



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**


| Fiscal Years                              | 2024 | 2025 | 2026 | 2027 | 2028 |
|---|------|------|------|------|------|
| Capital Expenditures                      |      |      |      |      |      |
| Operating Costs                           |      |      |      |      |      |
| External Revenue                          |      |      |      |      |      |
| Program Income (County)                   |      |      |      |      |      |
| In-Kind Match (County)                    |      |      |      |      |      |
| <b>NET FISCAL IMPACT</b>                  |      |      |      |      |      |
| <br>                                      |      |      |      |      |      |
| No. ADDITIONAL FTE POSITIONS (Cumulative) |      |      |      |      |      |

Is Item Included in Current Budget?                      Yes \_\_\_\_\_ No   X    
 Does this item include the use of federal funds?    Yes \_\_\_\_\_ No   X    
 Does this item include the use of state 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.

DocuSigned by:  
  
 05AC9C7CC58C4A4

**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:**

|  |   |
|--|---|
| <p><u>ADDUCE 2/15/24</u><br/>                 OFMB      <u>JA 2/15</u><br/>                                  <u>EW 2-15-2024</u></p> | <p><u>Brenda M. ... 2/20/24</u><br/>                 Contract Development and Control<br/> <u>Feb 20/24</u></p> |
|--|---|

**B. Legal Sufficiency:**

Helene ... 2-21-24  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

MEMORANDUM



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

- Maria Sachs, Mayor
- Maria G. Marino, Vice Mayor
- Gregg K. Weiss
- Michael A. Barnett
- Marci Woodward
- Sara Baxter
- Mack Bernard

County Administrator

Verdenia C. Baker

TO: Verdenia C. Baker, County Administrator  
Board of County Commissioners

THRU: Reginald K. Duren, Assistant County Administrator  
Board of County Commissioners

FROM: James Green, Director  
Community Services Department

DS  
JG

DATE: December 7, 2023

RE: Agency for Health Care Administration Health Care Licensing  
Renewal Application for Adult Day Care Center

\*\*\*\*\*

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 licensed by AHCA with a renewal every two (2) years through a licensing application process. The attached AHCA licensing application or 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 and Veteran Services 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 item in accordance with PPM CW-O-051.

For additional information, contact Faith Manfra at (561) 355-4753.

Approved by:

DocuSigned by:  
Taruna Malhotra  
1459E4101F1049C...

Deputy Director

DocuSigned by:  
Helene C. Hvizd  
BF3DF20B2223413...

Senior Assistant County Attorney

Attachments:

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



"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

|   |  |                      |                                       |
|---|--|----------------------|---------------------------------------|
| <b>A. PROVIDER INFORMATION</b> – Please complete the following for the adult day care center name and location. Provider name, address and telephone number will be listed on <a href="http://www.floridahealthfinder.gov/">http://www.floridahealthfinder.gov/</a> |  |                      |                                       |
| License # (if applicable)<br><b>344</b>   | National Provider Identifier (NPI)<br>(if applicable)  | Medicare # (CMS CCN) | Florida Medicaid<br><b>6700732700</b> |
| Name of Adult Day Care Center (if operated under a fictitious name, enter as it appears in Florida Division of Corporation)<br><b>Palm Beach County Board of County Commissioners</b>   |  |                      |                                       |
| Street Address<br><b>5217 Northlake BLVD</b>  |  |                      |                                       |
| City<br><b>Palm Beach Gardens</b>   |  | State<br><b>FL</b>   | Zip<br><b>33418</b>                   |
| Telephone Number<br><b>561-694-5438</b>   | Fax Number<br><b>561-355-3222</b>  |                      |                                       |
| Mailing Address or <input type="checkbox"/> Same as above<br><b>810 Datura St Suite 300</b>   |  |                      |                                       |
| City<br><b>West Palm Beach</b>  | County<br><b>Palm Beach</b>  | State<br><b>FL</b>   | Zip<br><b>33401</b>                   |
| Telephone Number<br><b>561-355-4750</b>   | E-mail Address<br><b>Tlampi@pbcgov.org</b>   |                      |                                       |
| Provider Website<br><b>Pbcgov.org</b>   | NOTE: By providing your e-mail address, you agree to accept e-mail correspondence from the Agency. |                      |                                       |

|  |   |  |                     |
|--|---|--|---------------------|
| <b>B. LICENSEE INFORMATION</b> – 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)<br><b>Palm Beach County Board of County Commissioners</b>   |   | Federal Employer Identification Number (EIN)<br><b>59-6000785</b>  |                     |
| Mailing Address<br><b>810 Datura St Suite 300</b>  |   |  |                     |
| City<br><b>West Palm Beach</b>   |   | State<br><b>FL</b>   | Zip<br><b>33401</b> |
| Telephone Number<br><b>561-355-4750</b>  | Fax Number<br><b>561-355-3222</b>   | Email Address<br><b>Tlampi@pbcgov.org</b>  |                     |
| Description of Licensee (check one):   |   |  |                     |
| <u>For Profit</u><br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Other | <u>Not for Profit</u><br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Religious Affiliation<br><input type="checkbox"/> Other | <u>Public</u><br><input type="checkbox"/> State<br><input checked="" type="checkbox"/> City/County<br><input type="checkbox"/> Hospital District |                     |

