

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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| | | | |
|-------------------------------|---|---|--|
| Meeting Date: October 6, 2015 | <input checked="" type="checkbox"/> Consent | <input type="checkbox"/> Regular | |
| | <input type="checkbox"/> Ordinance | <input type="checkbox"/> Public Hearing | |

Department
Submitted By: Community Services
Submitted For: Division of Senior Services

=====

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

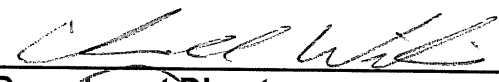
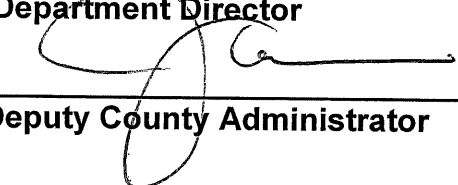
A) approve Florida Agency for Health Care Administration (AHCA) Health Care Licensing Application/Addendum renewal for the Division of Senior Services (DOSS) North County Adult Day Care, for the period December 18, 2015, through December 17, 2017; and

B) delegate to the County Administrator, or her designee, signatory authority on individual licenses and any other necessary documents related to the AHCA licensing requirements.

Summary: AHCA is responsible for the licensure and regulation of health facilities, including adult day cares. Adult day cares are required to be licensed by AHCA with a renewal every two (2) years through a licensing application process. The attached AHCA Health Care Licensing Application for renewal for adult day care is required sixty (60) days prior to the expiration of the current license, which is December 17, 2015. The Health Care Licensing Application/Addendum is a requirement of AHCA and necessary to renew DOSS's adult day care licensing. There is no cost to Palm Beach County. County-operated or municipally operated centers applying for licensure are exempt from the payment of license fees. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (HH)

Background and Justification: The licensing renewal will enable DOSS to continue to operate the adult day care center. North County Adult Day Care center serves families and caregivers with assistance with care giving for Alzheimer's, cognitive and chronic physical impaired participants.

Attachments: AHCA Health Care Licensing Application/Addendum

| | | | |
|------------------------|---|-------------|--|
| Recommended By: |  | 9/23/15 | |
| | Department Director | Date | |
| Approved By: |  | 9-30-15 | |
| | Deputy County Administrator | Date | |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------------------|-------------|-------------|-------------|-------------|-------------|
| Capital Expenditures | | | | | |
| Operating Costs | | | | | |
| External Revenue | | | | | |
| Program Income | | | | | |
| In-Kind Match (County) | | | | | |
| NET FISCAL IMPACT | -0- | | | | |

| | | | | | |
|---|--|--|--|--|--|
| # ADDITIONAL FTE POSITIONS (Cumulative) | | | | | |
|---|--|--|--|--|--|

Is Item Included In Current Budget? Yes X No

Budget Account No.:

Fund Dept Unit Object Program Code Program Period

B. Recommended Sources of Funds/Summary of Fiscal Impact:

No County Funds Required

C. Departmental Fiscal Review: TM

Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

Sherry M.
OFMB ^{KSJ}
9/24/15

Dr. J. Jacobson 9/28/15
Contract Development and Control
bwh/ksj 9/28/15

B. Legal Sufficiency:

Helen Cochran 9-29-15
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.



AHCA USE ONLY:

File #: _____
 Application #: _____
 Check #: _____
 Check Amt: _____
 Batch #: _____

**Health Care Licensing Application
 ADULT DAY CARE CENTER**

Under the authority of Chapters 408, Part II and 429, Part III, Florida Statutes (F.S.), and Chapters 59A-35 and 58A-6, Florida Administrative Code (F.A.C.), an application is hereby made to operate an adult day care center as indicated below:

1. Provider / Licensee Information

| | | | |
|--|--|---|---------------------------------------|
| A. Provider Information – please complete the following for the adult day care center name and location. <small>Provider name, address and telephone number will be listed on http://www.floridahealthfinder.gov/</small> | | | |
| License # (for renewal & change of ownership applications) 344 | National Provider Identifier (NPI) (if applicable) | Medicare # (CMS CCN) | Medicaid # |
| Name of Adult Day Care Center (if operated under a fictitious name, list that here) Palm Beach County Board of County Commissioners | | | |
| Street Address 5217 Northlake Boulevard | | | |
| City Palm Beach Gardens | County Palm Beach | State FL | Zip 33418 |
| Telephone Number 561-355-4746 | Fax Number 561-355-3222 | E-mail Address FManfra@pbcgov.org | Provider Website pbcgov.org |
| Mailing Address or <input type="checkbox"/> Same as above (All mail will be sent to this location) 810 Datura Street Suite 300 | | | |
| City West Palm Beach | | State FL | Zip 33401 |
| Contact Person for this application Faith Manfra | | Contact Telephone Number 561-355-4750 | |
| Contact e-mail address or <input type="checkbox"/> Do not have e-mail FManfra@pbcgov.org | | NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency | |

