

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT					


No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included in Current Budget? Yes _____ No X
 Does this item include the use of federal funds? Yes _____ No X

Budget Account No.:
 Fund _____ Dept. _____ Unit _____ Object _____ Program Code _____
 Program Period _____

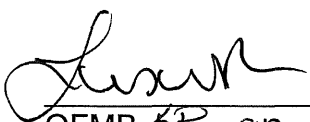
B. Recommended Sources of Funds/Summary of Fiscal Impact:

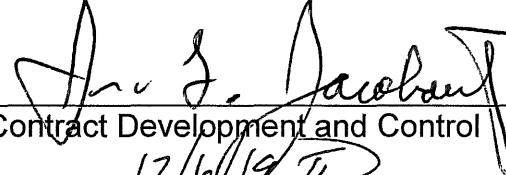
No fiscal impact. For application only.

C. Departmental Fiscal Review: 
 Julie Dowe, Director of Finance and Support Services

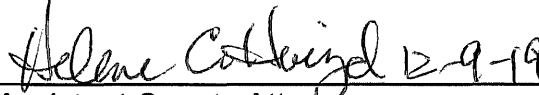
III. REVIEW COMMENTS

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

 12/5/19
 OFMB KP 12/4
 03 12/4

 12/9/19
 Contract Development and Control
 12/6/19 TW

B. Legal Sufficiency:

 12-9-19
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

MEMORANDUM



TO: Verdenia C. Baker, County Administrator
Board of County Commissioners
THRU: Nancy L. Bolton, Assistant County Administrator
Board of County Commissioners
FROM: James Green, Director
Community Services Department
DATE: October 9, 2019

Handwritten initials: NLB

Handwritten signature: James

RE: Agency for Health Care Administration Licensing

In accordance with BCC approval granting signature authority to the County Administrator, or designee, on July 11, 2017, your signature is needed on the Agency for Health Care Administration (AHCA) Health Care Licensing Application.

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 licensing application for renewal of adult day care centers is required sixty (60) days prior to the expiration of the current license. The licensing renewal will enable the Division of Senior Services (DOSS) to continue to operate the adult day care centers. These centers assist the elderly and/or adults with disabilities to live independently while also receiving support and care. 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.

Staff will submit the application at the next available BCC meeting as a receive and file item to allow the Clerk and Comptroller's Office to receive and file the items in accordance with PPM CW-0-051.

If additional information is needed, please contact Faith Manfra, Division Director at 561-355-4753.

Approved by:

Signature of Assistant Department Director
Assistant Department Director.

Signature of Helene Hvizd
Helene Hvizd
Assistant County Attorney

Signature of Faith Manfra
OFMB

Signature of Nancy L. Bolton
Assistant County Administrator

Attachments:

- 1. Agenda Item 3E-3, dated July 11, 2017
2. ACHA Licensing Application

Community Services Department

810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
FAX: (561) 355-3863
www.pbcgov.com



Palm Beach County Board of County Commissioners

- Mack Bernard, Mayor
Dave Kerner, Vice Mayor
Hal R. Valeche
Gregg K. Weiss
Robert S. Weinroth
Mary Lou Berger
Melissa McKinlay

County Administrator

Verdenia C. Baker



"An Equal Opportunity Affirmative Action Employer"



AHCA USE ONLY:

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

Health Care Licensing Application Adult Day Care Center

The Agency for Health Care Administration (AHCA) has implemented the **ONLINE LICENSING SYSTEM** which allows the electronic submission of renewal and change during licensure applications and fees, along with the ability to upload supporting documentation. To submit online please go to: <http://ahca.myflorida.com/onlinelicensure>

Applications must be received **at least 60 days prior** to the expiration of the current license or effective date of a change of ownership to avoid a late fee. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The application will be withdrawn from review if all the required documents and fees are not included with your application or received within 21 days of an omission notice. **Applications will not be considered for review until payment has been received.** Renewal and Change During Licensure applications: Supporting documentation, responses to omissions and payments may be submitted using the online system even if the application was originally mailed to the Agency.

