

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: May 14, 2024       Consent     Regular  
    Ordinance     Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior and Veteran Services

I. EXECUTIVE BRIEF

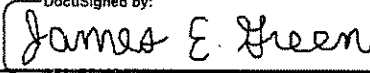
**Motion and Title: Staff recommends motion to:**


- A) **receive and file** the Agency for Health Care Administration (AHCA) Health Care Licensing Application for the period June 18, 2024 through June 17, 2026, to renew the Division of Senior and Veteran Services (DSVS) Mid-County Adult Day Care Center license as required by AHCA; and
- B) **delegate** to the County Administrator or designee the signatory authority for any necessary documents related to AHCA’s licensing for Adult Day Care, that do not substantially change the scope of work, terms, or conditions of the application.

**Summary:** DSVS is a service provider for Adult Day Care services licensed through AHCA. ACHA re-credentialing verification requires ongoing monitoring and maintenance of providers’ records. AHCA is responsible for the licensure and regulation of health facilities, including adult day cares. Adult day cares are required to be licensed by AHCA with renewal every two (2) years through a licensing application process. The licensing renewals enable DSVS to continue to operate the adult day cares. DSVS received notification on February 22, 2024 that AHCA will be implementing Mandatory Online Renewals effective March 5, 2024, in accordance with Rule 59A-35.060, F.A.C., which states all renewal applicants must apply online by submitting the online licensure application form, fees, and supporting documents electronically through AHCA’s Online Portal. DSVS will need extended time to prepare the new on-line application set-up process for the County. The attached AHCA Health Care Licensing Application for Renewal is required sixty (60) days prior to the expiration of current licenses. The emergency signature process was utilized because there was insufficient time to submit these agreements through the regular agenda process or the new on-line portal at this time. There is no cost to Palm Beach County as County-operated centers applying for licensure are exempt from the payment of license fees. On July 11, 2017, the Board of County Commissioners authorized the County Administrator, or designee, to execute renewal applications for this purpose. In accordance with County PPM CW-O-051, all delegated contracts, agreements, and grants must be submitted by the initiating Department as a receive and file agenda item. DSVS is responsible for providing services north of Hypoluxo Rd. The areas of service include all of the districts, excluding District 2, 4, 5 and 7 south of Hypoluxo Rd. Mae Volen, Inc. is responsible for providing services in the areas south of Hypoluxo Rd. DSVS Countywide except for portions of Districts 2, 4, 5, and 7 south of Hypoluxo Rd. (HH)

**Background and Justification:** The licensing renewal will enable DSVS to continue to operate the adult day care center. Adult Day Cares provides families and caregivers with assistance with caregiving for Alzheimer’s, cognitive and chronic physical impaired older adult participants.

**Attachments:** AHCA Health Care Licensing Application with Walkthrough Memo

Recommended By:       4/26/2024  
Department Director      Date

Approved By:       4/28/24  
Assistant County Administrator      Date

**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>					
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

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

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

No fiscal impact. For application only.

**C. Departmental Fiscal Review:**  J. D.   
 For Julie Dowe, Director of Finance and Support Services

**III. REVIEW COMMENTS**

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

Lisa M. ... 4/17/2024   
 OFMB  H114   Edw 4-17-24   
 Brenda M. ... 4/22/24   
 Contract Development and Control  
 Ted 4/19/24

**B. Legal Sufficiency:**

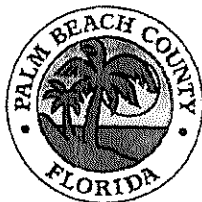
Wilene ... 4-24-24   
 Assistant County Attorney

**C. Other Department Review:**

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

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

MEMORANDUM



TO: Verdenia C. Baker, County Administrator  
FROM: James Green, Director II, Community Services  
THRU: Tammy K. Fields, Assistant County Administrator  
DATE: February 28, 2024

Community Services Department  
810 Damra Street  
West Palm Beach, FL 33401  
(561) 355-4700  
FAX (561) 355-3863  
www.pbccgov.com