|  |   |
|--|---|
| <b>C. CONTACT PERSON</b> - For this application  |   |
| Contact Person for this application<br><b>Faith Manfra</b>   | Contact Telephone Number<br><b>561-355-4750</b> |
| Contact e-mail address or <input type="checkbox"/> Do not have e-mail<br><b>FManfra@pbcgov.org</b> |   |

|   |                          |                  |
|---|--------------------------|------------------|
| <b>D. PROPERTY OWNER INFORMATION</b> – 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):

### Fee Required

- Provider Name  
 Provider Address  
 Bed/Capacity:  
 Increase  Decrease  
 Replacement License

### No Fee Required

- Personnel  
 Services/Qualifications:  
 Specialized Alzheimer's Services (SAS)  
 Management Company

| ACTION   | FEE      | TOTAL FEES |
|--|----------|------------|
| License Fee (Initial, Renewal and Change of Ownership):<br><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    |
| <b>TOTAL FEES INCLUDED WITH APPLICATION</b>  |          | \$ 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 Licensure 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/](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<br><b>Not Applicable</b>       |  | EIN (No SSNs)<br><b>N/A</b> |                | Telephone Number / Fax<br><b>N/A</b> |     |
| 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/](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/](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/).

| INFORMATION              | ADMINISTRATOR/MANAGING EMPLOYEE          | FINANCIAL OFFICER / PERSON RESPONSIBLE FOR FINANCIAL OPERATIONS |
|--------------------------|--|---|
| Full Name                | Jose Maria Zayas                         | Tony Lenard Moore   |
| Date of Birth            | 03/30/1973                               | 01/02/1965  |
| Effective Date           | 05/01/2020                               | 08/13/2001  |
| End Date                 | N/A                                      | N/A   |
| Telephone Number         | 561-357-7135                             | 561-355-4756  |
| Email Address            | jzayas@pbcgov.org                        | tmoore@pbcgov.org   |
| Personal/Primary Address | 16727 Orange Blvd. Loxahatchee, FL 33470 | 1363 8 <sup>th</sup> ST, West Palm Beach FL 33401               |

- 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        | not provided |
| Physical Therapy      | not provided |
| Occupational Therapy  | not provided |
| Modified Diet         | not provided |
| Adult Day Health Care | not provided |

## 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.

V. Baker  
Signature of Licensee or Authorized Representative

County Administrator  
Title

12/15/23  
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](mailto:assistedliving@ahca.myflorida.com)

Approved as to form  
and Legal Sufficiency

By: Helene C. Hoig  
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



**CONFIDENTIAL DOCUMENT**

# 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:

|   |   |
|---|---|
| <b>Provider/Facility Type:</b><br>Adult Day Care                                  | <b>National Provider ID#:</b> (if applicable) |
| <b>Provider/Facility Name:</b><br>Palm Beach County Board of County Commissioners |   |

**B. Risk Managers Only:**

|   |                                  |
|---|----------------------------------|
| <b>Name:</b><br>N/A                                   | <b>Social Security #:</b><br>N/A |
| <b>HCRM License #</b> (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                    |
|                |                        |
|                |                        |
|                |                        |
|                |                        |

**CONFIDENTIAL DOCUMENT**

**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                    |

## CONFIDENTIAL DOCUMENT

**4. Personnel**

**A. Administration:** This information must match the information in the Personnel section of the Health Care Licensing Application.

| TITLE   | FULL NAME     | SOCIAL SECURITY NUMBER |
|---|---------------|------------------------|
| Administrator/<br>CEO/Managing<br>Employee/Lab Director | Jose M. Zayas | XXX-XX-6649            |
| Financial Officer                                       | Tony L. Moore | XXX-XX-3602            |
| Safety Liaison  | Faith Manfra  | XXX-XX-7702            |

**B. Additional information required 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 5b and 5c 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.

| TITLE                              | FULL NAME      | SOCIAL SECURITY NUMBER |
|------------------------------------|----------------|------------------------|
| Medical or Clinical Director       | Not Applicable | N/A                    |
| Licensed Health Care Practitioners | Not Applicable | N/A                    |
|                                    |                |                        |
|                                    |                |                        |
|                                    |                |                        |

**5. Attestation**

I, Verdenia C. Baker, under penalty of perjury, attest 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

County Administrator 12/15/23  
Title Date

Approved as to form  
and Legal Sufficiency  
By:

Senior Assistant County Attorney

DocuSigned by:  
*Helene C. Hoig*  
BF3DF2982223413...