| | | | |
|--|---|--|---------------------|
| B. Licensee Information – please complete the following for the entity seeking to operate the adult day care center. | | | |
| Licensee Name (may be same as provider name above) Palm Beach County Board of County Commissioners | | Federal Employer Identification Number (EIN) 59-6000785 | |
| Mailing Address 810 Datura Street Suite 300 | | | |
| City West Palm Beach | | State FL | Zip 33401 |
| Telephone Number 561-355-4750 | Fax Number 561-355-3222 | E-mail Address FManfra@pbcgov.org | |
| Description of Licensee (check one): | | | |
| For Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other | Not for Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other | Public <input type="checkbox"/> State <input checked="" type="checkbox"/> City/County <input type="checkbox"/> Hospital District | |

2. Application Type and Fees

Indicate the type of application with an "X." Applications will not be processed if all applicable fees are not included. All fees are nonrefundable. Renewal and Change of Ownership applications must be received 60 days prior to the expiration of the license or the proposed effective date of the change to avoid a late fine.

Initial Licensure

Was this entity previously licensed as an Adult Day Care Center in Florida? YES NO

If yes, please provide the name of the agency (if different), the EIN # and the year the prior license expired or closed:

| | | |
|-------|-------|----------------------|
| NAME: | EIN # | Year Expired/Closed: |
|-------|-------|----------------------|

Renewal Licensure

Change of Ownership

Proposed Effective Date: _____

Change during licensure period

Proposed Effective Date: _____

Name change of the facility to: _____

Request to Expand/Decrease Capacity to _____ participants

| Action | Fee | TOTAL FEES |
|---|----------|------------|
| LICENSE FEE (Initial, Renewal and Change of Ownership): | \$159.00 | \$ |
| <input checked="" type="checkbox"/> License Fee Exemption (County or Municipal Government pursuant to 429.907(4), F.S.) = \$ 0.00 | | |
| Change During Licensure Period/Replacement License | \$ 25.00 | \$ |
| Level 2 Background Screening for Administrator | \$ 43.25 | \$ |
| Level 2 Background Screening for Chief Financial Officer | \$ 43.25 | \$ |
| TOTAL FEES INCLUDED WITH APPLICATION: | | \$ |
| <i>Please make check or money order payable to the Agency for Health Care Administration (AHCA)</i> | | |

3. Controlling Interests of Licensee

AUTHORITY:

Pursuant to section 408.806(1)(a) and (b), Florida Statutes, an application for licensure must include: the name, address and Social Security number of the applicant and each controlling interest, if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest, if the applicant or controlling interest is not an individual. Disclosure of Social Security number(s) is mandatory. The Agency for Health Care Administration shall use such information for purposes of securing the proper identification of persons listed on this application for licensure. However, in an effort to protect all personal information, do not include Social Security numbers on this form. All Social Security numbers must be entered on the Health Care Licensing Application Addendum, AHCA Form 3110-1024.

DEFINITIONS:

Controlling interests, as defined in subsection 408.803(7), Florida Statutes, are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

Voluntary Board Member, as defined in subsection 408.803(13), Florida Statutes, means a board member or officer of a not-for-profit corporation or organization who serves solely in a voluntary capacity, does not receive any remuneration for his or her services on the board of directors, and has no financial interest in the corporation or organization.

In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the licensee. Attach additional sheets if necessary.

A. Individual and/or Entity Ownership of Licensee

| FULL NAME of INDIVIDUAL or ENTITY | PERSONAL OR BUSINESS ADDRESS | TELEPHONE NUMBER | EIN (No SSNs) | % OWNERSHIP INTEREST |
|-----------------------------------|------------------------------|------------------|---------------|----------------------|
| Not Applicable | Not Applicable | N/A | N/A | N/A |
| Not Applicable | Not Applicable | N/A | N/A | N/A |
| Not Applicable | Not Applicable | N/A | N/A | N/A |
| Not Applicable | Not Applicable | N/A | N/A | N/A |
| Not Applicable | Not Applicable | N/A | N/A | N/A |

B. Board Members and Officers of Licensee

| TITLE | FULL NAME | PERSONAL OR BUSINESS ADDRESS | TELEPHONE NUMBER | % OWNERSHIP INTEREST |
|----------------|----------------|------------------------------|------------------|----------------------|
| Director/CEO | Not Applicable | Not Applicable | N/A | N/A |
| President | Not Applicable | Not Applicable | N/A | N/A |
| Vice President | Not Applicable | Not Applicable | N/A | N/A |
| Secretary | Not Applicable | Not Applicable | N/A | N/A |
| Treasurer | Not Applicable | Not Applicable | N/A | N/A |
| Other: | Not Applicable | Not Applicable | N/A | N/A |