Palm Beach County  
Board of County  
Commissioners

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

County Administrator  
Verdenia C. Baker



"An Equal Opportunity  
Affirmative Action Employer"

RE: Agency for Health Care Administration (AHCA) Health Care Licensing  
Renewal Application for the Division of Senior and Veteran Services Adult  
Day Care

\*\*\*\*\*

In accordance with BCC approval granting signature authority to the County Administrator, or designee, on July 11, 2017, your signature is needed on the Florida Agency for Health Care Administration (AHCA) Health Care Licensing Application for the Mid-County Adult Day Care. The attached AHCA Health Care Licensing Application for Renewal is required sixty (60) days prior to the expiration of the current license, which is June 18, 2024. Sixty-days (60) prior is April 18, 2024, which is the last allowable date to submit the application. However, due to the Division of Senior and Veteran Services (DSVS) receiving notification on February 22, 2024 that AHCA will be implementing mandatory online renewals effective March 5, 2024, your signature is needed no later than Friday, March 1, 2024 prior to the implementation of the online process.

Effective March 5, 2024, in accordance with Rule 59A-35.060, F.A.C., all renewal applicants must apply online by submitting the online licensure application form, fees, and supporting documents electronically through AHCA's Online Portal. DSVS will need extended time to prepare the new online application set-up process for the County.

AHCA is responsible for licensure and regulation of health facilities, including adult day cares. Adult day cares are required to be licensed by AHCA with a renewal every two (2) years through a licensing application process. DSVS operates the following two (2) adult day cares: North County located in Palm Beach Gardens and Mid-County located in Lake Worth Beach.

Your signature is necessary for AHCA to renew the adult day care license which will enable DSVS to continue to operate the adult day care without interruption. These centers assist the elderly and/or adults with disabilities to live independently while also receiving support and care. The Health Care Licensing Application and Health Care Licensing Application Addendum is a requirement of AHCA and necessary to renew licensing.

If you have any questions, please contact Faith Manfra at (561) 355-4753. Thank you.

Deputy Director

Helene C. Hoizd  
Senior Assistant County Attorney

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

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

MM MB 7-0

AGENDA ITEM SUMMARY

R-2017-0862

Meeting Date: July 11, 2017	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing
Department				
Submitted By:	Community Services			
Submitted For:	Division of Senior Services (DOSS)			

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) approve Sunshine Health Long Term Care Credentialing/Rec credentialing Application Direct Service Provider Level II Background Screening form in accordance with the Florida Agency for Health Care Administration (AHCA) requirements in order to provide in-home and community based services to members; and

B) delegate to the County Administrator, or designee, signatory authority on rec credentialing applications and any other necessary documents related to AHCA requirements for all long-term care managed plans.

Summary: The Division of Senior Services (DOSS) is a service provider and currently has a standard agreement with Sunshine Health (R2013-0863), which is a Florida Statewide Medicaid Long Term Care Managed Care Plan (LTCMCP). DOSS also has standard agreements with the following LTCMCPs; Humana American Eldercare, Inc., Coventry Health Care of Florida, Inc., Independent Living Systems and UnitedHealthcare Community Plan. DOSS provides case management and adult day care services to its members. LTCMCP credential verification requires ongoing monitoring and maintenance of providers' records to ensure that information is accurate and up-to-date as required by AHCA and in accordance with applicable state law. DOSS will continue to provide long-term managed care, in-home care, and community-based services as a service provider. (Division of Senior Services) Countywide (HH)

Background and Justification: As a Service Provider, DOSS affords eligible seniors with help to avoid long-term placement in a nursing facility. LTCMCPs are required to have a sufficient network to provide covered services.

