

December 18, 2012

Nancy Grimm, R.N., J.D.
Executive Director
Office of Health Care Quality
Spring Grove Hospital Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228

RE: Letter of Surrender

Dear Ms. Grimm:

To resolve the pending investigation by the Maryland Department of Health and Mental Hygiene's Office of Health Care Quality (the "Department") regarding my operation of My House is your Home, 9014 Meadow Heights Road, Randallstown, Maryland 21133, please be advised that I have decided to surrender my license to operate My House is Your Home, assisted living program and am returning the certificate for license number 03AL1073-B to the Department. I understand that in so doing, I may no longer operate an assisted living program. In other words, I understand that I am in the same position as an unlicensed individual.

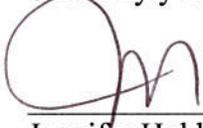
I, Jennifer Hubbard, agree that by surrendering my license I am barred for a period of at least 2 years from the date I sign this Letter of Surrender from being an owner, officer or manager of any facility or agency required to be licensed, certified, or similarly regulated by the Department. I further agree that I will not apply to the Department for a license to operate a facility or agency as an owner, officer or manager for a period of at least 2 years. I further agree to disenrollment of the current Medicaid provider number and not to reapply for any Medicaid provider number for a period of at least 2 years.

I understand that this Letter of Surrender is a PUBLIC document. I further agree that for the limited purposes of considering any future license application that I may file within 2 years with the Department as an owner, operator, or manager of a health care facility or agency, that the Department may deem this Letter of Surrender to be proof that I do not qualify for such a license just as if the Department had held a full contested case hearing under the Administrative Procedure Act, Md. Code Ann., State Government Article, 10-201, et seq. following the denial of my license application.

I understand that by executing this Letter of Surrender, I am waiving any right to contest the surrender of my license in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law, including the right to appeal.

I wish to make clear that I have been given an opportunity to consult with an attorney of my choosing before signing this letter. I understand both the nature of the Department's actions and this Letter of Surrender fully. I make this decision knowingly and voluntarily. I have voluntarily consented to submit this Letter of Surrender. I, Jennifer Hubbard, declare and affirm under the penalties of perjury that signing this Letter of Surrender is my voluntary act and deed. I further declare and affirm under the penalties of perjury that I have lost the assisted living program license for My House is Your Home and further agree that should I find it I will immediately return it to the Office of Health Care Quality.

Sincerely yours,

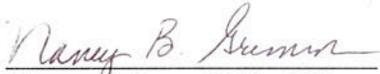


Jennifer Hubbard

12/18/12

Date

Letter of Surrender accepted by Nancy Grimm, R.N., J.D., Executive Director of the Office of Health Care Quality, and Wonda Oliver, Medical Care Program Specialist II:



Nancy Grimm, R.N., J.D.

12/18/2012

Date



Wonda Oliver

12/18/2012

Date

Attachment: Order of Emergency Suspension