C. Voluntary Board Members and Officers of Licensee

If the licensee is a not-for-profit corporation/organization, provide the requested information for each individual that serves as a voluntary board member. Attach additional sheets if necessary.

| FULL NAME | PERSONAL OR BUSINESS ADDRESS | TELEPHONE NUMBER |
|----------------|------------------------------|------------------|
| Not Applicable | Not Applicable | Not Applicab |
| Not Applicable | Not Applicable | Not Applicab |
| Not Applicable | Not Applicable | Not Applicab |
| Not Applicable | Not Applicable | Not Applicab |
| Not Applicable | Not Applicable | Not Applicab |
| Not Applicable | Not Applicable | Not Applicab |

D. Administration

| TITLE | NAME | TELEPHONE NUMBER | E-MAIL |
|-------------------------|-----------------|------------------|---------------------|
| Center Operator | Teresa Pedicino | 561-357-7135 | TPedicin@pbcgov.org |
| Chief Financial Officer | Tony Moore | 561-355-4753 | Tmoore@pbcgov.org |

4. Management Company Controlling Interests

Does a company other than the licensee manage the licensed provider?

If NO, skip to section 5 – *Required Disclosure*.

If YES, provide the following information:

| | | | | |
|---|----------------|----------------|--------------------------|--|
| Name of Management Company | | EIN (No SSN) | Telephone Number / Fax | |
| Street Address | | E-mail Address | | |
| City | County | State | Zip | |
| Mailing Address or <input type="checkbox"/> Same as above | | | | |
| City | | State | Zip | |
| Contact Person | Contact E-mail | | Contact Telephone Number | |

In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the management company. Attach additional sheets if necessary.

A. Individual and/or Entity Ownership of Management Company

| FULL NAME of INDIVIDUAL or ENTITY | PERSONAL OR BUSINESS ADDRESS | TELEPHONE NUMBER | EIN (No SSNs) | % OWNERSHIP INTEREST |
|-----------------------------------|------------------------------|------------------|---------------|----------------------|
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |

B. Board Members and Officers of Management Company

| TITLE | FULL NAME | PERSONAL OR BUSINESS ADDRESS | TELEPHONE NUMBER | % OWNERSHIP INTEREST |
|----------------|-----------|------------------------------|------------------|----------------------|
| Director/CEO | N/A | N/A | N/A | N/A |
| President | N/A | N/A | N/A | N/A |
| Vice President | N/A | N/A | N/A | N/A |
| Secretary | N/A | N/A | N/A | N/A |
| Treasurer | N/A | N/A | N/A | N/A |
| Other: | N/A | N/A | N/A | N/A |

C. Voluntary Board Members and Officers of Management Company

If the management company is a not-for-profit corporation/organization, provide the requested information for each individual that serves as a voluntary board member. Attach additional sheets if necessary.

| FULL NAME | PERSONAL OR BUSINESS ADDRESS | TELEPHONE NUMBER |
|-----------|------------------------------|------------------|
| N/A | N/A | N/A |
| N/A | N/A | N/A |
| N/A | N/A | N/A |
| N/A | N/A | N/A |
| N/A | N/A | N/A |

5. Required Disclosure

The following disclosures are required:

A. Pursuant to subsection 408.809(1)(d), F.S., the applicant shall submit to the agency a description and explanation of any convictions of offenses prohibited by sections 435.04 and 408.809(5), F.S., for each controlling interest.

Has the applicant or any individual listed in sections 3 and 4 of this application been convicted of any level 2 offense pursuant to subsection 408.809(1)(d), Florida Statutes? (These offenses are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form #3100-0008.) YES NO

If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the conviction(s) - If the individual has received an exemption from disqualification for the offense, include a copy

B. Pursuant to section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or federal Clinical Laboratory Improvement Amendment (CLIA) programs.

Has the applicant or any individual listed in Sections 3 and 4 of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state? YES NO

If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the exclusion, suspension, termination or involuntary withdrawal.

C. Pursuant to section 408.815(4), F.S., does the applicant or any controlling interest in an applicant have any of the following:

- YES NO Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, within the previous 15 years prior to the date of this application;
- YES NO Terminated for cause from the Florida Medicaid program pursuant to s. 409.913, and not been in good standing with the Florida Medicaid program for the most recent 5 years;
- YES NO Terminated for cause, pursuant to the appeals procedures established by the state or federal government, from the federal Medicare program or from any other state Medicaid program, have not been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination was less than 20 years prior to the date of this application.

6. Provider Fines and Financial Information

Pursuant to subsection 408.831(1)(a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services (CMS), not subject to further appeal, unless a repayment plan is approved by the agency.

Are there any incidences of outstanding fines, liens or overpayments as described above? YES NO

If yes, please complete the following for each incidence (attach additional sheets if necessary):

Amount: \$ _____ assessed by: Agency for Health Care Administration Case # _____ CMS

Date of related inspection, application or overpayment period if applicable: _____

Due date of payment: _____

Is there an appeal pending from a Final Order? YES NO

Please attach a copy of the approved repayment plan if applicable.