Attachments: Direct Service Provider Level II Background Screening form

Recommended By: James E. Shen 6/14/17  
Department Director Date

Approved By: Nancy L. Bolton 6/30/17  
Assistant County Administrator Date



<b>AHCA USE ONLY:</b>	
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) <b>9082</b>	National Provider Identifier (NPI) (if applicable)	Medicare # (CMS CCN)	Florida Medicaid
Name of Adult Day Care Center (if operated under a fictitious name, enter as it appears in Florida Division of Corporation) <b>Palm Beach County Board of County Commissioners</b>			
Street Address <b>3680 Lake Worth Rd</b>			
City <b>Lake Worth</b>		State <b>FL</b>	Zip <b>33461</b>
Telephone Number <b>561-355-4746</b>	Fax Number <b>561-355-3222</b>		
Mailing Address or <input type="checkbox"/> Same as above <b>810 Datura St Suite 300</b>			
City <b>West Palm Beach</b>	County <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33401</b>
Telephone Number <b>561-355-4750</b>	E-mail Address <b>Tlampi@pbcgov.org</b>		
Provider Website <b>Pbcgov.org</b>	NOTE: By providing your e-mail address, you agree to accept e-mail correspondence from the Agency.		

**B. LICENSEE INFORMATION** – Please complete the following for the entity seeking to operate the adult day care center.

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

<b>C. CONTACT PERSON</b> - For this application	
Contact Person for this application <b>Faith Manfra</b>	Contact Telephone Number <b>561-355-4750</b>
Contact e-mail address or <input type="checkbox"/> Do not have e-mail <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** **No Fee Required**  
 Provider Name  Personnel  
 Provider Address Services/Qualifications:  
 Bed/Capacity:  Specialized Alzheimer's Services (SAS)  
 Increase  Decrease  Management Company  
 Replacement License

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

### 3. Controlling Interests of Licensee

#### Authority:

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

#### DEFINITIONS:

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

**Special note:** Pursuant to section 408.809, F.S., any controlling interest are required to have an Agency screening through the Care Provider Background Screening Clearinghouse. If background screening has been conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 may be submitted in lieu of Agency screening. To verify who is to be screened, visit [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/](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 <b>Not Applicable</b>		EIN (No SSNs) N/A	Telephone Number / Fax N/A	
Street Address		E-mail Address		
City	County	State	Zip	
Mailing Address or <input type="checkbox"/> Same as above				
City		State	Zip	
Contact Person	Contact E-mail	Contact Telephone Number		

**DEFINITION:**

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

**Special note:** Pursuant to section 408.809, F.S., any controlling interest are required to have an Agency screening through the Care Provider Background Screening Clearinghouse. If background screening has been conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 may be submitted in lieu of Agency screening. To verify who is to be screened, visit [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/](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 M. 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: 76
- B. Total square footage available for participants: 4500
- C. Identify below all the optional services provided by the facility. Please indicate the frequency with which the services are provided (i.e., daily, weekly, and not provided).

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

## 9. Hours of Operation

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

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

## 10. Supporting Documents

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

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

### 11. Attestation

I, Verdenia C. Baker, attest as follows:

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

VC Baker  
Signature of Licensee or Authorized Representative

J/A  
County Administrator  
Title

3/1/24  
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: Verdenia C. Hvizd  
 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:

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

B. Risk Managers Only:

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

## 2. Controlling Interests of Licensee

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

FULL NAME	SOCIAL SECURITY NUMBER
Not Applicable	N/A

**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/ CEO/Managing Employee/Lab Director	Jose Maria 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.

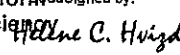
TITLE	FULL NAME	SOCIAL SECURITY NUMBER
Medical or Clinical Director	Not Applicable	N/A
Licensed Health Care Practitioners	Not Applicable	N/A

**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 *JIA*

County Administrator 3/1/24  
 Title Date

Approved as to form and Legal Sufficiency  
 By:   
 Senior Assistant County Attorney



