Bin C-75 Tallahassee, FL 32399-3275 850-245-4339		
Profession: CERTIFIED NURSING ASSISTANT			License Number and Status: CNA289499 Delinquent/Active		
Related Case(s): 201517527			Period of Investigation and Type of Report: 10/02/2015 through 10/06/2015 SUPPLEMENTAL 1		
Alleged Violation: FS 456.072(1)(c)(k)(dd), FS 464.018(1)(c)(d)2(o), FS 464.204(1)(b)					
Synopsis: This supplemental investigation is predicated upon receipt of a PSU Request Form (EXHIBIT S1-1) from MICHAEL WHITE for NICOLE JORDAN, Esq., requesting that an Administrative Complaint (AC) and related documents be hand served to MILLER as soon as possible.					
On 10/05/2015, Investigator ABDEL-GADIR contacted MILLER via telephone at 757-395-0047 to arrange a meeting to serve the AC and related documents. MILLER agreed to meet at Road to Recovery, 1221 Lakeview Ave, Pensacola, FL 32503 at 9:00 am the following day.					
On 10/06/2015, Investigator ABDEL-GADIR traveled to Road to Recovery and hand served the AC and related documents to MILLER. MILLER was identified from her driver license.					
An Affidavit of Service is included as Exhibit S1-2 .					
EXHIBITS:					
S1-1. PSU Request Form with AC and related documents (pp 2-21)					
S1-2. Affidavit of Service (p 22)					
*MILLER's current address is 4693 Petra Circle, Pensacola, FL 32526					
Investigator/Date: 10/06/2015			Approved By/Date: 10/06/2015		
Maritza Abdel-Gadir, BI-42, Investigator			Cathy Martin, Investigator Supervisor		
Distribution: HQ/ISU					Page 1



PSU REQUEST FORM

FROM: Michael White for Nicole Jordan, Esq.	TO:
Date: 10/2/2015	TO:
Phone #: 850-245-4444 ext. 8125	CC:
Case Number: 2015-00203 Board: Nursing Subject: Mereika D. Miller, C.N.A. HL Code: HLL124a Status: 67 Requested Completion Date: 11-2-2015	
(PSU) TYPE OF REQUEST: (describe details below) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Process Service* (Activity Code 160) <input type="checkbox"/> Additional Information Requested (Activity Code 145) <input type="checkbox"/> Deficiency in Investigative Work (Activity Code 150) 	

Details: Please have the attached Election of Rights and Settlement Agreement hand served to **5437 H Byrom Street, Milton, Florida 32570**. If the Subject cannot be located, please have a supplemental prepared within thirty (30) days of receipt of this memo along with an affidavit of diligent service/search. Please check the licensure screen as well for hand service. Please complete an Accurant check on this respondent if she cannot be located at the address above. Please state in the affidavit the type of method you used to identify the respondent. Thank you!

*The following additional information is needed for each service request:

Last Known Addresses 5437 H Byrom Street, Milton, Florida 32570. (757) 395-0047 . Last Known Place of Employment & Address if Known: Has Contact Been Made With This Individual? YES <input type="checkbox"/> No <input checked="" type="checkbox"/> ; If Yes, When?
--

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES ** No NOTE: All process service requests need to be sent to appropriate field office.

****IF YES, please send a copy of the original Investigative Report without attachments.**

(ISU/CSU) RESPONSE: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Process Service Completed (Activity Code 161) <input type="checkbox"/> Process Service NOT Completed (Activity Code 162) <input type="checkbox"/> Additional Info Sent to Legal (Activity Code 156) <input type="checkbox"/> Supp. Investigation Request Cancelled (Activity Code 157)
--

Email to: Pensacola Tallahassee Alachua Jacksonville St. Pete Tampa Orlando Ft. Myers West Palm Ft. Lauderdale Miami
<u>Consumer Services</u>

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Governor

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August 27, 2015

Mereika D. Miller, C.N.A.
5437 H. Byrom Street
Milton, Florida 32570

RE: DOH v. Mereika Miller, C.N.A.
Case No. 2015-00203

Dear Ms. Miller:

Enclosed please find a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights form is also enclosed.

