

Section I
Notice of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE NO.: RULE TITLE:

64B32-2.001 License by Endorsement

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to update Form DH-MQA 1145, Application by Endorsement.

SUBJECT AREA TO BE ADDRESSED: Update Form DH-MQA 1145, Application by Endorsement.

RULEMAKING AUTHORITY: 456.013, 468.353(1), 468.364 FS.

LAW IMPLEMENTED: 456.013, 456.072(1), (2), 456.0635, 468.358, 468.364, 468.365(1), (2) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Allen Hall, Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255, Allen.Hall@flhealth.gov.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

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Section II
Proposed Rules

NONE

Section III
Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:

33-601.722 Visiting Schedule

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 44 No. 58, March 23, 2018 issue of the Florida Administrative Register has been withdrawn.

DEPARTMENT OF CHILDREN AND FAMILIES

Substance Abuse Program

RULE NOS.:	RULE TITLES:
65D-30.002	Definitions
65D-30.003	Department Licensing and Regulatory Standards
65D-30.0031	Certifications and Recognitions Required by Statute
65D-30.0032	Display of Licenses
65D-30.0033	License Types
65D-30.0034	Change in Status of License
65D-30.0035	Required Fees
65D-30.0036	Licensure Application and Renewal
65D-30.0037	Department Licensing Procedures
65D-30.0038	Violations; Imposition of Administrative Fines; Grounds
65D-30.004	Common Licensing Standards
65D-30.0041	Clinical Records
65D-30.0042	Clinical and Medical Guidelines
65D-30.0043	Placement
65D-30.0044	Plans, Progress Notes, and Summaries
65D-30.0045	Rights of Individuals
65D-30.0046	Staff Training, Qualifications, and Scope of Practice
65D-30.0047	Facility Standards
65D-30.0049	Voluntary and Involuntary Placement
65D-30.005	Standards for Addictions Receiving Facilities
65D-30.006	Standards for Detoxification
65D-30.0061	Standards for Intensive Inpatient Treatment
65D-30.007	Standards for Residential Treatment
65D-30.0081	Standards for Day or Night Treatment with Community Housing
65D-30.009	Standards for Day or Night Treatment
65D-30.0091	Standards for Intensive Outpatient Treatment
65D-30.010	Standards for Outpatient Treatment

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 43 No. 250, December 29, 2017 issue of the Florida Administrative Register.

65D-30.002 Definitions.

(1) “Abbreviated Treatment Plan” means a shorter version of a treatment plan that is developed immediately following placement in an addictions receiving facility or detoxification component and is designed to expedite planning of services typically provided to individuals ~~clients~~ placed in those components.

(2) “Accreditation” means the process by which a provider satisfies specific nationally accepted administrative, clinical, and facility standards applied by an accrediting organization that has been approved by the ~~D~~epartment.

(3) “Aftercare ~~Plan~~” means structured services provided to individuals who have completed an episode of treatment in a component and who are in need of continued observation and support to maintain recovery. ~~a written plan that specifies goals to be achieved by an individual a client or family involved in aftercare.~~

(4) “Ancillary Services” as defined in subsection 397.311(1), F.S. means services such as legal, vocational, employment, mental health, prenatal care, diagnostic testing, public assistance, child care, parenting supports, and transportation, that may be either essential or incidental to an individual’s recovery.

(5) No change.

(6) “Authorized Agent of the Department” as defined in subsection 397.311(2), F.S. means a qualified person designated by the department to conduct licensing inspections and other regulatory duties permitted in Chapter 397, F.S., Part H.

(7) “Best Practice” means the combination of specific treatments, related services, organizational and administrative principles, core competencies, or social values designed to most effectively benefit the individuals served. Best Practices also include evidence-based practice, which is subject to scientific evaluation for effectiveness and efficacy. Best Practice standards may be established by entities such as the Substance Abuse and Mental Health Services Administration, national trade associations, accrediting organizations recognized by the Department, or comparable authorities in substance use treatment. a method or technique that, shown through research and experience, has proven to reliably lead to an optimal result to prevent or treat substance use disorders. Acceptable best practices are those that meet or exceed the standards disseminated by the Substance Abuse and Mental Health Administration’s American Society of Addiction Medicine (ASAM) Criteria, or established by accrediting organizations recognized by the Department.

(8) “Case Management” means ~~those direct~~ services provided to or on behalf of an individual in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to an individual ~~a client~~, monitor service delivery, and evaluate the effect of the services received patient outcomes to ensure the individual is receiving the appropriate services.

(9) “Certification” means a designation earned by an individual or organization demonstrating core competency in a practice area related to substance use prevention, treatment or recovery support, awarded by a Department-recognized credentialing entity agency.

(10) “Change in Ownership” means, in addition to s. 397.407(6), F.S.;

(a) An event in which the licensee sells or otherwise transfers its ownership to a different individual or entity as evidenced by a change in federal employer identification number or taxpayer identification number; or

(b) An event in which 51 percent or more of the ownership, shares, membership, or controlling interest of a licensee is in any manner transferred or otherwise assigned. This paragraph does not apply to a licensee that is publicly traded on a recognized stock exchange.

(c) A change solely in the management company or board of directors is not a change of ownership.

~~an acquired, gained or bought service provider, or a licensable service component.~~

(11) “Clinical Record” means all parts of the record required to be maintained that are provided to an individual and includes all clinical medical records, assessments, financial and legal agreements and consents, progress notes, charts, admission and discharge data, ~~medical services~~, clinical services, clinical summaries, individual therapy notes, group therapy notes, family therapy notes, and other information recorded by the facility staff, which pertains to the individual’s treatment.

(12) “Clinical Services” for the purposes of this rule, means services such as screening, assessment, level of care determination placement, treatment planning, and counseling, and case management.

~~(13) “Clinical Supervisor” or “Clinical Services Supervisor” means a person who maintains lead responsibility for the overall coordination and provision of clinical services.~~

~~(13)(14) “Clinical Staff” means those employees of a provider who are responsible for providing clinical services to individuals.~~

(15) through (16) renumbered (14) through (15) No change.

(16)(17) “Component” or “service component” as defined in subsection 397.311(42), F.S. means the operational entity of a provider that is subject to licensing. The primary components are listed and defined below:

~~(a) “Addictions Receiving Facility” as defined in subsection 397.311(26), F.S. is an acute care, locked residential facility operated 24 hours per day, 7 days per week that is designated by the Department to provide, at a minimum, detoxification and stabilization services to individuals found to be substance use impaired as described in Section 397.675, F.S., and who meet the placement criteria for this component.~~

~~(b) “Detoxification” as defined in subsection 397.311(26), F.S. is a process involving subacute care that is provided on a non-hospital inpatient or an outpatient basis to assist individuals who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance use.~~

~~(c) “Intensive Inpatient Treatment,” as defined in subsection 397.311(26), F.S. includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours per day, 7 days per week in a highly structured, live in environment.~~

~~(d) “Residential Treatment” as defined in subsection 397.311(26), F.S. is a service provided in a structured live in environment within a nonhospital setting 24 hours per day, 7 days per week, and is intended for individuals who meet the placement criteria for this component. For the purpose of these rules, there are four (4) levels of residential treatment that vary according to the type, frequency, and duration of services provided.~~