Department of Community Services  
Division of Senior and Veteran Services

- ☐ **Central Office**  
810 Datura Street, Suite 300  
West Palm Beach, FL 33401  
Tel: (561) 355-4740  
FAX: (561) 355-3222
- ☐ **North Office**  
5217 Northlake Boulevard  
Palm Beach Gardens, FL 33418  
Tel: (561) 694-5435  
FAX: (561) 694-9611
- ☐ **South Office**  
3680 Lake Worth Road  
Lake Worth, FL 33461  
Tel: (561) 357-7100  
FAX: (561) 357-7114
- ☐ **West Office**  
2916 State Road #15  
Belle Glade, FL 33450  
Tel: (561) 996-4808  
FAX: (561) 992-1011
- ☐ **Veterans Office**  
345 S. Congress Avenue, #104  
Delray Beach, FL 33445  
Tel: (561) 355-3084  
FAX: (561) 355-3222  
[www.pbcgov.com](http://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

Alick Bernard

**County Administrator**

Verdenia C. Baker

"An Equal Opportunity  
Affirmative Action Employer"

Official Electronic Letterhead

February 29, 2024

Agency for Health Care Administration  
Assisted Living Unit, MS#30  
2727 Mahan Drive  
Tallahassee, FL 32308

RE: Palm Beach County Board of County Commissioners  
3680 Lake Worth Road, Lake Worth, FL 33461  
Adult Day Care Center License# 9082

I attest to the following:

Pursuant to sections 408.810(14) and 408.051(3), FS, the licensee ensures that all patient information stored in an offsite physical or virtual environment, including through a third-party or subcontracted computing facility or an entity providing cloud computing services, is physically maintained in the continental United States or its territories or Canada.

Pursuant to section 408.810(15), FS, the licensee ensures controlling interest of the licensee do not hold, either directly or indirectly, regardless of ownership structure, an interest in an entity that has a business relationship with a foreign country of concern or that is subject to section 287.135, FS.

*JA* Respectfully,

*Verdenia C. Baker*

Verdenia C. Baker,

County Administrator

Palm Beach County Board of County Commissioners

Approved as to Form and Legal Sufficiency

DocuSigned by:

*Helene C. Hvizd*

By: \_\_\_\_\_

BE3DE20B2223413

Helene C. Hvizd

Senior Assistant County Attorney





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

Date Issued  
 February 23, 2024

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

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

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

CERTIFICATE HOLDER

AHCA  
 Agency for Health Care Administration  
 2727 Mahan Drive  
 Tallahassee, FL 32308

*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/pbcfr/crrd](http://discover.pbcgov.org/pbcfr/crrd)



---

<b>Occupant Name:</b>	MID-COUNTY SENIOR CENTER	<b>Inspection Date:</b>	12/13/2023
<b>Address:</b>	3680 LAKE WORTH Road	<b>InspectionType:</b>	Knox Box
<b>Suite:</b>		<b>Property Use Type:</b>	Day Care, in Commercial Property
<b>City:</b>	LAKE WORTH	<b>Local File ID:</b>	
<b>State:</b>	FL	<b>Zone:</b>	00
<b>Zip Code:</b>	33461	<b>Inspected By:</b>	Wens Lapaix 561-236-9611 WLapaix@pbcgov.org
<b>District:</b>	411		

---

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

*No Violations were cited during this Inspection.*

**Inspector Comments: EKEY ALREADY COMPLETED**

---



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Sanitation Certificate

**50-48-01554**

50-BID-6816763

**Food Hygiene - Adult Day Care**

Issued To: Palm Beach County Board of County Commissioners  
3680 Lake Worth Road  
Lake Worth Beach, FL 33461

County: **Palm Beach**  
Amount Paid: \$160.00  
Date Paid: 09/19/2023  
Issued Date: 10/01/2023  
**Expires On: 09/30/2024**

Mail To: Palm Beach County Board of County Commissioners  
810 Datura, Unit 300  
West Palm Beach, FL 33401

Issued By:  
Department of Health in Palm Beach County  
P.O. Box 29  
West Palm Beach, FL 33402-0029  
(561) 274-3187

Owner: Palm Beach County Board of County Commissioners

Food Type: Limited Service

Seating Capacity (Max): 76.00[NOT Restricted by Sewage Disposal Type: Municipal]

Food Hygiene Restrictions (if applicable)

Original Customer: Palm Beach County Board of County Commissioners (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Sanitation Certificate