Please review the attached documents and return the Election of Rights form to my attention. You **must** return the election to my office within twenty-one (21) days of the date you received it. Failure to return the election within twenty-one (21) days will be considered a waiver of your right to dispute the facts alleged in the Administrative Complaint.

In addition, enclosed is a Settlement Agreement containing terms I believe will be acceptable in resolving this matter without the need for a Formal or Informal Hearing. If you would like to accept the terms of the Settlement Agreement, please sign it before a notary public and return it to my office. Please note that the Settlement Agreement is subject to final approval by the Board of Nursing and is considered disciplinary action.

A Voluntary Relinquishment form has also been included in this package for your consideration. Voluntarily relinquishing your license is giving up your ability to practice nursing assistance in the state of Florida. If you no longer wish to practice nursing assistance in Florida, please sign the voluntary relinquishment before a notary and return it to my office. Please note that voluntary relinquishment of your license is considered disciplinary action.

Please contact me by phone at 850-245-4444, extension 8125, if you have any questions.

Sincerely,

Nicole L. Jordan
Assistant General Counsel
(850) 245-4444 Ext. 8125

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2015-00203

MEREIKA D. MILLER, C.N.A.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Mereika D. Miller, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing assistance pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued certification number CNA 289499.

3. Respondent's address of record is 5437 H Byrom Street, Milton,

Florida 32570.

4. Respondent is licensed pursuant to Chapter 464, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes.

5. On or about March 12, 2015, in the County Court, in the First Judicial Circuit, in and for Santa Rosa County, Florida, Respondent entered a plea of nolo contendere to one (1) count of Petit Theft, in violation of Section 812.014(3)(b), Florida Statutes.

6. A certified nursing assistant is one of a handful of categories of licensed professionals that provide direct patient care, in many instances, to the elderly and other vulnerable individuals, often in patient homes or in nursing home settings, where they have access to patient prescriptions, identification, and valuables. As such, entering a plea of nolo contendere to Petit Theft relates to the practice, or the ability to practice, nursing assistance and violates the level of trust and confidence invested by the Legislature in this category of licensees.

7. Section 464.204(1)(b), Florida Statutes (2014), provides that intentionally violating any provision of chapter 464, chapter 456, or the rules adopted by the board, constitutes grounds for discipline.

8. Section 456.072(1)(c), Florida Statutes (2014), provides that being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession, constitutes grounds for which disciplinary actions may be taken.

9. As set forth above, Respondent entered a plea of nolo contendere to Petit Theft on or about March 12, 2015, a crime which relates to the practice of, or ability to practice, nursing assistance, which is Respondent's profession.

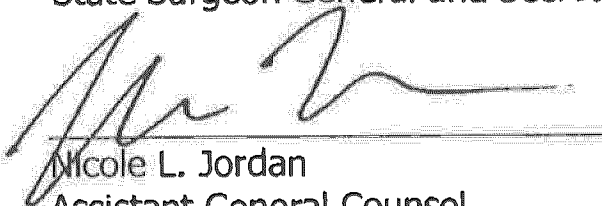
10. Based upon the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2014), by intentionally violating Section 456.072(1)(c), Florida Statutes (2014), by being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession, which constitutes grounds for discipline.

WHEREFORE, Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of

practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 25th day of August, 2015.

John H. Armstrong, MD, FACS
State Surgeon General and Secretary of Health



Nicole L. Jordan
Assistant General Counsel
Florida Bar Number: 106034
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Telephone: (850) 245 - 4444 Ext. 8125
Facsimile: (850) 245 - 4662
Email: Nicole.Jordan@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Anast Sanders*
DATE AUG 26 2015

/NLJ

PCP: 8/25/15

PCP Members: Denker, Forst

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: _____

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. _____ I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. _____ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.