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. Provider name, address and telephone number will be listed on http://www.floridahealthfinder.gov/			
License # (if applicable) 344	National Provider Identifier (NPI) (if applicable) 1164822862	Medicare # (CMS CCN)	Florida Medicaid # 6700732700
Name of Adult Day Care Center (if operated under a fictitious name, enter as it appears in Florida Division of Corporation) Palm Beach County Board of County Commissioners			
Street Address 5217 Northlake Boulevard			
City Palm Beach Gardens		State FL	Zip 33418
Telephone Number 561-355-4746	Fax Number 561-355-3222		
Mailing Address or <input type="checkbox"/> Same as above 810 Datura St Suite 300			
City West Palm Beach	County Palm Beach	State FL	Zip 33401
Telephone Number 561-355-4750	E-mail Address FManfra@pbcgov.org		
Provider Website 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 (This is the owner of the adult day care center) Palm Beach County Board of County Commissioners		Federal Employer Identification Number (EIN) 59-6000785	
Mailing Address 810 Datura St Suite 300			
City West Palm Beach		State FL	Zip 33401
Telephone Number 561-355-4750	Fax Number 561-355-3222	Email Address FManfra@pbcgov.org	
Description of Licensee (check one):			
<u>For Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		<u>Not for Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Other	
<u>Public</u> <input type="checkbox"/> State <input checked="" type="checkbox"/> City/County <input type="checkbox"/> Hospital District			

C. CONTACT PERSON - For this application	
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	

D. PROPERTY OWNER INFORMATION – Complete the following for the owner of the property if different from the licensee.		
Does an individual or entity other than the licensee own the property where the principal office is located?		
If <input checked="" type="checkbox"/> NO, skip to section 2 – Application Type and Fees		
If <input type="checkbox"/> YES, please provide the following information:		
Full Name Of Property Owner	Personal/Primary Address	Telephone Number

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 fee. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice.

TYPE OF APPLICATION:

Initial Licensure Proposed Effective Date: _____
 Was this entity previously licensed as an adult day care center? 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 Proposed Effective Date: _____
 Change of Ownership Proposed Effective Date: _____
 Change During Licensure Period (check all that apply):

<u>Fee Required</u> <input type="checkbox"/> Provider Name <input type="checkbox"/> Provider Address Bed/Capacity: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Replacement License	<u>No Fee Required</u> <input type="checkbox"/> Personnel Services/Qualifications: <input type="checkbox"/> Specialized Alzheimer's Services (SAS) <input type="checkbox"/> Management Company
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ACTION	FEE	TOTAL FEES

License Fee (Initial, Renewal and Change of Ownership): <input checked="" type="checkbox"/> License Fee Exemption (County or Municipal Government pursuant to 429.907(4), F.S.) = \$ 0.00	\$172.55	\$ 0.00
Change During Licensure Period/Replacement License	\$ 25.00	\$ 0.00
TOTAL FEES INCLUDED WITH APPLICATION		\$ 0.00
Please make check or money order payable to the Agency for Health Care Administration (AHCA)		

3. Controlling Interests of Licensee

Authority:

Pursuant to section 408.806(1)(a) and (b), F.S., 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 section 408.803(7), F.S., 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% 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% 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

Special note: Pursuant to section 408.809, F.S., any controlling interest are required to have an Agency screening through the Care Provider Background Screening Clearinghouse. If background screening has been conducted by 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., the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 may be submitted in lieu of Agency screening. To verify who is to be screened, visit http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/.

- A. Individual and/or Entity Ownership of Licensee as listed in section 1B above** – 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. Note: This excludes Not-for-Profit and Publicly held licensees.

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP	EFFECTIVE DATE	END DATE
Not Applicable	Not Applicable	N/A	N/A	N/A	N/A	N/A
Not Applicable	Not Applicable	N/A	N/A	N/A	N/A	N/A
Not Applicable	Not Applicable	N/A	N/A	N/A	N/A	N/A
Not Applicable	Not Applicable	N/A	N/A	N/A	N/A	N/A

- B. Board Members and Officers of Licensee as listed in section 1B above)** – Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors. Do not include voluntary board members.

TITLE	FULL NAME	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EFFECTIVE DATE	END DATE
Board Member/Officer	Not Applicable	Not Applicable	N/A	N/A	N/A
Board Member/Officer	Not Applicable	Not Applicable	N/A	N/A	N/A
Board Member/Officer	Not Applicable	Not Applicable	N/A	N/A	N/A
Board Member/Officer	Not Applicable	Not Applicable	N/A	N/A	N/A
Board Member/Officer	Not Applicable	Not Applicable	N/A	N/A	N/A
Board Member/Officer	Not Applicable	Not Applicable	N/A	N/A	N/A

4. Management Company Controlling Interests

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

If NO, skip to section 5 – Personnel.