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

Date Issued  
 October 11, 2023

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 Government Claims Solutions

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><br><input checked="" type="checkbox"/> Comprehensive<br><input checked="" type="checkbox"/> Premises/Operations<br><input checked="" type="checkbox"/> Products/Completed Operations<br><input checked="" type="checkbox"/> Contractual<br><input checked="" type="checkbox"/> Independent Contractors<br><input checked="" type="checkbox"/> Broad Form Property Damage<br><input checked="" type="checkbox"/> Personal Injury<br><input checked="" type="checkbox"/> Errors & Omissions | 11/1/90        | Until canceled or revoked | Bodily Injury,<br>Property Damage<br>Personal Injury<br>Combined<br>\$200,000 per Claimant<br>\$300,000 per Occurrence<br><br>Self-Insured in accordance with <i>S.768.28 F.S.</i> |
| <u>AUTOMOBILE LIABILITY</u><br><input checked="" type="checkbox"/> Any Auto<br><input type="checkbox"/> All Owned Autos<br>(Public Passenger Autos)<br><input type="checkbox"/> All Owned Autos<br>(Other than Public Passenger)<br><input checked="" type="checkbox"/> Hired Autos<br><input checked="" type="checkbox"/> Non Owned Autos   | 11/1/90        | Until canceled or revoked | Bodily Injury<br>Property Damage<br>Combined<br>\$200,000 per Claimant<br>\$300,000 per Occurrence<br><br>Self-Insured in accordance with <i>S.768.28 F.S.</i>                     |
| <u>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</u>  | 1/1/99         | Until canceled or revoked | WC Statutory Limits - Florida<br><br>Self-Insured in accordance with <i>S.440 F.S.</i>   |
| <u>BLANKET DISHONESTY BOND</u><br><br>(Including faithful performance, money & securities & depositors forgery)  | 11/1/90        | Until canceled or revoked | \$25,000 Per Occurrence<br><br>Self-Insured in accordance with <i>S.768.28 F.S.</i>  |

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

Informational Purposes Only

*Scott Marting*  
 SCOTT MARTING, DIRECTOR





# Palm Beach County Fire Rescue

405 Pike Road, West Palm Beach, FL 33411  
Phone (561) 616-7030 Fax (561) 616-7082  
[discover.pbcgov.org/pbcfir/crrd](http://discover.pbcgov.org/pbcfir/crrd)



|                       |                                    |                           |   |
|-----------------------|------------------------------------|---------------------------|---|
| <b>Occupant Name:</b> | PBCBCC NORTH COUNTY ADULT DAY CARE | <b>Inspection Date:</b>   | 9/22/2023 (Initial Insp. Date: 9/20/2023)             |
| <b>Address:</b>       | 5217 NORTHLAKE Boulevard           | <b>InspectionType:</b>    | Reinspection #1 (Annual)                              |
| <b>Suite:</b>         | 2                                  | <b>Property Use Type:</b> | Day Care, in Commercial Property                      |
| <b>City:</b>          | PALM BEACH GARDENS                 | <b>Local File ID:</b>     | 43450   |
| <b>State:</b>         | FL                                 | <b>Zone:</b>              | 00  |
| <b>Zip Code:</b>      | 33418                              | <b>Inspected By:</b>      | J.J. Estopinan<br>561-632-5718<br>JEstopin@pbcgov.org |
| <b>District:</b>      | 411                                |                           |   |

| Insp. Result           | Location | Code Set  | Code  |
|------------------------|----------|---|---|
| Fail - Cleared         |          | FL NFPA 1 2018<br>Chapter 50 Commercial Cooking | 50.5.2.1 - Semiannual Maintenance Required for Fire-Extinguishing Systems |
| ✓ Cleared on 9/22/2023 |          |   |   |

*Palm Beach County Fire Rescue Thanks You for Keeping Your Business, Customers and the Citizens and Guests of Palm Beach County Safe!*

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: Paul Palmero Phone: (561) 627-5765  
 PIC Email:

Inspection Information

|                            |   |                      |
|----------------------------|---|----------------------|
| Purpose: Routine           | Number of Risk Factors (Items 1-29): 0  | Begin Time: 10:11 AM |
| Inspection Date: 7/21/2023 | Number of Repeat Violations (1-57 R): 0 | End Time: 11:07 AM   |
| Correct By: None           | FacilityGrade: N/A                      |                      |
| Re-Inspection Date: None   | StopSale: No                            |                      |