**50-48-01554**

50-BID-6816763

**Food Hygiene - Adult Day Care**

Issued To: Palm Beach County Board of County Commissioners  
3680 Lake Worth Road  
Lake Worth Beach, FL 33461

County: **Palm Beach**  
Amount Paid: \$160.00  
Date Paid: 09/19/2023  
Issued Date: 10/01/2023  
**Expires On: 09/30/2024**

Mail To: Palm Beach County Board of County  
Commissioners  
810 Datura, Unit 300  
West Palm Beach, FL 33401

Issued By:  
Department of Health in Palm Beach County  
P.O. Box 29  
West Palm Beach, FL 33402-0029  
(561) 274-3187

Owner: Palm Beach County Board of County Commissioners

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



Facility Information

RESULT: Satisfactory

Permit Number: 50-48-01554 Name of Facility: Palm Beach County Board of County Commissioners Address: 3680 Lake Worth Road City, Zip: Lake Worth Beach 33461  Type: Adult Day Care Owner: Palm Beach County Board of County Commissioners Person In Charge: Jose Zayas      Phone: (561) 676-4138 PIC Email: jzayas@pbcgov.org
--

Inspection Information

Purpose: Routine Inspection Date: 9/27/2023 Correct By: None Re-Inspection Date: None	Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0 Facility Grade: N/A Stop Sale: No	Begin Time: 01:00 PM End Time: 01:30 PM
--	---	--

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

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

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

50-48-01554 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>NA 30. Pasteurized eggs used where required</p> <p>IN 31. Water &amp; ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p><b>FOOD TEMPERATURE CONTROL</b></p> <p>IN 33. Proper cooling methods; adequate equipment</p> <p>NO 34. Plant food properly cooked for hot holding</p> <p>IN 35. Approved thawing methods</p> <p>IN 36. Thermometers provided &amp; accurate</p> <p><b>FOOD IDENTIFICATION</b></p> <p>IN 37. Food properly labeled; original container</p> <p><b>PREVENTION OF FOOD CONTAMINATION</b></p> <p>IN 38. Insects, rodents, &amp; animals not present</p> <p>IN 39. No Contamination (preparation, storage, display)</p> <p>IN 40. Personal cleanliness</p> <p>IN 41. Wiping cloths: properly used &amp; stored</p> <p>NO 42. Washing fruits &amp; vegetables</p> <p><b>PROPER USE OF UTENSILS</b></p> <p>IN 43. In-use utensils: properly stored</p> <p>IN 44. Equipment &amp; linens: stored, dried, &amp; handled</p> <p>IN 45. Single-use/single-service articles: stored &amp; used</p>	<p>NA 46. Slash resistant/cloth gloves used properly</p> <p><b>UTENSILS, EQUIPMENT AND VENDING</b></p> <p>IN 47. Food &amp; non-food contact surfaces</p> <p>IN 48. Ware washing: installed, maintained, &amp; used; test strips</p> <p>IN 49. Non-food contact surfaces clean</p> <p><b>PHYSICAL FACILITIES</b></p> <p>IN 50. Hot &amp; cold water available; adequate pressure</p> <p>IN 51. Plumbing installed; proper backflow devices</p> <p>IN 52. Sewage &amp; waste water properly disposed</p> <p>IN 53. Toilet facilities: supplied, &amp; cleaned</p> <p>IN 54. Garbage &amp; refuse disposal</p> <p>IN 55. Facilities installed, maintained, &amp; clean</p> <p>IN 56. Ventilation &amp; lighting</p> <p>IN 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

General Comments

No Violations Observed at Time of Inspection. Food Delivered From GA Foods. Kitchen Uses Disposable, Single Service Items Only.

Temperatures in Degrees Fahrenheit: Hot Water > 100; Juice: 40; Milk: 40; Cheese: 40; Reach-in Cooler: 33; Reach-in Freezer: -10; Pasta: 146; Mixed Vegetables: 141; Squash: 147; Dry Storage: 76.  
Lighting > 50 Fc.  
Serving Kitchen Only.