~~(e) “Day or Night Treatment with Host Homes” is provided on a nonresidential basis at least three (3) hours per day and at least 12 hours each week and is intended for individuals who meet the placement criteria for this level of care. This component also requires that each individual reside with a host family as part of the treatment protocol.~~

~~(e)(f) “Day or Night Treatment with Community Housing” as defined in subsection 397.311(26), F.S. is provided on a nonresidential basis at least 5 hours each day and at least 25 hours each week and is intended for individuals who can benefit from living independently in peer community housing while undergoing treatment.~~

~~(f)(g) “Day or Night Treatment” as defined in subsection 397.311(26), F.S. is provided on a nonresidential basis at least three (3) hours per day and at least 12 hours each week and is intended for individuals who meet the placement criteria for this component.~~

~~(g)(h) “Intensive Outpatient Treatment” as defined in subsection 397.311(26), F.S. is provided on a nonresidential basis and is intended for individuals who meet the placement criteria for this component. This component provides structured services each day that may include ancillary psychiatric and medical services.~~

~~(h)(i) “Outpatient Treatment” as defined in subsection 397.311(26), F.S. is provided on a nonresidential basis and is intended for individuals who meet the placement criteria for this component.~~

~~(i)(j) No change.~~

~~(j)(k) “Intervention” as defined in subsection 397.311(26), F.S. includes a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change. Intervention activities and strategies that are used to prevent or impede the development or progression of substance use problems.~~

~~(k)(4)~~ “Prevention” as defined in subsection 397.311(26), F.S. includes activities and strategies that are used to preclude the development of substance abuse problems.

~~(l)(m)~~ “Medication-assisted treatment for opiate addiction” as defined in subsection 397.311(26), F.S. —“~~Methadone medication assisted treatment,~~” means an opioid treatment program (OTP) dispensing methadone combined with behavioral therapy to treat substance use disorders, and is intended for individuals who meet the placement criteria for this component.

~~(17)(18)~~ “Control of Aggression” means the application of de-escalation and other approved techniques and procedures to manage aggressive behavior, such as physical intervention. It does not include techniques used to restrict or prevent freedom of movement by the individual ~~unless allowable as specified in this Rule Chapter~~.

~~(18)(19)~~ No change.

~~(19)(20)~~ “Counseling” means the process, conducted in a facility licensed under Chapter 397, F.S., of engaging an individual and his/her support system (i.e., family, significant other, etc.), as indicated, in a discussion of issues associated with the individual’s substance use and other co-occurring ~~occurring~~ conditions in an effort to work toward a constructive resolution of those problems and ultimately toward recovery. For the purposes of this rule chapter therapy is considered a type of counseling.

~~(20)(21)~~ “Counselor” means a member of the clinical staff, working in a facility licensed under Chapter 397, F.S., whose duties primarily consist of conducting and documenting services such as counseling, psycho-educational groups, psychosocial assessment, and treatment planning, ~~and case management~~.

~~(21)(22)~~ No change.

~~(22)(23)~~ “Credentialing entity” as defined in subsection 397.311(10), F.S. ~~means a nonprofit organization that develops and administers professional, facility, or organization certification programs according to applicable nationally recognized certification or psychometric standards.~~

~~(23)(24)~~ No change.

~~(25)~~ “Department” means the Department of Children and Family Services, ~~created pursuant to Section 20.19, F.S.~~

~~(24)(26)~~ “Designate” as used in this Chapter means the action taken by the Department to approve an Addictions Receiving Facility Facility to provide screening, assessment, evaluation, and treatment to individuals found to be substance use impaired as described in s. 397.675, F.S., and who meet the placement criteria for this component.

~~(25)(27)~~ No change.

~~(26)(28)~~ “Diagnostic Criteria” means prevailing standards which are used to determine an individual’s mental and physical condition relative to their need for substance use abuse services,

such as those which are described in the current Diagnostic and Statistical Manual of Mental Disorders.

~~(29)~~ through ~~(30)~~ renumbered ~~(27)~~ through ~~(28)~~ No change.

~~(29)(31)~~ “Direct Services” means services that are provided by employees or volunteers who have contact or who interact with individuals on a regular basis.

~~(32)~~ through ~~(33)~~ are renumbered ~~(28)~~ through ~~(29)~~ No change.

~~(30)~~ “Indicated Prevention Services” has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(v)1., F.A.C.

~~(34)~~ “Impairment” means a physical or psychological condition directly attributed to the use of alcohol or other substances of abuse which substantially interferes with an individual’s level of functioning.

~~(35)~~ through ~~(41)~~ are renumbered ~~(31)~~ through ~~(37)~~ No change.

~~(38)~~ “Medical Consultant” means a physician licensed under Chapter 458 or 459, F.S., who has an agreement with a licensed provider to be available to consult on any services required by individuals involved in those licensed components.

~~(39)(42)~~ No change.

~~(40)(43)~~ “Medical History” means information on the individual’s past and present general physical health, including the effect of substance use abuse on the individual’s health.

~~(41)(44)~~ “Medical Maintenance” means special clinical protocols that permit extending the amount of consecutive take-home ~~out~~ medication provided to individuals who are involved in medication-assisted treatment for opioid addiction and who qualify through a special exemption from the Department for participation under these protocols. Medical maintenance may be either partial, i.e., 13 consecutive take-homes ~~take-outs~~ or full, i.e., 27 consecutive take-homes ~~take-outs~~.

~~(45)~~ “Medical Monitoring” means evaluation, care, and treatment, by medical personnel who are licensed under Chapter 458, 459, or 464, F.S., of individuals whose substance abuse and related problems are severe enough to require intensive inpatient treatment using an interdisciplinary team approach.

~~(42)~~ “Medication Administration Record” or “MAR” means the chart maintained for each individual which records the medication administered to an individual as required by this rule chapter. Other information or documents pertinent to medication administration may be attached to the MAR.

~~(43)~~ “Medication Observation Record” or “MOR” means the chart maintained for each individual which records medication that is self-administered by an individual.

~~(44)(47)~~ “Methadone Medication-Assisted Treatment Sponsor” means a representative of a methadone medication-assisted treatment provider who is responsible for its operation

and who assumes responsibility for all its employees and volunteers, including all practitioners, agents, or other persons providing services at the provider.

~~(45)(48)~~ No change.

~~(46)(49)~~ “Nursing Support Staff” means persons who assist Registered Nurses and Licensed Practical Nurses in carrying out their duties, but who are not licensed nurses. ~~Nurse support staff must, at a minimum, be certified as a nursing assistant.~~

(50) through (52) are renumbered (47) through (49) No change.

~~(50)(53)~~ “Owner” means the owner of record of a licensed facility an entity that has an enforceable claim or title to an asset or property and is recognized as such by law.

(54) through (55) are renumbered (51) through (52) No change.

(53) “Physical Intervention Techniques” means any attempt to control aggressive behavior involving physical contact, including physical re-direction.

~~(56)~~ “Physician” means ~~a person licensed to practice medicine under Chapter 458 or 459, F.S.~~

~~(54)(57)~~ No change.

~~(55)(58)~~ “Prevention Plan” means a plan of goals to be achieved by an individual or family involved in structured indicated prevention activities on a regularly scheduled basis.

~~(56)(59)~~ “Primary Counselor” means a substance use treatment professional who is part of the clinical staff. The primary counselor has primary responsibility for delivering and ~~coordinating~~ clinical services for specific individuals.