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

|  |   |
|--|---|
| <p><b>SUPERVISION</b></p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p>IN 3. Knowledge, responsibilities and reporting</p> <p>IN 4. Proper use of restriction and exclusion</p> <p>IN 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p>IN 6. Proper eating, tasting, drinking, or tobacco use</p> <p>IN 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p>IN 8. Hands clean &amp; properly washed</p> <p>IN 9. No bare hand contact with RTE food</p> <p>IN 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p>IN 11. Food obtained from approved source</p> <p>IN 12. Food received at proper temperature</p> <p>IN 13. Food in good condition, safe, &amp; unadulterated</p> <p>NA 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p>IN 15. Food separated &amp; protected; Single-use gloves</p> | <p>IN 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p>NO 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p>NO 18. Cooking time &amp; temperatures</p> <p>NO 19. Reheating procedures for hot holding</p> <p>NO 20. Cooling time and temperature</p> <p>NO 21. Hot holding temperatures</p> <p>IN 22. Cold holding temperatures</p> <p>IN 23. Date marking and disposition</p> <p>NA 24. Time as PHC; procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p>NA 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p>IN 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p>NA 27. Food additives: approved &amp; properly used</p> <p>IN 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p>NA 29. Variance/specialized process/HACCP</p> |
|--|---|

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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

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



Good Retail Practices

|   |  |
|---|--|
| <p><b>SAFE FOOD AND WATER</b></p> <p><u>IN</u> 30. Pasteurized eggs used where required</p> <p><u>IN</u> 31. Water &amp; ice from approved source</p> <p><u>NA</u> 32. Variance obtained for special processing</p> <p><b>FOOD TEMPERATURE CONTROL</b></p> <p><u>NO</u> 33. Proper cooling methods; adequate equipment</p> <p><u>IN</u> 34. Plant food properly cooked for hot holding</p> <p><u>IN</u> 35. Approved thawing methods</p> <p><u>IN</u> 36. Thermometers provided &amp; accurate</p> <p><b>FOOD IDENTIFICATION</b></p> <p><u>IN</u> 37. Food properly labeled; original container</p> <p><b>PREVENTION OF FOOD CONTAMINATION</b></p> <p><u>IN</u> 38. Insects, rodents, &amp; animals not present</p> <p><u>IN</u> 39. No Contamination (preparation, storage, display)</p> <p><u>IN</u> 40. Personal cleanliness</p> <p><u>IN</u> 41. Wiping cloths: properly used &amp; stored</p> <p><u>NO</u> 42. Washing fruits &amp; vegetables</p> <p><b>PROPER USE OF UTENSILS</b></p> <p><u>IN</u> 43. In-use utensils: properly stored</p> <p><u>IN</u> 44. Equipment &amp; linens: stored, dried, &amp; handled</p> <p><u>IN</u> 45. Single-use/single-service articles: stored &amp; used</p> | <p><u>NA</u> 46. Slash resistant/cloth gloves used properly</p> <p><b>UTENSILS, EQUIPMENT AND VENDING</b></p> <p><u>IN</u> 47. Food &amp; non-food contact surfaces</p> <p><u>IN</u> 48. Ware washing: installed, maintained, &amp; used; test strips</p> <p><u>IN</u> 49. Non-food contact surfaces clean</p> <p><b>PHYSICAL FACILITIES</b></p> <p><u>IN</u> 50. Hot &amp; cold water available; adequate pressure</p> <p><u>IN</u> 51. Plumbing installed; proper backflow devices</p> <p><u>IN</u> 52. Sewage &amp; waste water properly disposed</p> <p><u>IN</u> 53. Toilet facilities: supplied, &amp; cleaned</p> <p><u>IN</u> 54. Garbage &amp; refuse disposal</p> <p><u>IN</u> 55. Facilities installed, maintained, &amp; clean</p> <p><u>IN</u> 56. Ventilation &amp; lighting</p> <p><u>IN</u> 57. Permit; Fees; Application; Plans</p> |
|---|--|

*This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.*

Violations Comments

No Violation Comments Available

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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

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



General Comments

Satisfactory routine inspection.  
Reviewed inspection results with Paul Palmero, Meal-Site Manager.

All food catered from G.A Foods Inc.

All temperatures recorded in degrees Fahrenheit.  
Hot water: 112  
Reach-in cooler: 40, 39  
Reach-in freezer: 0, -10

Cold holding:  
Milk: 40  
Orange juice: 40  
Fruit cup: 40

Facility caters meals for both the adult day care and senior center in the building.

ServeSafe Certification: Jose Zayas, expires 03-16-26; Heather Caron, expires 02-19-2024; Paul Palmero, expires 03/16/2026

Light level: 69.9 - foot candles

Email Address(es): skoester@pbcgov.org;  
ppalmero@pbcgov.org;  
hcaron@pbcgov.org

Inspection Conducted By: Christopher Mitchell (035900)  
Inspector Contact Number: Work: (561) 837-5900 ex.  
Print Client Name:  
Date: 7/21/2023

Inspector Signature:

Client Signature:

10/17/23, 9:03 AM

pbcgov.org/papa/Asps/PropertyDetail/PrinterfriendlyPropertyPrint.aspx?parcel=00424214000005100

**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**

**Owners**  
PALM BEACH COUNTY

**Mailing address**  
PREM DIVISION C/O 2633 VISTA PKWY  
WEST PALM BEACH FL 33411 5613

**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 |
|-----------------|------|--------|
|                 | 2023 |        |