7. Facility and Service Provisions

Information below should reflect facility description and services provided at this center.

- A. Maximum participant capacity: 15
- B. Total square footage available for participants: 1370
- C. Identify below all the basic and optional services provided by the center. Please indicate the frequency with which the services are provided (i.e., daily, weekly, as needed), no indication of frequency assumes the service is not provided.

| Required Basic Services | Frequency | Optional Services | Frequency |
|-------------------------|-----------|-----------------------|-----------|
| Protective Environment | Daily | Speech Therapy | N/A |
| Social Activities | Daily | Physical Therapy | N/A |
| Therapeutic Activities | Daily | Occupational Therapy | N/A |
| Self-Care Training | As Needed | Transportation | Daily |
| Nutritional Services | Daily | Follow-up Services | Daily |
| Respite Care | Daily | Adult Day Health Care | N/A |
| Rest Periods | Daily | Other: | |
| Leisure Activities | Daily | | |
| Other: | | | |

8. Affidavit

I, Shelley Vana, hereby swear or affirm, under penalty of perjury, that the statements in this application are true and correct. As administrator or authorized representative of the above named provider/facility, I hereby attest that all employees required by law to undergo Level 2 background screening have met the minimum standards of sections 435.04, and 408.809(5), Florida Statutes (F.S.) or are awaiting screening results.

In addition, I attest that all employees subject to Level 2 screening standards have attested to meeting the requirements for qualifying for employment and agree to inform me immediately if convicted of any of the disqualifying offenses while employed here as specified in subsection 435.04(5), F.S.

Signature of Licensee or Authorized Representative

Mayor
Title

Date

RETURN THIS COMPLETED FORM WITH FEES AND ALL REQUIRED DOCUMENTS TO:

AGENCY FOR HEALTH CARE ADMINISTRATION
LONG TERM CARE UNIT
2727 MAHAN DR., MS 30
TALLAHASSEE FL 32308-5407

Questions? Review the information available at: <http://ahca.myflorida.com/>
or contact the Assisted Living Unit at (850) 412-4303

ATTEST:
Sharon R. Bock
Clerk And Comptroller

By: _____
Deputy Clerk

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney



Health Care Licensing Application Addendum

AUTHORITY: Pursuant to section 408.806, Florida Statutes (F.S.), the Agency for Health Care Administration is required to obtain the name, address and Social Security number of the applicant and each controlling interest if the applicant or controlling interest is an individual, and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest if the applicant or controlling interest is not an individual. Disclosure of your Social Security number is mandatory. Your Social Security number will be used to secure the proper identification of persons listed on this application for licensure, criminal background checks and the indexing of controlling interests.

1. Provider / Licensee Information

A. Please complete the following and indicate whether background screening was conducted as part of this application. (if you are seeking licensure as a Risk Manager please skip to 1B; Applicants for Health Care Clinics must also complete 1C):

| | | |
|--|-------------------------------|---|
| Provider/Facility Type: Adult Day | | National Provider ID#: (if applicable) 344 |
| Provider/Facility Name: Palm Beach County Board of County Commissioners | | |
| Administrator/CEO/Managing Employee: Teresa Pedicnio | Social Security #: XXXXXXX | Background Screening Conducted <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Chief Financial Officer: Tony Moore | Social Security #: XXXXXXX | Background Screening Conducted <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

B. RISK MANAGERS ONLY:

| | |
|--|--|
| Name N/A | Social Security #: |
| HCRM License # (for renewal applications) 550- | Background Screening Conducted <input type="checkbox"/> YES <input type="checkbox"/> NO |

C. Additional information needed for HEALTH CARE CLINIC applicants:

In accordance with sections 408.806(1)(a) and 400.991 F.S., the medical or clinic director and each licensed health care practitioners as provided in sections 8 and 9 of the Health Care Licensing Application, Health Care Clinics, AHCA Form 3110-0013, must provide their Social Security number. The Social Security number will be used to secure the proper identification of persons listed on this application for licensure and criminal background checks. Please attach additional sheets if necessary.

| FULL NAME | SOCIAL SECURITY NUMBER | BACKGROUND SCREENING CONDUCTED |
|-----------------------------------|------------------------|--|
| Medical or Clinical Director: N/A | N/A | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

2. Controlling Interests of Licensee

A. Individual and/or Entity Ownership of Licensee

Provide the following information for each person with 5% or greater ownership interest in the licensee/provider. This information must match the information contained in Section 3A of the *Health Care Licensing Application*. Attach additional sheets if necessary.

| FULL NAME | SOCIAL SECURITY NUMBER |
|----------------|------------------------|
| Not Applicable | N/A |
| Not Applicable | N/A |
| Not Applicable | N/A |
| Not Applicable | N/A |
| Not Applicable | N/A |