If YES, provide the following information:

Name of Management Company Not Applicable		EIN (No SSNs) N/A	Telephone Number / Fax N/A	
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	

DEFINITION:

Controlling interests, as defined in section 408.803(7), F.S., 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% 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% 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.

Special note: Pursuant to section 408.809, F.S., any controlling interest are required to have an Agency screening through the Care Provider Background Screening Clearinghouse. If background screening has been conducted by 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., the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 may be submitted in lieu of Agency screening. To verify who is to be screened, visit http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/.

- A. Individual and/or Entity Ownership of Management Company**– 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.

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP	EFFECTIVE DATE	END DATE
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	N/A	N/A	N/A

- B. Board Members and Officers of Management Company** – Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors. Do not include voluntary board members.

TITLE	FULL NAME	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EFFECTIVE DATE	END DATE
Board Member/Officer	Not Applicable	N/A	N/A	N/A	N/A
Board Member/Officer	Not Applicable	N/A	N/A	N/A	N/A
Board Member/Officer	Not Applicable	N/A	N/A	N/A	N/A
Board Member/Officer	Not Applicable	N/A	N/A	N/A	N/A
Board Member/Officer	Not Applicable	N/A	N/A	N/A	N/A
Board Member/Officer	Not Applicable	N/A	N/A	N/A	N/A

5. Personnel

- A. Please provide information for the individual(s) who perform the following roles. Please provide information for the individual(s) who perform the following roles. **Special note:** the administrator and financial officer are required pursuant to section 408.809, F.S. to have an Agency screening through the Care Provider Background Screening Clearinghouse or submit the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, if background screening was conducted by 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. To verify who is to be screened, visit http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/.

INFORMATION	ADMINISTRATOR/MANAGING EMPLOYEE	FINANCIAL OFFICER / PERSON RESPONSIBLE FOR FINANCIAL OPERATIONS
Full Name	Teresa A. Pedicino	Tony Lenard Moore
Date of Birth	07/10/1973	01/02/1965
Effective Date	02/19/2015	08/13/2001
End Date	N/A	N/A
Telephone Number	561-357-7135	561-355-4756
Email Address	tpedicin@pbcgov.org	tmoore@pbcgov.org
Personal/Primary Address	10201 Clubhouse Turn Rd, Lake Worth FL 33449	4899 Sable Pine Circle Apt B1, West Palm Beach FL 33417

- B. **Safety Liaison** – Provide the requested information for the individual who will serve as primary contact during emergency operations pursuant to 408.821, F.S.

INFORMATION	SAFETY LIAISON
Full Legal Name	Faith Manfra
Date of Birth	01/01/1962
Effective Date	08/18/2007
End Date	N/A
Personal/Primary Address	1204 Ocean Dunes Cir, Jupiter FL 33477
Telephone Number	561- 355-4753
Email Address	FManfra@pbcgov.org

6. Required Disclosure

The following disclosures are required:

- A. Pursuant to section 408.809, 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, 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 section 408.809, F. S.? YES NO

If YES, provide the following information:

- The full legal name of the individual
 The position held

- 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) or the entity
 A description/explanation of the exclusion, suspension, termination or involuntary withdrawal.

- C. Pursuant to section 408.815(4), F.S., has the applicant or a controlling interest in the applicant, or any entity in which a controlling interest of the applicant was an owner or officer when the following actions occurred ever been:

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, Medicaid fraud, Medicare fraud, or insurance fraud, within the previous 15 years prior to the date of this application? YES NO

Terminated for cause from the Medicare program or a state Medicaid program? YES NO

If YES, has applicant been in good standing with the Medicare program or a state Medicaid program for the most recent five (5) years and the termination occurred at least twenty (20) years before the date of the application. YES NO

- D. In the past five (5) years, has the applicant or any controlling interest owned any entity that provides health or residential care in Florida or any other state? YES NO

If YES: Has any entity the applicant or controlling interest owned been closed due to financial inability to operate; had a receiver appointed or a license denied, suspended, or revoked; was subject to a moratorium; or had an injunctive proceeding initiated against it: YES NO