**Property Information**

Number of Units 0  
\*Total Square Feet 12716  
Acres 5.06  
Use Code 8600 - CITY INC NONMUNI  
Zoning PO - PUBLIC OWNERSHIP ( 00-UNINCORPORATED )

**Appraisals**

| Tax Year           | 2023 P      | 2022        | 2021        |
|--------------------|-------------|-------------|-------------|
| Improvement Value  | \$1,323,908 | \$1,270,406 | \$908,323   |
| Land Value         | \$488,796   | \$460,000   | \$394,370   |
| Total Market Value | \$1,812,704 | \$1,730,406 | \$1,302,693 |

P = Preliminary

*All values are as of January 1st each year***Assessed and Taxable Values**

| Tax Year         | 2023 P      | 2022        | 2021        |
|------------------|-------------|-------------|-------------|
| Assessed Value   | \$1,576,258 | \$1,432,962 | \$1,302,693 |
| Exemption Amount | \$1,576,258 | \$1,432,962 | \$1,302,693 |
| Taxable Value    | \$0         | \$0         | \$0         |

**Taxes**

| Tax Year       | 2023 P | 2022  | 2021  |
|----------------|--------|-------|-------|
| Ad Valorem     | \$0    | \$0   | \$0   |
| Non Ad Valorem | \$197  | \$169 | \$160 |
| Total tax      | \$197  | \$169 | \$160 |

Dorothy Jacks, CFA, AAS PALM BEACH COUNTY PROPERTY APPRAISER [www.pbcgov.org/PAPA](http://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  
PALM BEACH COUNTY  
10-23-79

162,000.00  
80 034145  
FEB 27 AM 9:11

162,000.00  
.50  
7.60  
648.00

B3298 P1244

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

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

Original Copy

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 grantees 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. ...*  
*James H. ...*

*Joel W. Marsh* (SEAL)  
JOEL W. MARSH

*Joey W. Marsh* (SEAL)  
JOEY W. MARSH

*Rafael Diaz* (SEAL)  
RAFAEL DIAZ

*Catherine T. Diaz* (SEAL)  
CATHERINE T. DIAZ

STATE OF FLORIDA  
COUNTY OF PALM BEACH

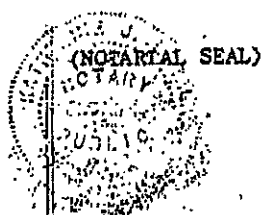
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Joel W. Marsh & Joey W. Marsh, his wife and Rafael Diaz & Catherine T. Diaz, his wife

to me known to be the persons (all) described in and who executed the foregoing instrument, and they acknowledged before me that they executed the same.

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

*[Signature]*  
PUBLIC

My Commission expires:  
Notary Public, State of Florida at Large  
My Commission Expires Nov. 23, 1979  
Issued by American Fidelity & Guaranty Co.



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

89298 P1245

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



## 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:** Faith Manfra

**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: Work Related

Screening conducted by:

Date of Prior Screening: 04/30/2019

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

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

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## Attestation

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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

Director  
Title

11-13-2023  
Date

Save was successful

[Switch Agency View](#)

## Person Profile

|   |  |                            |
|---|--|----------------------------|
| * <b>First Name:</b> FAITH              | * <b>Address Line 1:</b> 1204 OCEAN<br>DUNES CIR | * <b>Sex:</b> FEMALE       |
| <b>Middle Name:</b>                     | * <b>Address Line 2:</b>                         | * <b>Race:</b> WHITE       |
| * <b>Last Name:</b> MANFRA              | * <b>City:</b> JUPITER                           | * <b>Hair Color:</b> Brown |
| <b>Suffix:</b>                          | * <b>State:</b> Florida                          | * <b>Eye Color:</b> Brown  |
| <b>Aliases:</b> MARTIN, FAITH<br>MANFRA | * <b>ZIP:</b> 33477-<br>9129                     | * <b>Height:</b> 5' 02"    |
| * <b>SSN:</b> XXX-XX-7702               | <b>County:</b> PALM BEACH                        | * <b>Weight:</b> 105 lbs.  |
| * <b>Date of Birth:</b> 1/11/1962       | <b>Phone Number:</b>                             |                            |
| * <b>Place of Birth:</b> New York       | <b>Email Address:</b>                            |                            |



[Edit](#)

### Screenings in Process

| Screening # | Provider | Submitted Date | Status | Status Date | Action |
|-------------|----------|----------------|--------|-------------|--------|
|-------------|----------|----------------|--------|-------------|--------|

[Initiate New Screening](#)    
 [Initiate Agency Review](#)    
 [Initiate Resubmission](#)

**Retained Prints Expiration Date:** 4/16/2024  
**Clearinghouse Screening Available?:** Yes

### Agency for Health Care Administration Eligibility

| Type       | Item   | Status                 | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider     | Eligible               | 4/30/2019                      |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible               | 4/30/2019                      |
| Position   | Medicaid Provider Enrollment                   | Agency Review Required |                                |
| Position   | AHCA Provider/Facility Licensure               | Eligible               | 4/30/2019                      |