(60) through (62) are renumbered (57) through (59) No change.

~~(60)(63)~~ “Progress Notes” mean written entries made by ~~clinical staff~~ in the clinical record that specify the intervention provided, and document progress or lack thereof toward meeting treatment plan objectives, and which generally address the provision of services, the individual’s response to those services, and significant events.

(64) through (67) renumbered (61) through (64) No change.

~~(65)(68)~~ “Qualified professional” as defined in subsection 397.311(34), F.S. ~~Individuals certified as a Master’s Level Certified Addiction Professional, Certified Addiction Professional, a Certified Prevention Professional or a Certified Criminal Justice Addiction Professional are permitted to serve in the capacity of a qualified professional, but only within the scope of their certification.~~

(68) through (73) renumbered (66) through (71) No change.

~~(74)~~ “Screening” means ~~a process involving a brief review of a person’s presenting problem to determine the person’s appropriateness and eligibility for substance abuse services and the possible level of services required.~~

~~(72)(75)~~ No change.

~~(73)~~ “Selective Prevention Services” has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(w)1., F.A.C.

~~(74)(76)~~ “Services” means assistance that is provided to individuals and their support system (i.e., family, significant other, etc.), as indicated, in their efforts to reduce or eliminate become and remain substance use, free such as counseling, treatment planning, vocational activities, educational training, and recreational activities.

~~(75)(77)~~ No change.

~~(76)(78)~~ “Stabilization” as defined in subsection 397.311(45) F.S. means the use of short term procedures for the purpose of alleviating an acute condition related to impairment or to prevent further deterioration of an individual who is impaired.

(79) through (80) renumbered (77) through (78) No change.

~~(79)(81)~~ “Summary Note” means a written record of the progress made by individuals involved in intervention services and indicated ~~selective~~ prevention services.

~~(80)(82)~~ No change.

~~(81)(83)~~ “Telehealth” means the mode of providing patient care, treatment, or services by a Florida licensed health care practitioner or physician assistant, within the scope of his or her practice, through the use of clinical and medical information exchanged from one site to another via electronic communication. ~~practice of substance abuse treatment or prevention services provided through the use of electronic communications by which information is exchanged from one (1) site to another.~~ Telehealth Telemedicine does not include the provision of health services only through an audio only telephone, email messages, text messages, ~~facsimile faesimile~~ transmission, U.S. mail or other parcel service, or any combination thereof.

(84) through (85) renumbered (82) through (83) No change.

~~(84)~~ “Treatment” or “Clinical Treatment” as defined in subsection 397.311(26)(a).

~~(85)(86)~~ “Treatment Plan” as defined in subsection 397.311(49) F.S. means an individualized, written plan of action that directs all treatment services and is based upon information from the assessment and input from the individual served. The plan establishes individual goals and corresponding measurable objectives, time frames for completing objectives, and the type and frequency of services to be provided.

~~(86)~~ “Universal Direct Prevention Services” has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(x)1., F.A.C.

(87) “Universal Indirect Prevention Services” has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(y)1., F.A.C.

~~(88)(87)~~ No change.

65D-30.003 Department Licensing and Regulatory Standards.

(1) Licensing.

(a) License Required. All substance ~~use~~ abuse components, as defined in subsection 65D-30.002(17), F.A.C., must be provided by persons or entities that are licensed by the Department pursuant to Section 397.401, F.S., unless otherwise exempt from licensing under Section 397.4012, F.S., prior to initiating the provision of services. ~~Any action in reliance of an application is taken at the risk of the applicant.~~

(b) Licenses Issued by Component. The Department shall electronically issue one license for each service component offered by a provider. A separate license is not required for the same component. A ~~The~~ license is valid only for the specific service component listed for each specific location identified on the license. Each location listed on the license shall reflect the license type for that component. The provider shall print the most recent version of the license and display a copy in each facility providing the licensed service component. One (1) license is required:-

~~1. For each facility that is maintained on separate premises even if operated under the same management; and~~

~~2. w~~Where all facilities are maintained on the same premises and operated under the same management. If there are multiple buildings on the same premises, the buildings must appear as part of one (1) entity.

For the purposes of paragraph (b), living arrangements utilized for individuals of day or night treatment with community housing do not constitute facilities or separate premises.

(2) Mandatory Accreditation.

(a) In accordance with section 397.403(3), F.S., providers shall achieve a ~~Accreditation~~ by an accrediting organization recognized by the Department, as discussed in 65D-30.0031, F.A.C.; Accreditation is required a requirement for all licensure of clinical ~~elineal~~ treatment services and for each location services are offered. Accreditation cannot be attained without a Department issued license for substance abuse treatment services.

(b) Applicants for licensure and licensed service providers must meet ~~the most~~ current best practice standards related to the licensable service components of the accrediting organization. When a provider who has attained accreditation is in noncompliance with accrediting standards, the provider must notify the Department within 10 days. A copy of the Quality

Assurance plan and proof of corrected areas must be submitted to the Department upon request.

65D-30.0031 Certifications and Recognitions Required by Statute

(1) Department Recognition of Accrediting Organizations.

(a) The Department shall recognize one (1) or more professional credentialing entities as an accrediting organization for persons providing substance use ~~addiction~~ treatment, prevention, and recovery support services. A list of Department recognized accrediting organizations can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>.

(b) No change.

1. The accrediting organization shall have fees and practice standards which apply to substance use ~~abuse~~ services. These standards shall incorporate administrative, clinical, medical, support, and environmental management standards.

2. No change.

3. The accrediting organization shall submit evidence of three (3) years of experience functioning as an accreditation organization for substance use ~~addiction~~ services.

4. For the purposes of this rule, the accrediting organization shall require a service provider seeking accreditation for substance use treatment services, as defined in rule 65D-30.002(17), F.A.C., to hold a valid license. For accrediting organizations that accredit by service component, the provider must hold a valid license for each component type prior to being issued accreditation. The accrediting organization must identify on the accrediting survey report each component that is accredited.

(2) Department Recognition of Credentialing Entities.

(a) The Department shall recognize one (1) or more professional credentialing entities as a certifying organization for a ~~Addiction p~~ Professionals. A list of Department recognized credentialing ~~accrediting~~ organizations can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. An organization that desires recognition by the Department as a certifying organization for addiction professionals shall request such approval in writing from the Department. Organizations seeking approval shall be:

1. through 7. No change.

(b) The Department shall recognize one (1) or more ~~professional~~ credentialing entities as a certifying organization for r ~~Recovery r~~ Residences who meets all requirements of s. 397.487, F.S. A list of Department recognized credentialing entities ~~accrediting organizations~~ can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/recovery-residence>. An organization that desires recognition by the Department as a

certifying organization for recovery residences shall request such approval in writing from the Department.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), ~~(15)~~, and 397.403, 397.487, FS. History–New.

65D-30.0032 Display of Licenses

(1) through (3) No change.

(4) Marketing or advertising materials shall use the legal entity's name registered with the Division of Corporations, and any reference to a service component must use the name of the licensed service component as defined in section 397.311(26), F.S. and 65D-30.002(15), F.A.C. Providers shall include their license number on any website advertising or describing licensed service components.

(5) through (7) No change.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), ~~397.403~~, 397.407, and 397.410, FS. History–New.

65D-30.0033 License Types

(1) Probationary License.