7. Provider Fines and Financial Information

Pursuant to section 408.831(1)(a), F.S., 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):

AHCA CASE NUMBER	CMS	ASSESSED AMOUNT	DATE OF RELATED INSPECTION, APPLICATION, OR OVERPAYMENT	PAYMENT DUE DATE	PENDING APPEAL OF FINAL ORDER	
					YES	NO
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Please attach a copy of the approved repayment plan if applicable

8. Facility and Service Provisions

Information below should reflect facility description and services **currently provided** at this center. All information listed below is subject to verification. **Note: Pursuant to section 58A-6.010 F.A.C., the facility must make services available for a minimum of five hours per day five days a week, excluding legal holidays posted by the facility.**

- A. Maximum participant capacity: 15
- B. Total square footage available for participants: 1370
- C. Identify below all the optional services provided by the facility. Please indicate the frequency with which the services are provided (i.e., daily, weekly, and not provided).

OPTIONAL SERVICES	FREQUENCY
Social Activities	Daily
Speech Therapy	N/A
Physical Therapy	N/A
Occupational Therapy	N/A
Modified Diet	N/A
Adult Day Health Care	N/A

9. Hours of Operation

List the regular operating hours (**NOTE:** Site inspections by surveyors will occur during the business hours submitted. Failure to be open during the listed hours may result in a fine.

DAY OF THE WEEK	OPENING TIME	CLOSING TIME
<input type="checkbox"/> Sunday		
<input checked="" type="checkbox"/> Monday	8:00am	5:00pm
<input checked="" type="checkbox"/> Tuesday	8:00am	5:00pm
<input checked="" type="checkbox"/> Wednesday	8:00am	5:00pm
<input checked="" type="checkbox"/> Thursday	8:00am	5:00pm
<input checked="" type="checkbox"/> Friday	8:00am	5:00pm
<input type="checkbox"/> Saturday		

10. Supporting Documents

Applicants **must** include the following attachments as stated in Chapters 408, Part II and Chapter 429, F.S. and Chapters 59A-35 and 58A-5, F.A.C. **Note: Required documents listed below are dependent on the type of application submitted. (Initial, Renewal, Change of Ownership, Change during licensure period)**

Documents to be Provided	Required For
Certificate of General Liability Insurance	Initial, Renewal, Change of Ownership and Capacity Increase application types
Fire Safety Inspection Report	Initial, Renewal, Change of Ownership and Capacity Increase application types
Department of Health Septic System or Water Supply Evaluation Report (if facility is on a septic system)	Initial and CHOW application types
Department of Health Food Permit	All application types
Proof of Financial Ability to Operate (AHCA Form 3100-0009)	Initials and Change of Ownership application types
Proof of Property Occupancy, Examples: Lease, Mortgage, or Transfer Agreement (?)	Initial, Renewal, Change of Ownership, Request to Change Name application types
Documentation from the appropriate local government office-showing that the applicant has met local zoning requirements	Initials, Change of Ownership and Capacity Increase application types
Health Care Licensing Application Addendum, AHCA Form 3110-1024	All application types
Required disclosures related to actions taken by Medicare, Medicaid or CLIA, if applicable	All application types, <i>if documentation is required due to responses provided in application</i>
Approved repayment plans, if applicable	All application types

11. Attestation

I, Verdenia C. Baker, attest as follows:

- (1) Pursuant to section 837.06, Florida Statutes, I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.
- (2) Pursuant to section 408.815, Florida Statutes, I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.
- (3) Pursuant to section 408.806, Florida Statutes, under penalty of perjury, the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes.
- (4) Pursuant to sections 408.809 and 435.05, Florida Statutes, every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 408, Part II, and Chapter 435, Florida Statutes, and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.
- (5) Pursuant to section 435.05, Florida Statutes, the applicant has conducted a level 2 background screening through the Agency on every employee required to be screened under Chapter 408, Part II, or Chapter 435, Florida Statutes, as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.