Respondent's Signature _____
Address: _____

Attorney/Qualified Representative* _____
Address: _____

Lic. No.: _____

Phone No.: _____

Phone No.: _____ Fax No.: _____

Fax No.: _____

Email: _____

Email: _____

STATE OF FLORIDA _____
COUNTY OF _____

*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared _____, whose identity is known to me or produced _____ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____ 20__

Notary Public-State of Florida

My Commission Expires

Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Nicole L. Jordan, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. [8125]; FAX (850) 245-4662; TDD 1-800-955-8771

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: _____

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. _____ I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. _____ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.

Respondent's Signature
Address: _____

Attorney/Qualified Representative*
Address: _____

Lic. No.: _____

Phone No.: _____

Phone No.: _____ Fax No.: _____

Fax No.: _____

Email: _____

Email: _____

STATE OF FLORIDA
COUNTY OF _____

*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared _____, whose identity is known to me or produced _____ (type of identification) and who, acknowledges that his/her signature appears above. Sworn to or affirmed by Affiant before me this _____ day of _____ 20__.

Notary Public-State of Florida

My Commission Expires _____

Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Nicole L. Jordan, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. [8125]; FAX (850) 245-4662; TDD 1-800-955-8771

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2015-00203

MEREIKA D. MILLER, C.N.A.,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Settlement Agreement (Agreement) and agree to entry of a Final Order of the Board of Nursing (Board) incorporating this Agreement as disposition of the Administrative Complaint, in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed with the Department of Health Agency Clerk.

In considering this Agreement, the Board may review all materials gathered during the investigation of this case. If this Agreement is rejected, it, and its presentation to the Board, shall not be used against either party.

STIPULATED FACTS

1. At all times material to this matter, Respondent was a certified nursing assistant in the State of Florida holding license number CNA 289499.

2. The Department charged Respondent with an Administrative Complaint that was properly served upon Respondent with violations of Chapters 456 and/or 464, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

STIPULATED LAW

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the stipulated facts, if proven true, constitute violations of Chapter 456 and/or 464, Florida Statutes as alleged in the Administrative Complaint.

3. Respondent agrees that the Agreement is a fair, appropriate, and reasonable resolution of this pending matter.

PROPOSED DISPOSITION

1. The Respondent shall pay investigative cost not to exceed one thousand two hundred and sixty six dollars and eleven cents (\$1,266.11) within two (2) years from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH/HMQACS, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal checks will **NOT** be accepted.

2. The Respondent shall enroll in and successfully complete a total of four (4) hours, two (2) in courses of Legal Aspects of Nursing and two (2) in Ethics. Verification of course content and course completion must be submitted to the Nursing Compliance Officer within six (6) months from the date of the Final Order accepting this Settlement Agreement. The Board will retain jurisdiction for the purpose of enforcing continuing education requirements.

STANDARD LANGUAGE

1. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Final Order accepting this Settlement Agreement.

2. It is expressly understood that this Settlement Agreement is subject to the approval of the Department and the Board, and has no force and effect until a Final Order is entered accepting this Settlement Agreement.

3. This Settlement Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Agreement. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to, and consideration

of, this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

4. Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto. This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

5. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

6. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

WHEREFORE, the parties hereto request the Board enter a Final Order accepting and implementing the terms of the Settlement Agreement contained herein.

(Signatures follow on next page.)

SIGNED this ____ day of _____, 2015.

Mereika D. Miller, C.N.A.

STATE OF _____
COUNTY OF _____

Before me personally appeared _____ whose identity is known to be by _____ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this ____ day of _____, 2015.

Notary Public
My Commission Expires:

APPROVED this ____ day of _____, 2015.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health

Nicole L. Jordan
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar #0106034
(850) 245-4444 telephone
(850) 245-4662 facsimile
Email: nicole.jordan@flhealth.gov

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO. 2015-00203

MEREIKA D. MILLER, C.N.A.,

Respondent.

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent, Mereika D. Miller, C.N.A., license number CNA 289499 hereby voluntarily relinquishes Respondent's license to practice nursing assistant in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this case. Respondent understands that acceptance by the Board of Nursing (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this

relinquishment will be reported to the National Practitioner's Data Bank. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to voluntarily cease practicing nursing assistant immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of nursing until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written Final Order in this matter.

3. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in this case. By signing this waiver, Respondent understands

that the record and complaint become public record and remain public record and that information is immediately accessible to the public.

4. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review, or to otherwise challenge or contest the validity of this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

5. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this case.

6. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

SIGNED this ____ day of _____, 2015.

Mereika D. Miller, C.N.A.

STATE OF _____

COUNTY OF _____



Before me personally appeared _____ whose identity is known to be by _____ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this ____ day of _____, 2015.

Notary Public
My Commission Expires:



STATE OF FLORIDA

DEPARTMENT OF HEALTH**INVESTIGATIVE REPORT**

Office: Consumer Services Unit	Date of Complaint: March 20, 2015	Case Number: 201500203
Subject: MEREIKA D MILLER 5437 H Byrom Street Milton, FL 32570 (757)395-0047	Source: DEPARTMENT OF HEALTH-Consumer Services Unit	
Profession: Certified Nursing Assistant	License Number and Status: CNA289499/Delinquent, Active	
Related Case(s): 201517527	Period of Investigation and Type of Report: 03/24/2015 to 06/19/2015 - Final	
Alleged Violation: s.s. 456.072(1)(c)(k)(dd), 464.018(1)(c)(d)2.(o) and 464.204(1)(b), F.S.		
<p>Synopsis: This investigation is predicated on the receipt of a complaint from DEPARTMENT OF HEALTH stating MILLER's retained fingerprints matched a recent arrest record. Review of BGS Clearinghouse and CCIS revealed MILLER was arrested by the Santa Rosa County Sheriff's Office on December 26, 2014 and charged with Fraud-Swindle-Hire Vehicle With Intent to Defraud (S. 817.52(2), F.S.). MILLER entered a plea of nolo contendere to the lesser charge of Petit Theft (S. 812.014(3)(b), F.S.) and was adjudicated guilty on March 12, 2015 in Santa Rosa County, FL. To date MILLER has not responded to the department.</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/COMPAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date: Specialty: Law Enforcement <input type="checkbox"/> Notified Date: <input checked="" type="checkbox"/> Involved Agency: Santa Rosa County <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney? Attorney information: </p>		
Investigator/Date:  Aliza Hopkins – 06/19/2015	Approved By/Date:  6/23/15 Nicole Singleton	
Distribution: Prosecution Services Unit		Page 1

CONFIDENTIAL

DOH INVESTIGATIVE REPORT

CASE NUMBER: 201500203

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DOH INVESTIGATIVE REPORT

CASE NUMBER: 201500203

INVESTIGATIVE DETAILS

Exhibit #1 is the case summary with attachments. The attachments include a Retain Hit Memo and court documents

Exhibit #2 is MILLER's notification letter, dated 03/24/2015

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM TO OPEN COMPLAINT

TO: Consumer Services Unit
FROM: Consumer Services Unit
DATE: January 5, 2015
RE: Background Check Retained Print Hit Match

Retained fingerprints of the below practitioner matched a recent arrest record. Please open a complaint (Source Code 79) to review the criminal case against the practitioner.

Practitioner Name: Miller, Mereika D
Profession: 4401
License Number: 289499
Type of Hit (FBI or FDLE): FDLE
Date of Match: 1/1/2015 4:00:34 AM

IN THE COUNTY COURT,
FIRST JUDICIAL CIRCUIT,
IN AND FOR SANTA ROSA COUNTY FLORIDA

STATE OF FLORIDA

-vs-

MEREIKA DENE LELANIE MILLER

Defendant

DIVISION: MISDEAMEANOR

JUDGMENT

The defendant, MEREIKA DENE LELANIE MILLER, being personally before this Court represented by his/her attorney of record, and the state represented by CLINT MORROW and having:

- been tried and found guilty by jury/by court of the following crime(s)
- entered a plea of guilty to the following crime(s)
- entered a plea of nolo contendere to the following crime(s)