B. Board Members and Officers of Licensee

Provide the following information for each person that serves as an officer or is on the board of directors (excludes voluntary board members) for the licensee/provider. This information must match the information contained in Section 3B of the *Health Care Licensing Application*. Attach additional sheets if necessary.

| TITLE | FULLNAME | SOCIAL SECURITY NUMBER |
|----------------|----------|------------------------|
| Director/CEO | N/A | N/A |
| President | N/A | N/A |
| Vice President | N/A | N/A |
| Secretary | N/A | N/A |
| Treasurer | N/A | N/A |
| Other: | N/A | N/A |

3. Management Company Controlling Interests

If a company other than the licensee manages the licensee/provider, complete the following information:

A. Individual and/or Entity Ownership of Management Company

Provide the following information for each person or entity (corporation, partnership, association) with 5% or greater ownership interest in the management company. This information must match the information contained in Section 4A of the *Health Care Licensing Application*. Attach additional sheets if necessary.

| FULL NAME of INDIVIDUAL | SOCIAL SECURITY NUMBER |
|-------------------------|------------------------|
| N/A | N/A |
| N/A | N/A |
| N/A | N/A |
| N/A | N/A |
| N/A | N/A |

B. Board Members and Officers of Management Company

Provide the following information for **each person that serves as an officer or is on the board of directors** (excludes voluntary board members). This information must match the information contained in Section 4B of the *Health Care Licensing Application*. Attach additional sheets if necessary.

| TITLE | FULL NAME | SOCIAL SECURITY NUMBER |
|----------------|-----------|------------------------|
| Director/CEO | N/A | N/A |
| President | N/A | N/A |
| Vice President | N/A | N/A |
| Secretary | N/A | N/A |
| Treasurer | N/A | N/A |
| Other: | N/A | N/A |

4. Affidavit

I, Shelley Vana, hereby swear or affirm, under penalty of perjury that the statements in this addendum to the application for licensure as a health care provider are true and correct.

 Signature of Licensee or Authorized Representative Mayor
 Title _____
 Date

ATTEST:
 Sharon R. Bock
 Clerk And Comptroller

By: _____
 Deputy Clerk

**Approved As To Form
 And Legal Sufficiency**

By: _____
 Assistant County Attorney



**PALM BEACH COUNTY
CERTIFICATE OF SELF INSURANCE COVERAGE
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS**

Date Issued
September 2, 2015

| | |
|---|--|
| INSURED: PALM BEACH COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, THE PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, ITS EMPLOYEES, AGENTS AND OFFICIALS | SELF INSURED ACCOUNT NO. 103 ADMINISTERED BY: Gallagher Bassett Insurance Services, Inc. |
|---|--|

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend, nor alter the coverages or defense afforded by the self-insurance plans below.

| Type of Coverage | Effective Date | Expiration Date | Limits of Liability - in Thousands |
|--|----------------|---------------------------|--|
| <u>GENERAL LIABILITY</u> <input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Premises/Operations <input checked="" type="checkbox"/> Products/Completed Operations <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Errors & Omissions | 11/1/90 | Until canceled or revoked | Bodily Injury, Property Damage Personal Injury Combined \$100 per Claimant \$200 per Occurrence Self-Insured in accordance with S.768.28 F.S. |
| <u>AUTOMOBILE LIABILITY</u> <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos (Private Passenger Autos) <input type="checkbox"/> All Owned Autos (Other than Private Passenger) <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non Owned Autos | 11/1/90 | Until canceled or revoked | Bodily Injury Property Damage Combined \$100 per Claimant \$200 per Occurrence Self-Insured in accordance with S.768.28 F.S. |
| <u>WORKERS COMPENSATION</u> <input checked="" type="checkbox"/> INCLUDING EMPLOYERS LIABILITY | 1/1/99 | Until canceled or revoked | WC Statutory Limits 100/500/100 Self-Insured in accordance with S.440 F.S. |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL/ITEMS:

All operations of Palm Beach County of Board of County Commissioners including the Department of Community Services

CANCELLATION: Should any of the above described coverages be canceled before the expiration date thereof, the issuing County will endeavor to mail 10 days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the County, its agents, or representatives.

CERTIFICATE HOLDER

Informational purposes only

Nancy Bolton

Nancy Bolton, DIRECTOR



Adult Day Care Center OPERATOR IDENTIFICATION STATEMENT

AUTHORITY: In accordance with Florida Statutes, Chapter 429, Part III, and Chapter 58A-6, Florida Administrative Code, it is necessary to provide the Agency for Health Care Administration with the following information about the operator of an adult day care center.

| | | | |
|---|--|-----------------------------------|-------------------------------------|
| AHCA License #: 344 | | | |
| Name of Center: Palm Beach County Board of County Commissioners | | | Telephone #: 561-357-7135 |
| Street Address of Center: 5217 Northlake Blvd | City: Palm Beach Gardens | County: FL | Zip: 33418 |
| Full Name of Center's Operator: Teresa Alcira Pedicino | | Date of Birth: 07/10/73 | |
| Effective Date of Appointment: 02/19/15 | Email Address: TPedicin@pbcgov.org | | |

Signature of Operator

9/3/15

Date

NOTE: Pursuant to section 429.919, Florida Statutes, all center operators are subject to Level 2 background screening. Please submit a fingerprint card along with the screening fee of \$42.25 per screening to the Agency for Health Care Administration. Information on how to properly fill out a fingerprint card may be found on the Agency's website at: http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml.