(a) Conditions Permitting Issuance. A probationary license is issued to new applicants and to licensed providers adding new components; or new locations, upon completion of all applicable requirements.

(b) No change.

(c) Special Requirements Regarding Probationary Licenses. The following special requirements apply regarding new applicants:

1. through 2. No change.

3. In ~~these~~ instances where an applicant fails to admit individuals for services during the initial probationary period, the Department shall not issue a regular license, even where other standards have been met. If an applicant continues to pursue licensure, the applicant must reapply and pay the associated fees.

4. No change.

(d) No change.

(2) No change.

(3) Interim License.

(a) Conditions Permitting Issuance. An interim license will replace a regular license for a period not to exceed 90 days, where the Department finds that any one (1) of the following conditions exist.

1. A facility or component of the provider is in substantial noncompliance with licensing standards. A provider is considered in substantial noncompliance if it is in compliance with less than 80 ~~90~~ percent of the licensing standards.

2. through 3. No change.

(b) Reissuing an Interim License. The Department may reissue an interim license once for an additional 90 days at the end of the initial 90-day period in the case of extreme hardship.

Extreme hardship is defined as an inability to reach full compliance that ~~cannot~~ ~~can not~~ be attributed to the provider.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), ~~397.403~~, 397.407, and 397.410, FS. History–New.

65D-30.0034 Change in Status of License

(1) Changing the Status of Licenses. Changes to a provider's license shall be permitted under the following circumstances:

(a) through (d) No change.

(e) When there is a change in a provider's status regarding accreditation, the provider shall notify the Department in writing within 5 working days of such change. In ~~those~~ instances, where the change in status will adversely affect the provider's license or requires other sanctions, the Department shall notify the provider within 30 working days of receipt of the notice of the Department's pending action; and

(f) Any change in the name of a facility that remains under the same ownership and management shall be submitted in writing to the regional office within 30 ~~60~~ days prior to the effective date of the change. Upon receipt of the notification, the regional office will issue a letter confirming receipt of the notification along with a replacement license listing the correct facility name. Following failure to provide such notification to the regional office, the Department shall issue the administrative penalty as established in Rule 65D-30.0038(6), F.A.C.

(2) License Non-transferable. In addition to Section 397.407(6), F.S., an acquisition of a majority of ownership shall require the submission of a new application for each component affected. A change in ownership of less than a majority of the ownership interest in a licensed entity only requires submittal of a local and Level 2 background check. All owners shall be screened according to the level 2 screening requirements of chapter 435, F.S. any new acquisition of a licensed provider, whether in whole or in part, shall be considered a change in ownership. A change in ownership may range from 1-100 percent.

(a) Licenses are not transferable:

1. Where an individual, a legal entity or an organizational entity, acquires an already licensed provider or site as described herein; or and

2. Where a provider relocates or a component of a provider is relocated or the address where services are rendered changes.

(b) Submitting Applications. A completed electronic application or ~~CF-MH C&F SA Form 4024, Feb 2018 Nov-2017~~, titled "Application for Licensure Licensing to Provide Substance Use Abuse Treatment Services,"; incorporated herein by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>, shall be submitted to the Department at least 30 days prior to

acquisition or relocation. The electronic application and CF-MH C&F-SA Form 4024 may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>.

1. Acquisition. An entity shall submit an Application for Licensing to Provide Substance Abuse Treatment Services to the Department 30 days prior to a change in controlling ownership as defined in this rule of the licensed provider or of the contractual management entity. Failure to register the provider and submit an application 30 days prior to a change will result in the invalidation of the provider’s license or site, provided that the change in ownership occurs, if acquiring only a specific location, effective the date of the action changing the control of ownership or management. In addition to the application, online application or C&F-SA Form 4024, Nov, 2017, the applicant shall be required to submit all items as required in subsection 65D-30.0036(1), F.A.C. When the application is considered complete, the Department shall issue a probationary license.

2. Relocation. In addition to an Application for Licensing to Provide Substance Abuse Treatment Services, if there is no change in the provider’s services, the provider shall only be required to provide proof of general liability insurance coverage and compliance with local fire and safety standards established by the State Fire Marshal, health codes ~~enforced at the local level~~, and appropriate zoning, and ~~or~~ occupational license/business tax receipt. If there is a change in the provider’s services, the provider shall be required to submit all items as required in subsection 65D-30.0036(1), F.A.C. In this latter case, when the Department determines the application to be complete, the Department shall issue a probationary license. A regular license will not be issued if relocating during a probationary period, and the applicant must re-apply.

3. Temporary Relocation. A provider may temporary relocate services when an evacuation is necessary in order to protect the health, safety, and welfare of individual’s being served.

a. Information on the emergency circumstances requiring temporary relocation of services and options to transfer individuals to another provider shall be made available to individuals in treatment, prior to any emergency action taken by the provider. Documentation that the individual is aware of all options available, their preferences, and reasons to either transfer or relocate the individual shall be documented in the clinical record. The document must be signed and dated by the individual. The provider shall discharge individuals who can be safely discharged. The provider shall provide evidence that at least three (3) attempts were made to transfer individuals in

~~treatment to other licensed providers with similar levels of care in the same geographic area.~~

b. The provider must notify the Regional Substance Abuse and Mental Health Office by phone or electronic mail within five (5) working days of relocation and provide the documentation required in subparagraph a. above.

c. If the temporary relocation exceeds 30 working days, prior approval is required by the Regional Substance Abuse and Mental Health Program Office. The provider shall submit a written request to the Department, including justification for the temporary relocation, the beginning and ending dates of the temporary relocation, and a plan for the transfer of any individuals to other providers. The regional office shall approve written requests containing the required information. The regional office shall send a written approval or denial to the provider.

d. No change.

65D-30.0035 Required Fees

(1) Licensing Fees. Applicants for a license to operate a licensed service component shall be required to pay a fee upon submitting an application to the regional office. The fees paid by privately-funded providers shall exceed fees paid by publicly-funded providers, as required in Section 397.407(1), F.S. Applicants shall be allowed a reduction, hereafter referred to as a discount, in the amount of fees owed the Department. The discount shall be based on the number of facilities operated by a provider. The fee schedules are listed by component as follows:

Publicly-Funded Providers	
Service Component	Fee (\$)
Addictions Receiving Facility	325
Detoxification	325
Intensive Inpatient Treatment	325
Residential Treatment	300
Day or Night Treatment with Community Housing	250
Day or Night Treatment	250
Intensive Outpatient Treatment	250
Outpatient Treatment	250
Methadone Medication-Assisted Treatment for Opioid Addiction	350
Aftercare	200
Intervention	200
Prevention	200
Applications to provide overlay services should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	

~~Complaint Investigation — In cases where an agent of the Department determines a special inspection is necessary and the complaint is substantiated, the cost will be equal to the amount of the licensure fee for the relative service component(s). If the Department concludes the complaint is unsubstantiated, the charge is half the cost of the licensure fee.~~

~~Relocation Fee - The relocation fee is based on the fee charged for the component(s) being relocated. For Addictions Receiving Facilities, Inpatient Detoxification, Intensive Inpatient, Methadone Maintenance, Inpatient Methadone Detoxification, and all levels of residential services, the cost is equal to the amount of the licensure fee. For all other components, the rate is half the cost of the licensure fee.~~

~~unsubstantiated, the charge is half the cost of the licensure fee.~~

~~Relocation Fee - The relocation fee is based on the fee charged for the component(s) being relocated. For Inpatient Detoxification, Intensive Inpatient, Inpatient Methadone Detoxification, and all levels of residential services, the cost is equal to the amount of the licensure fee. For all other components, the rate is half the cost of the licensure fee.~~

Schedule of Discounts

Number of Licensed Facilities	Discount
2-5	10%
6-10	15%
11-15	20%
16-20	25%
20+	30%

Schedule of Discounts

Number of Licensed Facilities	Discount
2-5	5%
6-10	10%
11-15	15%
16-20	20%
20+	25%

(2) The licensure fee must be included with all applications. Applications will not be processed if the fee is not received within 30 working days of the submission of the application.