Email Address(es): jzayas@pbcgov.org

Inspection Conducted By: Alan Whyman (082033)  
Inspector Contact Number: Work: (561) 837-5983 ex.  
Print Client Name:  
Date: 9/27/2023

Inspector Signature:

Client Signature:

**Property Detail**

Location Address : 3680 LAKE WORTH RD  
 Municipality : UNINCORPORATED  
 Parcel Control Number : 00-43-44-30-01-011-0010  
 Subdivision : PALM BEACH FARMS CO PL 7  
 Official Records Book/Page : 14339 / 1037  
 Sale Date : OCT-2002  
 Legal Description : PALM BEACH FARMS CO PLAT NO 7 LT A (LESS N 35 FT LAKE WORTH RD & E 15 FT & TRGLR PAR COCONUT RD R/WS), LTS B THRU D (LESS E 15 FT COCONUT RD R/W) & LT E (LESS S 70 FT L-12 CNL & ELY 15 FT COCONUT RD R/WS) BLK 11, LT A (LESS N 35 FT LAKE WORTH RD & W 15 FT & TRGLR PAR GULFSTREAM RD R/WS), LTS B THRU D (LESS W 15 FT GULFSTREAM RD R/W) & LT E (LESS S 70 FT L-12 CNL & W 15 FT GULFSTREAM RD R/WS) BLK 12, & LTS A THRU E (LESS E 15 FT COCONUT RD R/W) BLK 22

**Owner Information**

<b>Owner(s)</b>	<b>Mailing Address</b>
PALM BEACH COUNTY	PREM DIVISION C/O 2633 VISTA PKWY WEST PALM BEACH FL 33411 5613

**Sales Information**

Sales Date	Price	OR Book/Page	Sale Type	Owner
OCT-2002	\$950,000	14339 / 01037	WARRANTY DEED	PALM BEACH COUNTY
OCT-1985	\$100	04694 / 01555	WARRANTY DEED	

**Exemption Information**

Applicant/Owner(s)	Year	Detail
	2024	

**Property Information**

Number of Units : 0  
 \*Total Square Feet : 26156  
 Acres : 12.5707  
 Property Use Code : 8600—CITY INC NONMUNI  
 Zoning : PO—PUBLIC OWNERSHIP (00-UNINCORPORATED)

**Appraisals**

Tax Year	2023	2022	2021	2020	2019
Improvement Value	\$3,325,984	\$3,370,821	\$2,852,200	\$2,887,863	\$2,861,660
Land Value	\$4,692,769	\$4,468,261	\$3,833,067	\$3,833,067	\$3,433,840
Total Market Value	\$8,018,753	\$7,839,082	\$6,685,267	\$6,720,930	\$6,295,500

**Assessed and Taxable Values**

Tax Year	2023	2022	2021	2020	2019
Assessed Value	\$8,018,753	\$7,353,794	\$6,685,267	\$6,473,847	\$5,885,315
Exemption Amount	\$8,018,753	\$7,353,794	\$6,685,267	\$6,473,847	\$5,885,315
Taxable Value	\$0	\$0	\$0	\$0	\$0

**Taxes**

Tax Year	2023	2022	2021	2020	2019
AD VALOREM	\$0	\$0	\$0	\$0	\$0
NON AD VALOREM	\$0	\$0	\$0	\$0	\$0
TOTAL TAX	\$0	\$0	\$0	\$0	\$0

Dorothy Jacks, CFA, AAS PALM BEACH COUNTY PROPERTY APPRAISER [www.pbcpao.gov](http://www.pbcpao.gov)



## 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.

<b>Employee/Contractor Name:</b>	Faith Manfra
<b>Health Care Provider/ Employer Name:</b>	Palm Beach County Board of County Commissioner
<b>Address of Health Care Provider:</b>	3680 Lake Worth Rd, Lake Worth FL 33461

I hereby attest to meeting the requirements for employment and that I have not been arrested for ~~or~~ and 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: \_\_\_\_\_