Palm Beach County Fire Rescue Inspection Worksheet

405 Pike Road, West Palm Beach, FL 33411

Telephone (561) 616-7030 Fax (561) 616-7082

www.pbcfr.org/boss inspections.asp



| | |
|---|--|
| Business Name: PBCBCC NORTH COUNTY ADULT DAY CARE | Inspection Date: 02/20/2015 |
| Address: 5217 NORTHLAKE Blvd , Unit: 2 | Phone: (561) 694-5435 |
| PALM BEACH COUNTY FL | Fax: 0 - |
| Property Usage: 142 Country club | |
| Inspection Type: 101-12 Annual | File Number: 43450 |
| District: 411 | Vendor Number: City Code: 00 Re-inspection: <input type="checkbox"/> |

NO VIOLATIONS WERE OBSERVED AT THE TIME OF THIS INSPECTION. THANK YOU.

Additional Information:

For PBCFR Finance Office Use Only

| | |
|------------------|-------------------|
| Bill To: | |
| Billing Address: | |
| Telephone: | Email: |
| Billing Code: | Invoice #: 15F1 - |

**THIS IS NOT AN INVOICE! DO NOT REMIT PAYMENT WITH THIS WORKSHEET.
AN INVOICE IN THE AMOUNT OF _____ WILL BE MAILED SEPERATELY TO YOU!**

For More Information, Contact:

Inspector: CHRISTOPHER FINKLEY, Cell Phone: (561) 723-4047 E-mail: cfinkley@pbcgov.org Fax: (561) 616-7082

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY OTHER
- OTHER

NAME OF ESTABLISHMENT: PALM BEACH COUNTY BOARD OF HEALTH
 ADDRESS: 207 NORTALEX BLVD. CITY PALM BEACH GARDEN
 OWNER: PALM BEACH BOARD OF HEALTH ZIP: 33418
 PERSON IN CHARGE: MILVIA J. HANCOCK PHONE: 561-614-3432

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by:
 Next Inspection
 8:00 AM on:

| DATE | |
|------|----|
| 05 | 05 |
| 06 | 06 |
| 07 | 07 |
| 08 | 08 |
| 09 | 09 |
| 10 | 10 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |

OUT OF BUSINESS

| BEGIN | END | DATE | POSITION | CERTIFICATE NUMBER | TYPE |
|---------|---------|----------|----------|--------------------|--|
| 1:00 PM | 1:00 PM | 06 25 75 | 2033 | 80-48-0016 | <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input type="checkbox"/> School <input type="checkbox"/> Residen. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other |

This certificate is issued in compliance with Chapter 601.21 of the Florida Administrative Code and unless otherwise specified, the provisions of Chapter 601.21 Florida Administrative Code and Chapter 380 Florida Statutes shall apply. The date and time of expiration of this certificate shall be as stated in the results section above or an administrative hearing action will be required.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input type="checkbox"/> 9. Least contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input checked="" type="checkbox"/> 10. Food container | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control | |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS (continue on attached sheet) |
|--------------|---|
| 10 | SINGLE SERVICE ITEMS STORED ON FLOOR OF DRY STORAGE |
| | SEE CONTINUATION SHEET |

HEALTH DEPARTMENT INSPECTOR: C. W. [Signature] PHONE: (561) 837-5900



ATTESTATION OF COMPLIANCE with Background Screening Requirements

Authority: This form may be used by all employees to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer. **AND**
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards that have been screened through the Care Provider Background Screening Clearinghouse created under Section 435.12, F.S., or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., and in accordance with the standards in Section 408.809(2), F.S., if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

This form must be maintained in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

Employee/Contractor Name: Teresa Pedicino

Health Care Provider/ Employer Name: Palm Beach County Board of County Commissioners

Address of Health Care Provider: 5217 Northlake Blvd., Palm Beach Gardens, FL 33418

I hereby attest to meeting the requirements for employment and that I have not been arrested for or been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

Criminal offenses found in section 435.04, F.S.

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (e) Section 782.04, relating to murder.

(f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(g) Section 782.071, relating to vehicular homicide

(h) Section 782.09, relating to killing of an unborn quick child by injury to the mother.

(i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(j) Section 784.011, relating to assault, if the victim of the offense was a minor.