65D-30.0036 Licensure Application and Renewal

(1) Application for Licensing. Applications for licensing shall be submitted initially and annually thereafter to the Department along with the required licensing fee. An application for renewal of a regular license must be submitted to the Department at least 60 business days prior to the expiration of the regular license. Applications for renewal submitted less than 60 business days, but at least 30 business days before the license expires, will be processed and late fees will be applied. If the application for renewal is not received by the Department 30 business days prior to the expiration of the regular license, the application will be denied and returned to the applicant, including any fees. In addition to requirements pursuant to Section 397.403, F.S., and unless otherwise specified, all applications for licensure shall include the following:

(a) A standard application for licensing, using CF-MH C&F SA Form 4024, Feb 2018 Nov. 2017, titled “Application for Licensing to Provide Substance Abuse Treatment Services,” incorporated herein by reference in Rule 65D-30.0034, F.A.C., or by completing the online process through the Department-approved electronic system. Copies of CF-MH C&F SA Form 4024 and access to the electronic application may be obtained from the Department of Children and Families Office of Substance Abuse and Mental Health at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>;

Privately-Funded Providers	
Service Component	Fee (\$)
Addictions Receiving Facility	375
Detoxification	375
Intensive Inpatient Treatment	350
Residential Treatment	350
Day or Night Treatment with Community Housing	300
Day or Night Treatment	300
Intensive Outpatient Treatment	300
Outpatient Treatment	300
Methadone Medication-Assisted Treatment for Opioid Addiction	400
Aftercare	250
Intervention	250
Prevention	250
Applications to provide overlay services should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	
Complaint Investigation — In cases where an agent of the Department determines a special inspection is necessary and the complaint is substantiated, the cost will be equal to the amount of the licensure fee for the relative service component(s). If the Department concludes the complaint is	

(b) Written proof of compliance for all licensed facilities, including community housing, with local health, fire, and safety inspections;

(c) A copy of the provider's valid occupational license/business tax receipt, and zoning, ~~or tax receipt.~~ (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(d) No change.

(e) A comprehensive outline of the services to be provided, including the licensed bed capacity for addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with community housing. The outline must ~~to~~ be submitted with the initial application, with the addition of each new service component, or when there is a change of ownership, and it- ~~The outline~~ must provide sufficient detail to ensure consistency with clinical best practices;

(f) Information that establishes the name and address of the applicant, its chief executive officer, the chief financial officer, clinical supervisor and, if a corporation or legal entity, the name of each member of the applicant's board, the name of the owner, the names of any officers of the corporation, and the names of any shareholders or persons who hold an equitable interest;

~~(g) Information on previous employment and a list of references for all owners, chief executive officers, chief financial officers, and clinical supervisors;~~

~~(g)(h)~~ Information on the competency and ability of the applicant, and its chief executive officer, chief financial officers, and clinical supervisors to carry out the requirements of these rules, including education, previous employment history, and list of references. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from this requirement);

~~(h)(i)~~ Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules, such as ~~copies of bank statements demonstrating at least six months of operational funds~~ or a financial audit or review conducted by a certified accountant within the last 90 business days. The fiscal infrastructure should demonstrate an understanding of generally accepted accounting principles to ensure program stability. (Providers that are accredited by a Department recognized accrediting organizations and Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

~~(i)(j)~~ Proof of professional liability and general liability property insurance coverage. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are

exempt from this requirement.) Professional liability insurance coverage shall be in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000;

(k) through (l) are redesignated (j) through (k) No change.

~~(l)(m)~~ Demonstration of organizational capability through a written, indexed system of policies and procedures that are descriptive of services and the population served. If delivering services through telehealth services, detailed procedures outlining the equipment and implementation plan for services shall be included. Providers utilizing telehealth must implement technical written policies and procedures for telehealth systems that comply with the Health Insurance Portability and Accountability Act privacy regulations, as well as applicable state and federal laws that pertain to patient privacy. Policies and procedures must also address the technical safeguards required by Title 45, Code of Federal Regulations, section 164.312, where applicable. All staff shall have a working knowledge of the substance use ~~substance abuse~~ operating procedures;

~~(m)(n)~~ No change.

~~(n)(o)~~ Proof of a valid medical license for the medical director. The medical license must be free of administrative action(s), and be accompanied by the following documentation:

1. No change.

2. A notarized letter from the physician attesting stating that he or she is:

a. Employed or contracted by the provider as a medical director, and specifying ~~specifying~~ in which component he or she is acting (addictions receiving facility ~~facility~~, detoxification, intensive inpatient treatment, residential treatment, or methadone medication-assisted treatment); and

b. ~~The letter must also state the physician is~~ Knowledgeable ~~knowledgable~~ of the limitations ~~limit~~ to acting as medical director for no more than 10 facilities which must be within a 200-mile radius.

~~(o)(p)~~ No change.

~~(p)(q)~~ A state of Florida pharmacy permit for methadone medication-assisted treatment for opioid addiction and outpatient detoxification and any applicant with a pharmacy;

(r) through (s) are redesignated (q) through (r) No change.

~~(s)(t)~~ Verification that fingerprinting and background checks, including to include ~~to include~~ local law enforcement checks, have been completed as required by Chapters 397 and 435, F.S.;

~~(t)(u)~~ No change.

~~(u)(v)~~ Proof of accreditation or application for accreditation by a Department recognized accrediting organization for each location and clinical ~~clinical~~ service component offered by a Department recognized accrediting ~~accrediting~~ organization.

(2) Items listed in paragraphs (1)(a)-~~(n)(e)~~ must accompany the application for a license ~~including the item listed in paragraph (1)(v) for renewal applicants and must be maintained. Renewal applicants must submit item (1)(u) along with the licensure application.~~ However, regarding items in paragraph ~~paragraphs~~ (1)(g) ~~and (1)(h), paragraph (1)(i),~~ only new applicants or where there is a change in chief executive officer, chief financial officers, or clinical supervisors will be required to submit this information with the application. Items listed in paragraphs (1)(o)-~~(t)(p)-(u)~~, including items in paragraph (1)(l)~~(m)~~ for renewal applicants, must be made available for review at the provider facility. In addition, ~~organizational changes or~~ documents listed in paragraphs (1)(a)-~~(u)(v)~~ that expire during the period the license is in effect shall be renewed by the provider prior to expiration, ~~and~~ The Department shall be notified by the provider in writing within 24 hours upon renewal or in the event renewal does not occur. ~~The item listed in paragraph (1)(v) is required for all new applicants and must be maintained.~~ Accreditation is required for all clinical treatment components. Applications for licensure renewal must submit proof of application for accreditation by a Department approved accrediting entity and proof of obtained accreditation for any subsequent ~~subsequent~~ renewals.