Signature of Licensee or Authorized Representative

County Administrator
Title

10/10/19
Date

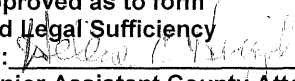
NOTICE: If you are a Medicaid provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

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

AGENCY FOR HEALTH CARE ADMINISTRATION
ASSISTED LIVING 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) 412-4304. Email: assistedliving@ahca.myflorida.com

Approved as to form
and legal sufficiency
By: 
Senior Assistant County Attorney

The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please remember to:

- Please place checks or money orders on top of the application
- Include license number or case number on your check
- Do not submit carbon copies of documents
- Do not fold any of the documents being submitted
- No staples, paperclips, binder clips, folders, or notebooks
- Please **do not bind any** of the documents submitted to the Agency



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 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:

Provider/Facility Type: Adult Day Care	National Provider ID#: (if applicable) 1164822862
Provider/Facility Name: Palm Beach County Board of County Commissioners	

B. Risk Managers Only:

Name: N/A	Social Security #: N/A
HCRM License # (for renewal applications) 550-	

2. Controlling Interests of Licensee

A. **Individual Ownership of Licensee:** Provide the following information for **each person with 5% or greater ownership interest** in the licensee/provider. The individuals listed below must match those listed in Section 3A of the Health Care Licensing Application. Attach additional sheets if necessary. Entities (corporations, partnerships, associations, etc.) need not be listed.

FULL NAME	SOCIAL SECURITY NUMBER
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. The individuals listed below must match those listed in Section 3B of the Health Care Licensing Application. Attach additional sheets if necessary.

TITLE	FULLNAME	SOCIAL SECURITY NUMBER
Director/CEO	Not Applicable	N/A
President	Not Applicable	N/A
Vice President	Not Applicable	N/A
Secretary	Not Applicable	N/A
Treasurer	Not Applicable	N/A
Other	Not Applicable	N/A

3. Management Company Controlling Interests

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

A. Individual Ownership of Management Company: Provide the following information for each person with 5% or greater ownership interest in the management company. The individuals listed below must match those listed in Section 4A of the Health Care Licensing Application. Attach additional sheets if necessary. Entities (corporations, partnerships, associations, etc.) need not be listed.

FULL NAME of INDIVIDUAL	SOCIAL SECURITY NUMBER
Not Applicable	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). The individuals listed below must match those listed in Section 4B of the Health Care Licensing Application. Attach additional sheets if necessary.

TITLE	FULL NAME	SOCIAL SECURITY NUMBER
Director/CEO	Not Applicable	N/A
President	Not Applicable	N/A
Vice President	Not Applicable	N/A
Secretary	Not Applicable	N/A
Treasurer	Not Applicable	N/A
Other:	Not Applicable	N/A



Adult Day Care Center OPERATOR IDENTIFICATION STATEMENT

AUTHORITY: Pursuant to Section 408.806, Florida Statutes (F.S.) and 59A-35, Florida Administrative Code (F.A.C.) it is necessary to provide the Agency for Health Care Administration with the following information about the operator of an Adult Day Care Center.

Adult Day Care Center Information
Name of Adult Day Care Center: Palm Beach County Board of County Commissioners
AHCA License #: 344
Street Address of Center: 5217 Northlake Boulevard
City: Palm Beach Gardens
Telephone Number: (561) 355-4746
Zip Code: 33418
County: Palm Beach
State: Florida
Center Operator Personal Information
Center Operator Full Name: Teresa Alcira Pedicino
Date of Birth: 07/10/1973
Social Security Number:
Street Address: 5217 Northlake Boulevard
Zip Code: 33418
City: Palm Beach Gardens
County: Palm Beach
State: FL
Email Address: Tpedicin@pbcgov.org
Effective Date of Appointment: 02/19/2019

NOTE: Pursuant to section 408.809 F.S., all center operators are subject to Level 2 background screening. Please review the information available at: http://ahca.myflorida.com/MCHQ/Central Services/Background Screening/

Verdenia C. Baker

Please PRINT Name of Licensee or Authorized Representative

Signature of Licensee or Authorized Representative

County Administrator
Title

12/10/19
Date

Send completed forms to: Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, FL 32308 or email completed forms to: assistedliving@ahca.myflorida.com.

Questions?

Review the information available at http://ahca.myflorida.com/ or contact the Assisted Living Unit at: Phone: (850) 412-4304 Fax: (850) 922-1984 Email: assistedliving@ahca.myflorida.com

Approved as to form and legal sufficiency By: [Signature] Senior Assistant County Attorney



ATTESTATION OF COMPLIANCE with Background Screening Requirements

Authority: This form shall 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:	Faith Manfra
Health Care Provider/ Employer Name:	Mid County Senior Center
Address of Health Care Provider:	3680 Lake Worth Rd, Lakewood

You must attest to meeting the requirements for employment and you may not have been arrested for and awaiting final disposition of, have been found guilty of, regardless of adjudication, or have entered a plea of nolo contendere (no contest) or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under *any* of the following provisions of state law or similar law 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.