(k) Section 784.03, relating to battery, if the victim of the offense was a minor.

(l) Section 787.01, relating to kidnapping.

(m) Section 787.02, relating to false imprisonment.

(n) Section 787.025, relating to luring or enticing a child.

(o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.

(p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.

(q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.

(r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.

(s) Section 794.011, relating to sexual battery.

(t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(u) Section 794.05, relating to unlawful sexual activity with certain minors.

(v) Chapter 796, relating to prostitution.

(w) Section 798.02, relating to lewd and lascivious behavior.

(x) Chapter 800, relating to lewdness and indecent exposure.

(y) Section 806.01, relating to arson.

(z) Section 810.02, relating to burglary.

(aa) Section 810.14, relating to voyeurism, if the offense is a felony.

(bb) Section 810.145, relating to video voyeurism, if the offense is a felony.

(cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.

(dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(hh) Section 826.04, relating to incest.

(ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(kk) Former s. 827.05, relating to negligent treatment of children.

(ll) Section 827.071, relating to sexual performance by a child.

(mm) Section 843.01, relating to resisting arrest with violence.

(nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(oo) Section 843.12, relating to aiding in an escape.

(pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(qq) Chapter 847, relating to obscene literature.

(rr) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.

(ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

(tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(vv) Section 944.40, relating to escape.

(ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(xx) Section 944.47, relating to introduction of contraband into a correctional facility.

(yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(zz) Section 985.711, relating to contraband introduced into detention facilities.

(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Criminal offenses found in section 408.809(4), F.S.

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (h) Section 817.234, relating to false and fraudulent insurance claims.
- (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
- (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
- (k) Section 817.505, relating to patient brokering.
- (l) Section 817.568, relating to criminal use of personal identification information.

- (m) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (o) Section 831.01, relating to forgery.
- (p) Section 831.02, relating to uttering forged instruments.
- (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (s) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
- (u) Section 895.03, relating to racketeering and collection of unlawful debts.
- (v) Section 896.101, relating to the Florida Money Laundering Act.

I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA).

Date of Decision: _____

I have been granted an Exemption from Disqualification through the Florida Department of Health.

Date of Decision: _____

****A copy of the Exemption from Disqualification decision letter must be attached****

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**


Purpose of Prior Screening: _____

Screening conducted by: _____ Date of Prior Screening: _____

| | |
|---|---|
| <input type="checkbox"/> Agency for Healthcare Administration | <input type="checkbox"/> Department of Elder Affairs |
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> Department of Financial Services |
| <input type="checkbox"/> Agency for Persons with Disabilities | <input type="checkbox"/> Department of Children and Family Services |

Attestation

Under penalty of perjury, I, Teresa Pedicino, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.



Employee/Contractor Signature

Case Manager II


Title

9/3/15

Date

Home Search Initiate Screening Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Person Profile

| | | | |
|--------------------------|-------------------------------------|-------------------|---|
| First Name: TERESA | Address Line 1: 11343 EDGEWATER CIR | Sex: FEMALE |  |
| Middle Name: | Address Line 2: | Race: WHITE | |
| Last Name: PEDI/NO | City: WELLINGTON | Hair Color: Brown | |
| Aliases: | State: Florida | Eye Color: Brown | |
| SSN: xx-xx-8888 | ZIP: 33414 | Height: 56.02 | |
| Date of Birth: 7/10/1973 | County: | Weight: 140 lbs | |
| Place of Birth: Other | Prior States: | | |

Screenings in Process

| Screening # | Provider | Submitted Date | Status | Status Date | Action |
|-------------|----------|----------------|--------------------|-------------|--|
| 324142 | | 01/03/2014 | Determination Made | 01/03/2014 | Reprint Privacy Policy |

- Connected screenings

Connect to Screenings

Initiate Resubmission

Retained Prints Expiration Date: 1/3/2019
 Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility

| Type | Item | Status | Eligibility Determination Date |
|------------|--|----------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider | Eligible | 1/3/2014 |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible | 1/3/2014 |
| Position | Medicaid Provider Enrollment | Eligible | 1/3/2014 |
| Position | AHCA Provider/Facility Licensure | Eligible | 1/3/2014 |

Employment/Contract History (As reported to Florida's Background Screening Clearinghouse by provider employers.)

| Position | Provisional Hire/Contract Date | Permanent Hire/Contract Date | End Date | Action |
|-------------------------------------|--------------------------------|------------------------------|----------|--------|
| Employee or Contracted Staff Person | | 12/18/2013 | | |

Add Employment/Contract Record

New Search View/Print Version Explanation of Results

seniorservices

If you have any background screening questions or issues please [contact us](#).



AFFIDAVIT OF COMPLIANCE WITH Background Screening Requirements

Authority: This form may be used by all employees to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; AND
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Agency, the Department of Health, the Agency for Persons with Disabilities, the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 if the person has not been unemployed for more than 90 days.