COUNT	CRIME	OFFENSE STATUTE #	DEGREE OF CRIME	CASE #
1	PETIT THEFT	812.014.3b	FIRST	15000065MMMXX

X and no cause being shown why the defendant should not be adjudicated guilty, IT IS ORDERED THAT the defendant is hereby ADJUDICATED GUILTY of the above crime(s).

 and no cause being shown why the defendant should not be adjudicated guilty, regardless of adjudication, to attempts or offenses relation to sexual battery (ch 794), lewd and lascivious conduct (ch 800), or murder (s. 782.02), aggravated battery (s. 784.045), carjacking (s.812.133), or home invasion robbery (s. 812.135), or any other offenses specified in section 943.325, the defendant shall be required to submit blood specimens.

 and good cause being shown; IT IS ORDERED THAT ADJUDICATED OF GUILT BE WITHHELD.

CONFIDENTIAL

IN THE COUNTY COURT,
FIRST JUDICIAL CIRCUIT,
IN AND FOR SANTA ROSA COUNTY FLORIDA

STATE OF FLORIDA
-vs-

MEREIKA DENE LELANIE MILLER
Defendant

CASE NO.: 15000065MMXAX

Division: MISDEMEANOR

CHARGES/ COSTS/ FEES

The defendant is hereby ordered to pay the following sums if checked:

- \$50.00 pursuant to section 938.03, Florida Statutes (Crimes Compensation Trust Fund)
- \$3.00 as a court cost pursuant to section 938.01, Florida Statutes (Criminal Justice Trust Fund.)
- \$2.00 as a court cost pursuant to section 938.15, Florida Statutes (Criminal Justice Education by Municipalities and Counties).
- A fine in the sum of \$50.00 Pursuant to section 775.0835, Florida Statutes. (This provision refers to the optional fine for the Crime Compensation Trust Fund and is not applicable unless checked and completed. Fines imposed as part of a sentence to section 775.083, Florida Statutes, are to be recorded on the sentence page(s).)
- \$20.00 pursuant to section 938.09, Florida Statute (Handicapped and Elderly Security Assistance Trust Fund).
- A 10% surcharge in the sum of \$_____ Pursuant to section 938.11, Florida Statutes (Handicapped and Elderly Security Assistance Trust Fund)
- A sum of \$_____ Pursuant to section 938.05(1), Florida Statute (Local Government Criminal Justice Trust Fund).
- A sum of \$_____ Pursuant to section 939.01, Florida Statutes (Prosecution/Investigative Costs).
- A sum of \$100.00 pursuant to section 27.56, Florida Statutes (Public Defender Fees).
- Restitution in accordance with attached order.
- Court Facility (939.18): \$_____
- 5% Surcharge \$1.00 Fine \$20.00 Admin Order
- IMP Driver \$_____ EMS \$_____ Reserve \$_____
- Jail Sentence _____
- Other _____

DONE AND ORDERED.

County Judge



STATE OF FLORIDA

VS

Miller, MEREIKE
DEFENDANT











CASE NO: 15000065 mm

2015 MAR 12 PM 3 01
SANTA ROSA COUNTY, FL
MISD FILED
DONALD O. SPENGLER
CLERK OF COURT
COMPTROLLER

DONE AND ORDERED in open court in SANTA ROSA County, FLORIDA,
this 12 day of MARCH A.D., 2015

JUDGE

FINGERPRINTS OF DEFENDANT

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
				
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little
				

Fingerprints taken by:

S. Anderson
Name

deputy
Title

I HEREBY CERTIFY that the above and foregoing are the fingerprints of defendant, _____, and that they were placed thereon by the defendant in my presence in open court this date.

[Signature]
Judge

CONFIDENTIAL

SCANNED

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

March 24, 2015

CONFIDENTIAL

Mereika D. Miller, CNA
5437 H Byrom Street
Milton, FL 32570

Complaint #: 201500203

Dear Ms. Miller:

The Consumer Services Unit has received the enclosed complaint against you. We reviewed the complaint or report and determined that you may have violated the practice act that regulates your profession. Therefore, we have opened an investigation into this matter. Please submit a written response to this complaint within 20 days of receipt of this letter.