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

| Provider   | Position                            | Provisional Hire/Contract Date | Permanent Hire/Contract Date | End Date | Action               |
|--|-------------------------------------|--------------------------------|------------------------------|----------|----------------------|
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | Employee or Contracted Staff Person |                                | 01/13/2003                   |          | <a href="#">Edit</a> |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 344  | Employee or Contracted Staff Person |                                | 01/13/2003                   |          |                      |
| PALM BEACH COUNTY DIVISION OF SENIOR SERVICES -        | Administrator                       |                                | 01/13/2003                   |          |                      |

New Search    View/Print Version    Explanation of Results

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



Agency for Health Care  
Administration

Provider Name:  
Printed by: Teresa Pedicino  
License Number:

## Background Screening Result

This individual's eligibility status as of 11/13/2023 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, Agency for Health Care Administration, at 850-412-4503. The employer must take the appropriate action when a change in status occurs in accordance with Section 435.06, Florida Statutes.

|  |                            |                                    |                       |                       |
|--|----------------------------|------------------------------------|-----------------------|-----------------------|
| <b>Applicant Name:</b><br>FAITH MANFRA | <b>SSN:</b><br>XXX-XX-7702 | <b>Date of Birth:</b><br>1/11/1962 | <b>Race:</b><br>WHITE | <b>Sex:</b><br>FEMALE |
|--|----------------------------|------------------------------------|-----------------------|-----------------------|

**Retained Prints Expiration Date: 4/16/2024**  
**Clearinghouse Screening Available?: Yes**

### Agency for Health Care Administration Eligibility

| Type       | Item   | Status                 | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider     | Eligible               | 4/30/2019                      |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible               | 4/30/2019                      |
| Position   | Medicaid Provider Enrollment                   | Agency Review Required |                                |
| Position   | AHCA Provider/Facility Licensure               | Eligible               | 4/30/2019                      |

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

| Provider   | Position                            | Hire Date  | End Date |
|--|-------------------------------------|------------|----------|
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | Employee or Contracted Staff Person | 01/13/2003 |          |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 344  | Employee or Contracted Staff Person | 01/13/2003 |          |
| PALM BEACH COUNTY DIVISION OF SENIOR SERVICES -        | Administrator                       | 01/13/2003 |          |

Print Event: 0793004

Print Date: 11/13/2023



## 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:** Jose M. Zayas

**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: Work Related

Screening conducted by:

Date of Prior Screening: 08/13/2021

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

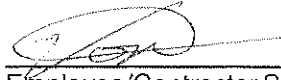
- Department of Elder Affairs
- Department of Financial Services
- Department of Children and Family Services

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## Attestation

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Under penalty of perjury, I, Jose M. Zayas, 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

Adult Day Care Manager 11/13/2023  
Title Date

**Person Profile**[Switch Agency View](#)

**\* First Name:** JOSE  
**Middle Name:** MARIA  
**\* Last Name:** ZAYAS  
**Suffix:**  
**Aliases:**  
  
**\* SSN:** XXX-XX-6649  
**\* Date of Birth:** 3/30/1973  
**\* Place of Birth:** Florida

**\* Address Line 1:** 733 TALLADEGA ST  
**Address Line 2:**  
**\* City:** WEST PLAM BEACH  
**\* State:** Florida  
**\* ZIP:** 33405  
**County:** PALM BEACH COUNTY

**\* Sex:** MALE  
**\* Race:** UNKNOWN  
**\* Hair Color:** Brown  
**\* Eye Color:** Brown  
**\* Height:** 5' 07"  
**\* Weight:** 188 lbs.

**Phone Number:** 786-693-0920  
**Email Address:** JZAYAS@PBCGOV.ORG

[Edit](#)**Screenings in Process**

| Screening # | Provider   | Submitted Date | Status                    | Status Date | Action   |
|-------------|--|----------------|---------------------------|-------------|--|
| 6921216     | PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | 08/03/2021     | Fingerprints Sent to FDLE | 08/06/2021  | <a href="#">Reprint Privacy Policy</a><br><a href="#">Remove</a> |

[Initiate New Screening](#)   
 [Initiate Agency Review](#)   
 [Initiate Resubmission](#)

**Retained Prints Expiration Date:** 7/23/2026  
**Clearinghouse Screening Available?:** Yes

**Agency for Health Care Administration Eligibility ?**

| Type       | Item   | Status                 | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider     | Eligible               | 8/13/2021                      |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible               | 8/13/2021                      |
| Position   | Medicaid Provider Enrollment                   | Agency Review Required |                                |
| Position   | AHCA Provider/Facility Licensure               | Eligible               | 8/13/2021                      |

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

| Provider   | Position                            | Provisional Hire/Contract Date | Permanent Hire/Contract Date | End Date   | Action               |
|--|-------------------------------------|--------------------------------|------------------------------|------------|----------------------|
| PALM BEACH COUNTY DIVISION OF SENIOR SERVICES -        | Case Manager                        |                                | 05/09/2017                   |            |                      |
| SOUTH COUNTY MENTAL HEALTH CENTER - 1369               | Mental Health Personnel             |                                | 10/24/2016                   | 12/02/2016 |                      |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | Employee or Contracted Staff Person |                                | 10/18/2016                   |            | <a href="#">Edit</a> |

[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](#).