(3) In addition to the requirements outlined in paragraphs (1)(a)-~~(u)(v)~~ of this rule, methadone medication-assisted treatment for opioid addiction providers must submit the following:

(a) No change.

(b) The Drug Enforcement Administration registration for methadone ~~methadone~~ medication-assisted maintenance treatment for opioid addiction.

(4) No change.

(5) An applicant, provider, or legal entity controlling interest is required to register or file with the Florida Secretary of State, Division of Corporations. The principal name and mailing addresses submitted with the licensure application for the applicant, provider or controlling interests must be the same as the information registered with the Division of Corporations. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from this requirement).

(6) No change.

(7) Accredited Providers. This subsection implements Sections 397.403, and 394.741(4), F.S and applies to licensing inspections of providers or components of providers that are accredited by Department approved accrediting organizations. A list of Department approved accrediting agencies may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health at ~~the following link:~~ http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation. For accredited

providers or components of providers, the Department shall conduct a licensing inspection once every three (3) years.

(a) Inspections of Accredited Providers. In addition to conducting licensing inspections every three (3) years, the Department has the right to conduct inspections of accredited providers in accordance with Subsection 394.741(6), F.S., and Section 397.411, F.S., in ~~those~~ cases where any of the following conditions exist:

1. through 3. No change.

4. The Department has concerns regarding the health, safety or welfare of individuals served ~~concerns.~~

~~(b)(e)~~ No change.

Rulemaking Authority ~~394.46715,~~ 397.321(5) FS. Law Implemented 397.321(6), ~~397.4014,~~ 397.403, 397.407, 397.410, 397.411, FS. History—New.

65D-30.0037 Department Licensing Procedures

(1) Department Licensing Procedures.

(a) Regional Office Licensing Procedures. The regional offices shall be responsible for licensing providers operating within their geographic boundaries but are not prohibited from reviewing applications or conducting audits of service providers outside the boundary.

1. Application Process. The regional offices shall process all new and renewal applications for licensing and shall notify both new ~~ew~~ and renewal applicants in writing within 30 business days of receipt of the application that it is complete or incomplete. Where an application is incomplete, the regional office shall specify in writing to the applicant the items that are needed to complete the application. Following receipt of the regional office's response, the applicant shall have 10 working business days to submit the required information to the regional office. If the applicant needs additional time to submit the required information it may request such additional time within five (5) business days of the deadline for submitting the information. Within five (5) business days of receipt of the request, the regional office shall approve the request for up to an additional 30 business days. Any renewal applicant that fails to meet these deadlines shall be assessed an additional fee equal to the late fee provided for in subsection 397.407(3), F.S., \$100 per licensed component for each specific location. If the applicant is seeking a new license and fails to meet these deadlines, the application and all fees shall be returned to the applicant unprocessed.

2. Licensing Inspection. The regional office may conduct announced or unannounced on-site licensing inspections pursuant to section 397.411, F.S. Prior to any scheduled inspection, the regional office shall notify the each applicant of its intent to conduct an on-site licensing inspection or electronic file review and of the proposed date of the inspection. The regional office shall include the name(s) of the authorized

agents who will conduct the inspection and the specific components and facilities to be inspected. This notification, however, shall not prohibit the regional office from inspecting other components or facilities maintained by a provider at the time of the review.

3. Licensing Determination. A performance-based rating system shall be used to evaluate a provider's compliance with licensing standards. Providers shall attain at least ~~80~~ 90 percent compliance overall on ~~for~~ each component ~~set of standards~~ reviewed. This means that each set of standards within each facility operated by a provider is subject to the ~~80~~ 90 percent compliance requirement. If any set of standards within a facility falls below ~~80~~ 90 percent compliance, an interim license will be issued for that component. In addition, there may be instances where a component is rated at an ~~80~~ 90 percent level of compliance overall but is in substantial noncompliance with standards related to health, safety, and welfare of individuals or staff. This includes significant or chronic violations regarding standards that do not involve direct services to individuals. In such cases, the regional office shall issue an interim license to the provider or take other regulatory action as permitted in Section 397.415, F.S.

4. through 6. No change.

7. Content of Licensing Records. The regional offices shall maintain current electronic licensing files on each provider licensed under Chapter 397, F.S. The contents of the files shall include ~~those~~ items submitted to the Department, as required in subsections 65D-30.0036(1)-(3), as appropriate, and subparagraph 65D-30.0037(1)(a)5., F.A.C. All documentation and updates will be entered into the Department approved database within 35 business days of changes to the applicant or provider status to ensure contents of licensing records are current.

8. No change.

9. Complaint Log. The regional offices shall electronically document all complaints regarding providers in the data system approved by the Department. Documentation shall include the date the complaint was received, dates review was initiated and completed, and all findings, penalties imposed, fines collected, reports to other licensing or credentialing entities, and other information relevant to the complaint.

10. Publishing Provider Information. A list of licensed providers shall be published to the Department's website. The list shall include provider name(s), address(es), contact information, number of beds for inpatient services, inspection score, and other information the Department ~~Department~~ deems useful to the public.

~~(b) The Regional Substance Abuse and Mental Health Program Office Licensing Procedures.~~

~~1. Monitoring. The Office of Substance Abuse and Mental Health shall monitor the statewide implementation of the licensure process.~~

~~11.(2)~~ Closing a Licensed Provider. Pursuant to Chapter 120, F.S., providers shall notify the Department in writing at least 30 days prior to ceasing operation. The provider, with the Department's assistance, shall attempt to place all active individuals being served in need of care with other providers along with their clinical records and files. The provider shall notify the Department where the clinical records and files of previously discharged individuals are and where they will be stored for the legally required period. A service provider may not engage in patient brokering as established in section 397.55(2), F.S.

~~12.(3)~~ No change.

~~a.(a)~~ No change.

~~b.(b)~~ Procedure for Approving Overlay Services.

~~(I).1-~~ No change.

~~(II)2.~~ The Department shall notify the provider within 30 business days of receipt of the request to provide overlay services of its decision to approve or deny the request and, in the case of denial, reasons for denying the request in accordance with subparagraph 3.

~~(III)3-~~ No change.

~~(IV)4.~~ In ~~those~~ cases where the request to provide overlay services is approved, the Department shall clearly specify the licensed component that will be provided as overlay.

~~c.(c)~~ No change.

~~13.(4)~~ Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In ~~those~~ instances where substance use abuse services are provided within Juvenile Justice Commitment Programs and detention facilities, such services may be provided in accordance with any one (1) of the four (4) conditions described below:

(a) through (d) are redesignated a. through d. No change.

~~14.(6)~~ No change.

65D-30.0038 Violations; Imposition of Administrative Fines; Grounds.

This rule establishes the grounds under which the Department shall issue an administrative fine, as well as the uniform system of procedures to impose disciplinary sanctions.

(1) The Department shall impose an administrative fine ~~in the manner provided in Chapter 120, F.S.,~~ for the violation of any provision of Rule Chapter 65D-30, F.A.C. or of Chapter 397, F.S., by a licensed service provider, as described in the Substance Use Treatment Facility Licensing Standards Classification of Violations, CF-MH Form 4039, June 2018, which is incorporated by reference. A copy of the Substance Use Treatment Facility Licensing Standards Classification of Violations may be obtained from the Department's website at

<http://www.myflfamilies.com/general-information/publications-forms> or from the following links: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>, or <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>. Each standard violation has an assigned classification based on the nature or severity of the violation(s) as identified in CF-MH Form 4039, for the actions of any person subject to level 2 background screening under Chapter 435, F.S., for the actions of any facility employee, or for an intentional or negligent act seriously affecting the health, safety, or welfare of an individual receiving services.