You may make a written request for a copy of the investigative file. This complaint and all investigative information will remain confidential until 10 days after the probable cause panel has determined that a violation has occurred or you give up the right to confidentiality.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please call the Consumer Services Unit at (850) 245-4339. In addition, if you have any concerns or suggestions about our complaint process, please fill out our *Customer Concerns or Suggestions* form at www.floridashealth.com/mqa/survey.html.

Sincerely,

Anita M. Hill
Government Analyst I

/bh
Enclosure

DOH-Form300

**STATE OF FLORIDA
BORD OF NURSING**

BOARD: Nursing

CASE NUMBER: 2015-20576

COMPLAINT MADE BY: DOH

DATE OF COMPLAINT: January 7, 2015

SUBJECT: Michael J. Milano, RN
5940 Boggsford Road
Port Orange, Florida 32127

SUBJECT'S ATTORNEY: N/A

INVESTIGATED BY: Antionette Carter
CSU

REVIEWED BY: Matthew G. Witters
Assistant General Counsel

RECOMMENDATION: Dismiss (4097)
Reconsideration

CLOSING ORDER

THE COMPLAINT: The Complainant alleged that Section 456.072(1)(x) Florida Statutes (2015), provides that failing to report to the board, or the department if there is no board, in writing within thirty days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction constitutes grounds for discipline.

THE FACTS: On or about November 17, 2015, the Department filed an Administrative Complaint in the above referenced case alleging that

the Respondent failed to timely report a conviction to DUI in writing to the Board within thirty-days of the conviction.

Subsequent to the finding of probable cause, the Department became aware that the Subject apparently did timely report his conviction. Based upon this information, the Department requests that the Probable Cause Panel reconsider the finding of probable cause and dismiss this case.

THE LAW: Therefore, pursuant to Section 456.073(2), Florida Statutes, this case is hereby DISMISSED.

It is, therefore, ORDERED that this matter be, and same is hereby, DISMISSED.

DONE AND ORDERED this _____ day of _____, 201_.

CHAIRPERSON, PROBABLE CAUSE PANEL
BOARD OF NURSING

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2015-20576

MICHAEL J. MILANO, R.N.,

RESPONDENT.

_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Michael J. Milano, R.N., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint (Complaint), Respondent was a registered nurse within the state of Florida, having been issued license number RN 9281458.

3. Respondent's address of record is 5940 Boggsford Road, Port Orange, Florida 32127.

4. On or about July 28, 2015, in the County Court of the Forth Judicial Circuit, in and for Duval County, Florida, Respondent entered a plea of nolo contendere to one count of driving under the influence of alcohol or chemical substance; faculties impaired, a misdemeanor in violation Section 316.193(1)(A), Florida Statutes.

5. Respondent failed to report the plea of nolo contendere to the Board of Nursing in writing within thirty days of the date Respondent entered the plea.

6. Section 456.072(1)(x) Florida Statutes (2015), provides that failing to report to the board, or the department if there is no board, in writing within thirty days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction constitutes grounds for discipline.

7. Respondent failed to report the plea of nolo contendere to one count of driving under the influence or alcohol or chemical substance; faculties impaired to the Board of Nursing in writing within thirty days of the date Respondent entered the plea.

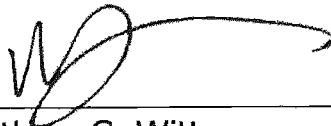
8. Based on the foregoing, Respondent violated Section 456.072(1)(x) Florida Statutes (2013), provides that failing to report to the board, or the department if there is no board, in writing within thirty days

after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction constitutes grounds for discipline.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 17 day of November, 2015.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health



Matthew G. Witters
Assistant General Counsel
Fla. Bar No. 0091245
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: matthew.witters@flhealth.gov

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Angel Sanders

DATE: NOV 17 2015

PCP: November 17, 2015
PCP Members: Whitson and Kemp

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.