This form must be maintained in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an application for a health care provider license, please attach a copy of the screening results and submit with the licensure application.

| |
|---|
| Employee/Contractor Name: Tony L. Moore |
| Health Care Provider/ Employer Name: Palm Beach County Board of County Commissioners |
| Address of Health Care Provider: 3680 Lake Worth Road, Lake Worth, FL 33461 |

I hereby attest to meeting the requirements for employment and that I have not been arrested for or been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

Criminal offenses found in section 435.04, F.S

- a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 782.04, relating to murder.
- (e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

- (f) Section 782.071, relating to vehicular homicide.
- (g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (h) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (i) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (j) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (k) Section 787.01, relating to kidnapping.
- (l) Section 787.02, relating to false imprisonment.
- (m) Section 787.025, relating to luring or enticing a child.

- (n) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (o) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (p) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (q) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (r) Section 794.011, relating to sexual battery.
- (s) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (t) Section 794.05, relating to unlawful sexual activity with certain minors.
- (u) Chapter 796, relating to prostitution.
- (v) Section 798.02, relating to lewd and lascivious behavior.
- (w) Chapter 800, relating to lewdness and indecent exposure.
- (x) Section 806.01, relating to arson.
- (y) Section 810.02, relating to burglary.
- (z) Section 810.14, relating to voyeurism, if the offense is a felony.
- (aa) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (bb) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (cc) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (dd) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ee) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (ff) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- (gg) Section 826.04, relating to incest.
- (hh) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (ii) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (jj) Former s. 827.05, relating to negligent treatment of children.
- (kk) Section 827.071, relating to sexual performance by a child.
- (ll) Section 843.01, relating to resisting arrest with violence.
- (mm) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (nn) Section 843.12, relating to aiding in an escape.
- (oo) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- (pp) Chapter 847, relating to obscene literature.
- (qq) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
- (rr) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- (ss) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- (tt) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (uu) Section 944.40, relating to escape.
- (vv) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (ww) Section 944.47, relating to introduction of contraband into a correctional facility.
- (xx) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (yy) Section 985.711, relating to contraband introduced into detention facilities.
- (3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Criminal offenses found in section 408.809(4), F.S

- (a) Any authorizing statutes, if the offense was a felony.

- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (g) Section 817.234, relating to false and fraudulent insurance claims.
- (h) Section 817.505, relating to patient brokering.
- (i) Section 817.568, relating to criminal use of personal identification information.
- (j) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (l) Section 831.01, relating to forgery.
- (m) Section 831.02, relating to uttering forged instruments.
- (n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (p) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening: _____

Screened conducted by: _____ Date of Prior Screening: _____

Agency for Health Care Administration
 Department of Health
 Agency for Persons with Disabilities
 Department of Children and Family Services
 Department of Financial Services


Affidavit

Under penalty of perjury, I, TONY MOORE, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

Tony Moore FINANCIAL ANALYST II 12/19/13
Employee/Contractor Signature Title Date

Home Search Initiate Screening Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Person Profile

| | | | |
|-------------------------|---|-------------------|---|
| First Name: TONY | Address Line 1: 74399 SABLE PINE CIR APT 61 | Sex: MALE |  |
| Middle Name: LENARD | Address Line 2: | Race: BLACK | |
| Last Name: MOORE | City: WEST PALM BEACH | Hair Color: Black | |
| Aliases: | State: Florida | Eye Color: Brown | |
| SSN: xxx-xx-9602 | ZIP: 33417-2784 | Height: 5'08" | |
| Date of Birth: 1/2/1966 | County: PALM BEACH | Weight: 228 lbs | |
| Place of Birth: Florida | Prior States: | | |

Screenings in Process

| Screening # | Provider | Submitted Date | Status | Status Date | Action |
|-------------|--|----------------|----------------------------|-------------|--|
| 301273 | PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | 12/05/2013 | Results Received from FDLE | 12/11/2013 | Reprint Privacy Policy Remove |

* - Connected screenings

[Connect to Screenings](#)

[Initiate Agency Review](#)

[Initiate Resubmission](#)

Retained Prints Expiration Date: 12/11/2018
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility

| Type | Item | Status | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider | Eligible | 12/20/2013 |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible | 12/20/2013 |
| Position | Medicaid Provider Enrollment | Agency Review Required | |
| Position | AHCA Provider/Facility Licensure | Eligible | 12/20/2013 |

Employment/Contract History (As reported to Florida's Background Screening Clearinghouse by provider employers.)

| Position | Provisional Hire/Contract Date | Permanent Hire/Contract Date | End Date | Action |
|------------------------|--------------------------------|------------------------------|----------|--------|
| No records to display. | | | | |

[Add Employment/Contract Record](#)

[New Search](#)

[View/Print Version](#)

[Explanation of Results](#)

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If you have any background screening questions or issues please [contact us](#).