(2) The Department shall indicate the classification on the written notice of the violation. The aggregate amount for all fines shall not exceed \$20,000 per inspection. Each violation of Chapter 397, F.S., and Chapter 65D 30, F.A.C. shall be classified according to the nature of the violation and the gravity of its probable effect on individuals receiving services. The Department shall indicate the classification on the written notice of the violation as follows:

(a) Class "I" violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class I violation in an amount not less than \$400 and not exceeding \$500 for each violation.

(b) Class "II" violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class II violation in an amount not less than \$300 and not exceeding \$400 for each violation.

(c) Class "III" violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class III violation in an amount not less than \$200 and not exceeding \$300 for each violation.

(d) Class "IV" violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class IV violation in an amount not less than \$100 and not exceeding \$200 for each violation.

(e) Regardless of the class of violation cited, instead of the fine amounts listed in paragraphs (a) (d), the Department may impose a sanction on a provider, the operation of any service component or location if the provider if one (1) or more of the violations present as established by Sections 397.415(c) and (d).

(3) Definitions.

(a) "Day" means a working day in which the program is operating for business.

(b) "Standards" are requirements for the operation of a licensed facility, as provided in statute or in rule.

(c) "Violation" means a finding of noncompliance by the Department of a licensing standard.

(d) Class "I" violations are defined in Section 397.411, F.S., and include all instances where the Department has

verified that the licensee is responsible for abuse, neglect, or abandonment of a child or abuse, neglect, or exploitation of a vulnerable adult. "Class I violations" are incidents of noncompliance with a Class I standard as described in CF-MH Form 4039.

(e) Class "II" violations are defined in Section 397.411. "Class II Violations" are incidents of noncompliance with a Class II standard as described in CF-MH Form 4039.

(f) Class "III" violations are defined in Section 397.411. "Class III Violations" are incidents of noncompliance with a Class III standard as described on CF-MH Form 4039.

(g) Class "IV" violations are defined in Section 397.411. "Class IV Violations" are incidents of noncompliance with a Class IV standard as described on CF-MH Form 4039.

For purposes of this section, in determining if a penalty is to be imposed and in fixing the amount of the fine, the Department shall consider the following factors:

(a) The gravity of the violation, including the probability that death or serious physical or emotional harm to an individual receiving services will result or has resulted, the severity of the action or potential harm, and the extent to which the provisions of the applicable laws or rules were violated.

(b) Actions taken by the owner or administrator to correct violations.

(c) Any previous violations.

(d) The financial benefit to the facility of committing or continuing the violation.

(e) The licensed capacity of the facility, if applicable.

(4) Regardless of the class of violation cited, the Department may impose a sanction on a provider, in addition to the fine, if the operation of any service component or location of the provider has one (1) or more of the violations present as established by Sections 397.415(c) and (d). Each day of continuing violation after the date fixed for termination of the violation, as ordered by the Department, constitutes an additional, separate, and distinct violation.

(5) Disciplinary sanctions for licensing violations shall be enforced as follows:

(a) Class I Violations.

1. For the first violation of a Class I standard, the Department shall issue the provider an interim license and impose an administrative fine in an amount not less than \$400 and not exceeding \$500 per day for each violation, and may impose other disciplinary sanctions in addition to the fine.

2. For the second and subsequent violation of the same Class I standard, the Department shall suspend, deny, or revoke the license. The Department may also levy a fine not less than \$400 and not exceeding \$500 per day for each violation in addition to any other disciplinary sanction.

(b) Class II Violations.

1. For the first violation of a Class II standard, the Department shall impose a fine not less than \$300 and not exceeding \$400 per day for each violation.

2. For the second violation of the same Class II standard, the Department shall issue the provider an interim license and impose an administrative fine in an amount not less than \$300 and not exceeding \$400 per day for each violation, and may impose other disciplinary sanctions in addition to the fine, including suspending, denying, or revoking the license.

3. For the third and subsequent violation of the same Class II standard, the Department shall suspend, deny, or revoke the license. The Department may also levy a fine not less than \$300 and not exceeding \$400 per day for each violation in addition to any other disciplinary sanction.

(c) Class III Violations. When a Class III violation is not corrected within the time specified in the Department's written notice of the violation, the Department shall impose a fine not less than \$200 and not exceeding \$300 per day for each violation.

(d) Class IV Violations. When a Class IV violation is not corrected within the time specified in the Department's written notice of the violation, the Department shall impose a fine not less than \$100 and not exceeding \$200 per day for each violation. Any action taken to correct a violation shall be documented in writing by the owner or administrator of the facility and verified through follow-up visits by Department personnel. The Department may impose a fine and revoke or deny a service provider's license when an administrator fraudulently misrepresents action taken to correct a violation.

(6) Each day of continuing violation after the date fixed for termination of the violation, as specified by the Department, constitutes an additional, separate, and distinct violation. A grace period is provided, wherein a violation that occurred more than two years prior to a subsequent violation of the same standard will not be counted for purposes of discipline. However, for the purposes of continued licensure, the provider's violation history will be considered. Any service provider who operates a service without a license, including service providers who fail to inform the Department of a change in ownership within the specified timeframe in accordance with Rule 65D-30.0034, F.A.C., and operates the service component is subject to a fine of \$5,000.

(7) Any action taken to correct a violation shall be documented in writing by the owner or administrator of the facility and verified through follow-up visits by Department personnel. The Department shall impose a fine and revoke or deny a service provider's license when an administrator fraudulently misrepresents action taken to correct a violation. During an inspection, the Department may make an attempt to discuss each violation with the owner or administrator of the facility, prior to written notification. The Department shall

~~impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. The amount of the fine shall be \$500 for each violation. Unclassified violations include:~~

~~(a) Violating any term or condition of a license.~~

~~(b) Violating any provision of applicable rules or authorizing statutes.~~

~~(c) Providing services beyond the scope of the license.~~

~~(e) Violating a moratorium imposed pursuant to s. 397.415, F.S.~~

(8) Any service provider who operates a service without a license, including service providers who fail to inform the Department of a change in ownership within the specified timeframe in accordance with Rule 65D-30.0034, F.A.C., and operates the service component shall be fined \$5,000.

(9) The Department shall impose an administrative fine for a violation that is not designated as a Class I, Class II, Class III, or Class IV violation. The amount of the fine shall be \$500 for each violation. Unclassified violations include:

(a) Violating any term or condition of a license;

(b) Violating any provision of applicable rules or authorizing statutes;

(c) Providing services beyond the scope of the license;

(d) Violating a moratorium imposed pursuant to Section 397.415, F.S.;

(e) Failure to submit required incident reports; and,

(f) Violations that occurred or were identified during the current or preceding licensure year.

(10) For purposes of this section, in determining if a penalty is to be imposed for an unclassified violation, the Department shall consider the following factors:

(a) The gravity of the violation, including the probability that death or serious physical or emotional harm to an individual receiving services will result or has resulted, the severity of the action or potential harm, and the extent to which the provisions of the applicable laws or rules were violated;

(b) Actions taken by the owner or administrator to correct violations;

(c) Any previous violations;

(d) The financial benefit to the facility of committing or continuing the violation; and,

(e) The licensed capacity of the facility, if applicable.