- (g) Section 782.071, relating to vehicular homicide
- (h) Section 782.09, relating to killing of an unborn 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: work Related

Screening conducted by:

Date of Prior Screening: 4/30/19

- Agency for Healthcare Administration
- Department of Health
- Agency for Persons with Disabilities

- Department of Elder Affairs
- Department of Financial Services
- Department of Children and Families

Attestation

Under penalty of perjury, I, Faith Manfra, 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.

Faith Manfra
Employee/Contractor Signature

Division Director
Title

4/30/19
Date



Department of Elder Affairs

Provider Name: PALM BEACH COUNTY DIVISION OF SENIOR SERVICES
Printed by: RENEE HENRY
License Number:

Background Screening Result

This individual's eligibility status as of 3/21/2019 is provided below. The employer must retain a hard copy of this result in the individual's employee file. If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended health care and/or service provider employers check the screening results of staff regularly as an individual's status may change based on information received. If you become aware of an event that may change the employee's eligibility please contact your specified agency, Department of Elder Affairs, at 850-414-2093. The employer must take the appropriate action when a change in status occurs in accordance with Section 435.06, Florida Statutes.

Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
TERESA PEDICINO	XXX-XX-8658	7/10/1973	WHITE	FEMALE

Retained Prints Expiration Date: 12/7/2023
Clearinghouse Screening Available?: Yes

Department of Elder Affairs Eligibility

Item	Status	Eligibility Determination Date
Aging Network	Eligible	3/21/2019

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

Provider	Position	Hire Date	End Date
	Employee or Contracted Staff Person	12/04/2014	
	Employee or Contracted Staff Person	12/18/2013	09/03/2014

Print Event: 12532408

Print Date: 3/21/2019



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: <i>Teresa Pedicino</i>
Health Care Provider/ Employer Name: <i>Palm Beach County Board of County Commis.</i>
Address of Health Care Provider: <i>870 Doka St, West Palm Beach FL 33401</i>

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.

- | | |
|--|---|
| <p>(a) Section <u>393.135</u>, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.</p> <p>(b) Section <u>394.4593</u>, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.</p> <p>(c) Section <u>415.111</u>, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.</p> <p>(d) Section <u>777.04</u>, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.</p> <p>(e) Section <u>782.04</u>, relating to murder.</p> | <p>(f) Section <u>782.07</u>, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.</p> <p>(g) Section <u>782.071</u>, relating to vehicular homicide</p> <p>(h) Section <u>782.09</u>, relating to killing of an unborn quick child by injury to the mother.</p> <p>(i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.</p> <p>(j) Section <u>784.011</u>, relating to assault, if the victim of the offense was a minor.</p> <p>(k) Section <u>784.03</u>, relating to battery, if the victim of the offense was a minor.</p> <p>(l) Section <u>787.01</u>, relating to kidnapping.</p> |
|--|---|

- (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.
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- (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: Work Related

Screening conducted by: _____ Date of Prior Screening: 3/21/19

<input checked="" 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 OF COMPLIANCE with Background Screening Requirements

Authority: This form shall 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:	Tony Moore
Health Care Provider/ Employer Name:	M.D. County Senior Center
Address of Health Care Provider:	3680 Lake Worth Rd. Lakewood

You must attest to meeting the requirements for employment and you may not have been arrested for and awaiting final disposition of, have been found guilty of, regardless of adjudication, or have entered a plea of nolo contendere (no contest) or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:

Criminal offenses found in section 435.04, F.S.