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

---

## Attestation

---

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

Other  
Title

2/15/24  
Date

### Person Profile

[Switch Agency View](#)

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



[Edit](#)

### Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
10019832	PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082	02/14/2024	Determination Made	02/15/2024	<a href="#">Reprint Privacy Policy</a> <a href="#">Remove</a>

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

[Public Rap Sheet](#)

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

Retained Prints Expiration Date: 2/1/2029  
Clearinghouse Screening Available?: Yes

### Agency for Health Care Administration Eligibility

Type	Item	Status	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Eligible	2/15/2024
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	2/15/2024
Position	Medicaid Provider Enrollment	Agency Review Required	
Position	AHCA Provider/Facility Licensure	Eligible	2/15/2024

### 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	Other		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

---

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

tpedcin



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 2/16/2024 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> FAITH MANFRA	<b>SSN:</b> XXX-XX-XXXX	<b>Date of Birth:</b> MM/DD/YYYY	<b>Race:</b> WHITE	<b>Sex:</b> FEMALE
--	----------------------------	-------------------------------------	-----------------------	-----------------------

Retained Prints Expiration Date: 2/1/2029  
 Clearinghouse Screening Available?: Yes

### Agency for Health Care Administration Eligibility

Type	Item	Status	Eligibility Determination Date
Employment	Medicaid / Medicare Participating Provider	Eligible	2/15/2024
Employment	Non-Medicaid / Medicare Participating Provider	Eligible	2/15/2024
Position	Medicaid Provider Enrollment	Agency Review Required	
Position	AHCA Provider/Facility Licensure	Eligible	2/15/2024

### 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	Other	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	



## 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.

<b>Employee/Contractor Name:</b> Jose Zayas
<b>Health Care Provider/ Employer Name:</b> Palm Beach County Board of County Commissioner
<b>Address of Health Care Provider:</b> 3680 Lake Worth Rd, Lake Worth FL 33461

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

**Criminal offenses found in section 435.04, F.S.**

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

- (m) Section 787.02, relating to false imprisonment.
- (n) Section 787.025, relating to luring or enticing a child.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Section 794.05, relating to unlawful sexual activity with certain minors.
- (v) Chapter 796, relating to prostitution.
- (w) Section 798.02, relating to lewd and lascivious behavior.
- (x) Chapter 800, relating to lewdness and indecent exposure.
- (y) Section 806.01, relating to arson.
- (z) Section 810.02, relating to burglary.
- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- (hh) Section 826.04, relating to incest.
- (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child
- (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (kk) Former s. 827.05, relating to negligent treatment of children.
- (ll) Section 827.071, relating to sexual performance by a child.
- (mm) Section 843.01, relating to resisting arrest with violence.
- (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (oo) Section 843.12, relating to aiding in an escape.
- (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- (qq) Chapter 847, relating to obscene literature.
- (rr) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
- (ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (vv) Section 944.40, relating to escape.
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (xx) Section 944.47, relating to introduction of contraband into a correctional facility.
- (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (zz) Section 985.711, relating to contraband introduced into detention facilities.
- (3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

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

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (h) Section 817.234, relating to false and fraudulent insurance claims.
- (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
- (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
- (k) Section 817.505, relating to patient brokering.
- (l) Section 817.563, 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: \_\_\_\_\_

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

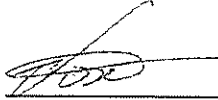


---

## Attestation

---

Under penalty of perjury, I, Jose 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

ADC operator  
Title  
ADC manager

2/3/24  
Date

**Person Profile**

[Switch Agency View](#)

· First Name: JOSE  
 Middle Name: MARIA  
 · Last Name: ZAYAS  
 Suffix:  
 Aliases:  
 · SSN: XXX-XX-XXXX  
 · Date of Birth: [REDACTED]  
 · 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> <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](#)

---

tpedcin

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



## 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.

<b>Employee/Contractor Name:</b> Tony Lenard Moore
<b>Health Care Provider/ Employer Name:</b> Palm Beach County Board of County Commissioner
<b>Address of Health Care Provider:</b> 3680 Lake Worth Rd, Lake Worth FL 33461