Provider Name: PALM BEACH  
 COUNTY BOARD OF COUNTY  
 COMMISSIONERS  
 Printed by: Teresa Pedicino  
 License Number: 9082

Agency for Health Care  
 Administration

## Background Screening Result

This individual's eligibility status as of 11/13/2023 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, Agency for Health Care Administration, at 850-412-4503. The employer must take the appropriate action when a change in status occurs in accordance with Section 435.06, Florida Statutes.

|                        |             |                       |              |             |
|------------------------|-------------|-----------------------|--------------|-------------|
| <b>Applicant Name:</b> | <b>SSN:</b> | <b>Date of Birth:</b> | <b>Race:</b> | <b>Sex:</b> |
| JOSE MARIA ZAYAS       | XXX-XX-6649 | 3/30/1973             | UNKNOWN      | MALE        |

**Retained Prints Expiration Date: 7/23/2026**  
**Clearinghouse Screening Available?: Yes**

### Agency for Health Care Administration Eligibility

| Type       | Item   | Status                 | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider     | Eligible               | 8/13/2021                      |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible               | 8/13/2021                      |
| Position   | Medicaid Provider Enrollment                   | Agency Review Required |                                |
| Position   | AHCA Provider/Facility Licensure               | Eligible               | 8/13/2021                      |

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

| Provider   | Position                            | Hire Date  | End Date   |
|--|-------------------------------------|------------|------------|
| PALM BEACH COUNTY DIVISION OF SENIOR SERVICES -        | Case Manager                        | 05/09/2017 |            |
| SOUTH COUNTY MENTAL HEALTH CENTER - 1369               | Mental Health Personnel             | 10/24/2016 | 12/02/2016 |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | Employee or Contracted Staff Person | 10/18/2016 |            |

**Print Event: 161498007**

**Print Date: 11/13/2023**



## 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:** Tony Lenard Moore

**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: Work Related

Screening conducted by:

Date of Prior Screening: 10/17/2023

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

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

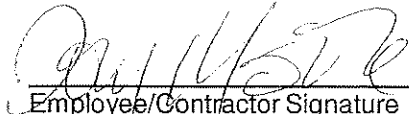


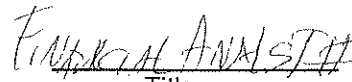
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## Attestation

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Under penalty of perjury, I, Tony Lenard 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.


  
Employee/Contractor Signature

  
Title

  
Date

## Person Profile

[Switch Agency View](#)

|                                  |   |                            |   |
|----------------------------------|---|----------------------------|---|
| * <b>First Name:</b> TONY        | * <b>Address Line 1:</b> 1363 8TH ST    | * <b>Sex:</b> MALE         |  |
| <b>Middle Name:</b> LENARD       | <b>Address Line 2:</b>                  | * <b>Race:</b> BLACK       |   |
| * <b>Last Name:</b> MOORE        | * <b>City:</b> WEST PALM BEACH          | * <b>Hair Color:</b> Black |   |
| <b>Suffix:</b>                   | * <b>State:</b> Florida                 | * <b>Eye Color:</b> Brown  |   |
| <b>Aliases:</b>                  | * <b>ZIP:</b> 33401                     | * <b>Height:</b> 5' 08"    |   |
| * <b>SSN:</b> XXX-XX-9602        | <b>County:</b> PALM BEACH               | * <b>Weight:</b> 228 lbs.  |   |
| * <b>Date of Birth:</b> 1/2/1965 | <b>Phone Number:</b> 561-355-4756       |                            |   |
| * <b>Place of Birth:</b> Florida | <b>Email Address:</b> TMOORE@PBCGOV.ORG |                            |   |

[Edit](#)

### Screenings in Process

| Screening # | Provider   | Submitted Date | Status             | Status Date | Action   |
|-------------|--|----------------|--------------------|-------------|--|
| 9626583     |  | 10/04/2023     | Determination Made | 10/04/2023  | <a href="#">Reprint Privacy Policy</a>                           |
| 9617571     | PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | 10/02/2023     | Determination Made | 10/04/2023  | <a href="#">Reprint Privacy Policy</a><br><a href="#">Remove</a> |

A criminal record may exist for this applicant. To view the report please select the "Public Rap Sheet" button.