- | | |
|---|--|
| (a) Section <u>393.135</u> , relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct. | (g) Section <u>782.071</u> , relating to vehicular homicide |
| (b) Section <u>394.4593</u> , relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct. | (h) Section <u>782.09</u> , relating to killing of an unborn child by injury to the mother. |
| (c) Section <u>415.111</u> , relating to adult abuse, neglect, or exploitation of aged persons or disabled adults. | (i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony. |
| (d) Section <u>777.04</u> , relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. | (j) Section <u>784.011</u> , relating to assault, if the victim of the offense was a minor. |
| (e) Section <u>782.04</u> , relating to murder. | (k) Section <u>784.03</u> , relating to battery, if the victim of the offense was a minor. |
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- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
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- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
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- (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: work related

Screening conducted by: _____ Date of Prior Screening: 12/12/18

<input checked="" 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 Families

Attestation

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
Employee/Contractor Signature

FINANCIAL ANALYST
Title

12/12/18
Date

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



Facility Information

RESULT: Satisfactory

Permit Number: 50-48-00516 Name of Facility: Palm Beach County Board of County Commissioners Address: 5217 Northlake Boulevard City, Zip: Palm Beach Gardens 33418 Type: Adult Day Care Owner: Palm Beach County Board of County Commissioners Person In Charge: Batista, Megan Phone: (561) 357-7135 PIC Email:	Correct By: None Re-Inspection Date: None
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Inspection Information

Purpose: Routine Inspection Date: 10/12/2018	Begin Time: 09:30 AM End Time: 10:15 AM
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Additional Information

No Additional Information Available

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

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

Nichols

Client Signature:

Christina

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



2 of 2

General Comments

No violations observed at time of inspection.
Catering provided by GA Foods, Ft. Lauderdale, FL
Observed the following: temperatures in degrees F
Main kitchen - Senior Center distribute lunch to Adult Day Care
-Hot water: 112
-Refrigerator: ambient 40, pineapple cup 35
-No dish machine; 2 compartment sink only - Cl sanitizer.
Adult Day Care
Refrigerator: ambient 40, milk 37 expires 10/20
Freezer: ambient 0, all frozen
Restroom: hot water 102 degrees F

Email Address(es): hcaron@pbcgov.org

Violations Comments

No Violation Comments Available

Inspection Conducted By: Heather Nichols (2079)
Inspector Contact Number: Work: (561) 837-5900 ex.
Print Client Name:
Date: 10/12/2018

Inspector Signature:

Nichols

Client Signature:

Heather Nichols

Form Number: DH 4023 01/05

50-48-00516 Palm Beach County Board of County Commissioners



Palm Beach County Fire Rescue

405 Pike Road, West Palm Beach, FL 33411

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

discover.pbcgov.org/pbcfr/boss



Occupant Name:	PBCBCC NORTH COUNTY ADULT DAY CARE	Inspection Date:	2/27/2019
Address:	5217 NORTHLAKE Boulevard	InspectionType:	Annual
Suite:	2	Property Use Type:	Day care, in commercial property
City:	PALM BEACH GARDENS	Local File ID:	43450
State:	FL	Zone:	00
Zip Code:	33418	Inspected By:	Christopher Finkley 561-723-4047 cfinkley@pbcgov.org
District:	411		

Insp. Result	Location	Code Set	Code
Pass		Palm Beach County Local Ordinances Chapter 10 - General Provisions.	10.11.1.1 - Building Address Required - 8 in.

Thank you for keeping your business and our community safe!

You have passed your inspection. If you have any questions, please call our office. **No Violations.**



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

Date Issued
 July 17, 2019

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: Preferred Governmental Claim Solutions
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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 \$200 per Claimant \$300 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 (Public Passenger Autos) <input type="checkbox"/> All Owned Autos (Other than Public 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 \$200 per Claimant \$300 per Occurrence Self-Insured in accordance with S.768.28 F.S.
<u>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</u>	1/1/99	Until canceled or revoked	WC Statutory Limits - Florida Self-Insured in accordance with S.440 F.S.
<u>BLANKET DISHONESTY BOND</u> (Including faithful performance, money & securities & depositors forgery)	11/1/90	Until canceled or revoked	\$25 Per Occurrence Self-Insured in accordance with S.768.28 F.S.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL/ITEMS:
Re: All Operations of the Palm Beach County Board of County Commissioners

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
FOR INFORMATION PURPOSES ONLY

Scott Marting

 SCOTT MARTING, DIRECTOR

Property Detail

Location Address 5217 NORTHLAKE BLVD
 Municipality UNINCORPORATED
 Parcel Control Number 00-42-42-14-00-000-5100
 Subdivision
 Official Records Book 03238 Page 1244
 Sale Date JAN-1979
 Legal Description 14-42-42, W 1/2 OF SW 1/4 OF SE 1/4 OF SE 1/4