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

**Criminal offenses found in section 435.04, F.S.**

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

- (m) Section 787.02, relating to false imprisonment.
- (n) Section 787.025, relating to luring or enticing a child.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Section 794.05, relating to unlawful sexual activity with certain minors.
- (v) Chapter 796, relating to prostitution.
- (w) Section 798.02, relating to lewd and lascivious behavior.
- (x) Chapter 800, relating to lewdness and indecent exposure.
- (y) Section 806.01, relating to arson.
- (z) Section 810.02, relating to burglary.
- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- (hh) Section 826.04, relating to incest.
- (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (kk) Former s. 827.05, relating to negligent treatment of children.
- (ll) Section 827.071, relating to sexual performance by a child.
- (mm) Section 843.01, relating to resisting arrest with violence.
- (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (oo) Section 843.12, relating to aiding in an escape.
- (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- (qq) Chapter 847, relating to obscene literature.
- (rr) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
- (ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (vv) Section 944.40, relating to escape.
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (xx) Section 944.47, relating to introduction of contraband into a correctional facility.
- (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (zz) Section 985.711, relating to contraband introduced into detention facilities.
- (3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

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

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

- (m) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (o) Section 831.01, relating to forgery.
- (p) Section 831.02, relating to uttering forged instruments.
- (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: \_\_\_\_\_

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

---

**Attestation**

---

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

FINANCIAL ANALYST 10/4/2023  
\_\_\_\_\_  
Title Date

## Person Profile

[Switch Agency View](#)

\* First Name: TONY  
 Middle Name: LENARD  
 \* Last Name: MOORE  
 Suffix:  
 Aliases:  
 \* SSN: XXX-XX-XXXX  
 \* Date of Birth: [REDACTED]  
 \* Place of Birth: Florida

\* Address Line 1: 1363 8TH ST  
 Address Line 2:  
 \* City: WEST PALM BEACH  
 \* State: Florida  
 \* ZIP: 33401  
 County: PALM BEACH

Phone Number: 561-355-4756  
 Email Address: TMOORE@PBCGOV.ORG

\* Sex: MALE  
 \* Race: BLACK  
 \* Hair Color: Black  
 \* Eye Color: Brown  
 \* Height: 5' 08"  
 \* Weight: 228 lbs.



[Edit](#)

### Screenings in Process

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

[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 -	Financial Administrator		08/01/2009		
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082	Chief Financial Officer		08/13/2001		<a href="#">Edit</a>
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 344	Chief Financial Officer		08/13/2001		

[Add Employment/Contract Record](#)



[New Search](#)   [View/Print Version](#)   [Explanation of Results](#)

---

tpedcin

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 2/23/2024 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> TONY LENARD MOORE	<b>SSN:</b> XXX-XX- <span style="background-color: black; color: black;">[REDACTED]</span>	<b>Date of Birth:</b> <span style="background-color: black; color: black;">[REDACTED]</span>	<b>Race:</b> BLACK	<b>Sex:</b> 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 -	Financial Administrator	08/01/2009	
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 9082	Chief Financial Officer	08/13/2001	
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS - 344	Chief Financial Officer	08/13/2001	

**Print Event: 13781760**

**Print Date: 2/23/2024**



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 Marie Zayas  
Center Manager II  
PBC BCC Mid County #9082  
3680 Lake Worth Road  
Lake Worth, FL 33461

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 Mid County #9082 - ADC 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*  
Keith Wall, MPA, CEM, MPCP  
Senior Planner

Enclosure(s)

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

LICENSE #: 9082  
CERTIFICATE #: 4119

**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**  
3680 Lake Worth Road  
Lake Worth, FL 33461

Total Capacity: 76



EFFECTIVE DATE: 06/18/2022

EXPIRATION DATE: 06/17/2024

A handwritten signature in black ink that reads "Simone Marsteller".

Simone Marsteller, Secretary  
Division of Health Quality Assurance