[Initiate New Screening](#)   
 [Initiate Agency Review](#)   
 [Initiate Resubmission](#)

**Retained Prints Expiration Date: 9/20/2028**  
**Clearinghouse Screening Available?: Yes**

### Agency for Health Care Administration Eligibility

| Type       | Item   | Status                 | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider     | Eligible               | 10/17/2023                     |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible               | 10/17/2023                     |
| Position   | Medicaid Provider Enrollment                   | Agency Review Required |                                |
| Position   | AHCA Provider/Facility Licensure               | Eligible               | 10/17/2023                     |

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

| Provider   | Position                            | Provisional Hire/Contract Date | Permanent Hire/Contract Date | End Date | Action               |
|--|-------------------------------------|--------------------------------|------------------------------|----------|----------------------|
| PALM BEACH COUNTY DIVISION OF SENIOR SERVICES -        | Case Manager                        |                                | 08/01/2009                   |          |                      |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | Employee or Contracted Staff Person |                                | 08/13/2001                   |          | <a href="#">Edit</a> |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 344  | Chief Financial Officer             |                                | 08/13/2001                   |          |                      |

New Search    View/Print Version    Explanation of Results

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tpedicin

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



Agency for Health Care  
Administration

Provider Name: PALM BEACH  
COUNTY BOARD OF COUNTY  
COMMISSIONERS  
Printed by: Teresa Pedicino  
License Number: 9082

## Background Screening Result

This individual's eligibility status as of 11/13/2023 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, Agency for Health Care Administration, at 850-412-4503. 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: |
|-------------------|-------------|----------------|-------|------|
| TONY LENARD MOORE | XXX-XX-9602 | 1/2/1965       | BLACK | MALE |

Retained Prints Expiration Date: 9/20/2028  
Clearinghouse Screening Available?: Yes

### Agency for Health Care Administration Eligibility

| Type       | Item   | Status                 | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider     | Eligible               | 10/17/2023                     |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible               | 10/17/2023                     |
| Position   | Medicaid Provider Enrollment                   | Agency Review Required |                                |
| Position   | AHCA Provider/Facility Licensure               | Eligible               | 10/17/2023                     |

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

| Provider   | Position                            | Hire Date  | End Date |
|--|-------------------------------------|------------|----------|
| PALM BEACH COUNTY DIVISION OF SENIOR SERVICES -        | Case Manager                        | 08/01/2009 |          |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082 | Employee or Contracted Staff Person | 08/13/2001 |          |
| PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 344  | Chief Financial Officer             | 08/13/2001 |          |

Print Event: 13781760

Print Date: 11/13/2023



Department of Public Safety  
Division of Emergency Management  
20 South Military Trail  
West Palm Beach, FL 33415  
(561) 712-6400  
FAX: (561) 712-6464  
www.pbcgov.com



Palm Beach County  
Board of County  
Commissioners  
  
Gregg K. Weiss, Mayor  
  
Maria Sachs, Vice Mayor  
  
Maria G. Marino  
  
Michael A. Barnett  
  
Marci Woodward  
  
Sara Baxter  
  
Mack Bernard

County Administrator  
  
Verdenia C. Baker

"An Equal Opportunity  
Affirmative Action Employer"

Official Electronic Letterhead

March 29, 2023

Jose Maria Zayas  
Center Manager II  
PBC BCC North County Adult Day Care #344  
5217 Northlake Boulevard  
Palm Beach Gardens, FL 33418

Re: Comprehensive Emergency Management Plan (CEMP)  
First Revision Review

Dear Mr. Zayas:

The **First Revision Review** of the Comprehensive Emergency Management Plan (CEMP) for **PBC BCC North County Adult Day Care #344** is completed and the CEMP is **approved**. The plan meets the intent of the relevant Florida Statutes and Florida Administrative Codes.

The CEMP is now approved until August 31, 2024.

Please be advised that the next plan review submittal date is July 1, 2024. This allows for a 60 day review period established by Florida State Statutes before the CEMP expires.

Your Facility Plan Year is from September 1 - August 31 of each year. Please plan your dated materials accordingly.

Current AHCA crosswalks, templates, plan submission information, and training resources are available online at our website below.  
<http://discover.pbcgov.org/publicsafety/dem/Pages/Healthcare-CEMP.aspx>

If there are any questions, please do not hesitate to contact me either by phone (561)712-6400, or by e-mail at [Kwall@pbccgov.org](mailto:Kwall@pbccgov.org).

Thank you for your attention to emergency planning.

Regards,

Keith Wall, MPA, CEM, MPCP  
Senior Planner

Enclosure(s)

View current license information at: [Floridahealthfinder.gov](http://Floridahealthfinder.gov)

LICENSE #: 344  
CERTIFICATE #: 4061

**State of Florida**  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

**Adult Day Care Center**

LICENSED

This is to confirm that PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized by Chapter 429, Part III, Florida Statutes, and 59A-16, Florida Administrative Code, and is authorized to operate the following:

**PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS**  
5217 Northlake Blvd  
Palm Beach Gardens, FL 33418

Total Capacity: 15

EFFECTIVE DATE: 03/18/2022

EXPIRATION DATE: 03/17/2024



Simone Marstiller, Secretary  
Agency for Health Care Administration