Owner Information

<p>Owners PALM BEACH COUNTY</p>	<p>Mailing address PREM DIVISION C/O 2633 VISTA PKWY WEST PALM BEACH FL 33411 5613</p>
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Sales Information

Sales Date	Price	OR Book/Page	Sale Type	Owner
JAN-1979	\$162,000	03238 / 01244		
JAN-1969	\$12,000	01713 / 01637	WARRANTY DEED	

Exemption Information

Applicant/Owner	Year	Detail
	2019	

Property Information

Number of Units 0
 *Total Square Feet 12716
 Acres 5
 Use Code 8600 - CITY INC NONMUNI
 Zoning PO - Public Ownership (00-UNINCORPORATED)

Appraisals

Tax Year	2018	2017	2016
Improvement Value	\$1,051,470	\$997,998	\$964,501
Land Value	\$364,652	\$347,288	\$330,750
Total Market Value	\$1,416,122	\$1,345,286	\$1,295,251

All values are as of January 1st each year

Assessed and Taxable Values

Tax Year	2018	2017	2016
Assessed Value	\$1,413,684	\$1,285,167	\$1,168,334
Exemption Amount	\$1,413,684	\$1,285,167	\$1,168,334
Taxable Value	\$0	\$0	\$0

Taxes

Tax Year	2018	2017	2016
Ad Valorem	\$0	\$0	\$0
Non Ad Valorem	\$127	\$131	\$127
Total tax	\$127	\$131	\$127

Dorothy Jacks, CFA, AAS PALM BEACH COUNTY PROPERTY APPRAISER www.pbcgov.org/PAPA

00-42-42-14-00-000-5100

WARRANTY DEED
Individual

PARCEL NO. 001
PROJECT HOUSING & COMMUNITY DEVELOPMENT

THIS WARRANTY DEED Made the 29 day of AUGUST,
19 79, by JOEL W. MARSH & JOYCE W. MARSH, his wife and

RAFAEL DIAZ & CATHERINE T. DIAZ, his wife
Hereinafter called the grantor, to PALM BEACH COUNTY, a po-
litical subdivision of the State of Florida, hereinafter
called the grantee.

WITNESSETH: That the grantor, for and in consideration of
the sum of Ten (\$10.00) Dollars and other valuable considera-
tions, receipt whereof is hereby acknowledged, hereby grants,
bargains, sells, aliens, remises, releases, conveys and con-
firms unto the grantee, all that certain land situate in Palm
Beach County, Florida, to-wit:

The West 1/2 of the Southwest 1/4 of the Southeast
1/4 of the Southeast 1/4 of Section 14, Township
42 South, Range 42 East, Palm Beach County,
Florida

STATE OF FLORIDA
DOCUMENTARY
RECORDS
FEB 27 1980

80 034145

1980 FEB 27 AM 9:11

162,000.00
.50
7.60
648.00

B3238 P1244

ACCEPTED BY
BOARD OF COUNTY COMMISSIONERS
DATE 10-23-79

Return to
Land Acquisition
Bldg. S-1170, P. B. I. A.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1978.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Ernest J. White
James H. White

Joel W. Marsh (SEAL)
JOEL W. MARSH
Joyce W. Marsh (SEAL)
JOYCE W. MARSH
Rafael Diaz (SEAL)
RAFAEL DIAZ
Catherine T. Diaz (SEAL)
CATHERINE T. DIAZ

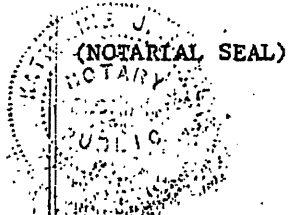
STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Joel W.

Marsh & Joyce W. Marsh, his wife and Rafael Diaz & Catherine T. Diaz, his wife to me known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 29th day of August, 1979.

Richard A. ...
NOTARY PUBLIC



My Commission expires:
Notary Public, State of Florida at Large
My Commission Expires Nov. 23, 1979
Bonded by American Fire & Casualty Co.

B3238 P1245

This instrument prepared by:
Lawrence G. Griffin
County Attorney's Office
P. O. Box 1989
West Palm Beach, Florida 33402

RECORD VERIFIED
PALM BEACH COUNTY, FLA
JOHN B. DUNKLE
CLERK CIRCUIT COURT