(11) Scope of Violations.

(a) Each violation of a class standard as described on CF-MH Form 4039 shall be cited as isolated, patterned, or widespread. The scope shall be indicated on the face of the notice of deficiencies in accordance with Section 397.411, F.S. The scope shall determine the fine amount as follows:

1. For violation(s) cited as isolated, the minimum fine amount for that class standard as allowed under this rule shall be imposed.

2. For violation(s) cited as patterned, an increase of \$50 from the minimum fine for that class standard amount as allowed under this rule shall be imposed.

3. For violation(s) cited as widespread, the maximum fine amount for that class standard as allowed under this rule shall be imposed.

(12) Disciplinary sanctions in addition to the fine.

(a) If one or more Class I or Class II licensing violations require the provider to halt service delivery while the violation is remedied, then the license shall be suspended or revoked.

(b) The Department shall consider the factors outlined in Section 397.415(1)(d), F.S. when determining whether a provider's license will be suspended, revoked, or denied renewal.

(c) If as a result of the investigation, the Department makes a decision not to revoke, suspend, or deny further licensure, the Department shall require the provider to prepare a written corrective action plan to correct the deficiencies.

1. The plan shall be in writing and signed by the executive director or designee of the provider;

2. The plan must be approved by the Department before implementation;

3. Failure of the provider to timely comply with the corrective action plan may result in suspension, denial of re-licensure, or revocation of the license.

(d) If as a result of the investigation the Department makes a decision to revoke, suspend, or deny further licensure, notice shall be delivered via personal service or certified mail pursuant to Section 120.60(5), F.S., which shall include the statutory and rule violations that were found, shall advise of the action to be taken, and the right to challenge the action through an administrative proceeding as provided in Chapter 120, F.S.

(13) Documentation Requirements Prior to Administrative Action.

(a) Before making a determination that a license shall be denied, suspended, or revoked, the following shall be documented in the licensing file:

1. All qualifying abuse reports and all reports of licensing violations, and the outcome of any investigations;

2. List of all deficiencies or conditions which compromise the safety or well-being of the individuals in treatment;

3. The length of time and frequency of the noncompliance with the licensing requirements or deficiencies;

4. The date of written notification to the licensee as to the deficiencies and time given to the licensee to correct the deficiencies;

5. The Department's efforts to help the licensee come into compliance; and

6. Barriers, if any, which prohibit the licensee from correcting the deficiencies.

(b) All license revocations and denials shall comply with requirements of Chapter 120, F.S.

(c) All documentation shall be reviewed by the Department's legal counsel prior to administrative action. The notice of revocation or denial shall not be sent to the provider without approval of the Department's legal counsel, except in instances when the Department determines that conditions present a threat to the health, safety, or welfare of an individual in treatment or the public.

65D-30.004 Common Licensing Standards.

(1) Operating Procedures. Providers shall demonstrate organizational capability defined in Rule 65D-30.002(46), F.A.C., and required by Rule 65D-30.0036(1)(e), F.A.C., through a written, indexed system of policies and procedures that are descriptive of services, and the population served. Administrative and clinical services must align with current best practices as defined in Rule 65D-30.002(7), F.A.C. All staff shall have a working knowledge of the operating procedures. These operating procedures shall be submitted with new applications and available for review by the Department at any time.

(2) No change.

(3) Provider Governance and Management.

(a) through (b) No change.

(c) Chief Executive Officer. A chief executive officer shall be appointed. If the entity is operated by a governing board, ~~the governing body shall appoint a chief executive officer.~~ The qualifications and experience required for the position of chief executive officer shall be defined in the provider's operating procedures. Documentation shall be available from the governing body providing evidence that a background screening has been completed in accordance with Chapters 397 and 435, F.S., and there is no evidence of a disqualifying offense. Providers shall notify the regional office in writing within 24 hours when a new chief executive officer is appointed. ~~(Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from the requirements in this paragraph. Juvenile Justice Commitment Programs and detention facilities operated by the Department of Juvenile Justice, are exempt from the requirements of this paragraph.)~~

(4) Personnel Policies. Personnel policies shall clearly address recruitment and selection of prospective employees, promotion and termination of staff, code of ethical conduct, sexual harassment, confidentiality of individual records, attendance and leave, employee grievance, non-discrimination, abuse reporting procedures, and the orientation of staff to the agency's universal infection control procedures. The code of ethical conduct shall prohibit employees and volunteers from

engaging in sexual activity with individuals receiving services for a minimum of two (2) years after the last professional contact with the individual. Providers shall also have a drug-free workplace policy for employees and prospective employees.

(a) Personnel Records. Records on all personnel shall be maintained. Each personnel record shall contain:

1. through 3. No change.

4. A document signed and dated by the employee indicating that the employee received new staff orientation and understands the personnel policies and the programs operating policies and procedures:

5. through 7. No change.

(b) Screening of Staff. All owners, chief financial officers, chief executive officers, and clinical supervisors of service providers are subject to level 2 background screening and local background screening as provided under Chapters 435 and 397, F. S. All service provider personnel, and volunteers working more than 40 hours per month who have direct contact with children receiving services or with adults who are intellectually developmentally disabled receiving services are subject to level 2 background screening as provided under Chapter 435 F.S. and Section 397.4073, F.S. In addition, individuals shall be re-screened within five (5) years from the date of their last screening and shall include a local background screening employment. Re-screening shall include a level 2 H screening in accordance with Chapter 435, F.S. Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of the disqualification. If five (5) years or more have elapsed since the most recent disqualifying offense, service provider personnel may work with adults who have substance use disorders under the supervision of a qualified professional licensed under Chapter 490 or Chapter 491 F.S., or a master's level certified addiction professional until the Department makes a final determination ~~determination~~ regarding the request for an exemption from disqualification. (Personnel operating directly with local correctional agency or authority, Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services staff are exempt from the requirements in this paragraph, unless they have direct contact with unmarried inmates under the age of 18 or with inmates who are intellectually developmentally disabled.)

(c) Employment History Checks and Checks of References. The chief executive officer or designee, such as human resources staff, shall assess employment history checks and checks of references for each employee who has direct contact with children receiving services or adults who are intellectually developmentally disabled receiving services.

(5) No change.

(6) Medical Director. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and methadone medication-assisted treatment for opioid addiction. Providers shall designate a medical director who shall oversee all medical services. The medical director's responsibilities shall be clearly described. The Medical Director must meet at least quarterly with the risk management and quality assurance program of the facility to review incident reports, grievances, and complaints to identify and implement processes to reduce clinical risks and safety hazards. This process shall be documented in the risk management and quality assurance committee quarterly meeting minutes. When the Medical Director is the attending physician of an individual receiving services, they shall participate in the development of the treatment plan. A medical director may not serve in that capacity for more than a maximum of 10 providers at any given time. A medical director may not supervise a facility more than 200 miles from any other facility supervised by the same medical director.

(a) The Department shall utilize the following methodology for determining the maximum number of individuals a medical director may serve pursuant to subparagraph 397.410(1)(c)5, F.S.:

<u>Component</u>	<u>Average Length of Stay (LOS) in Days</u>	<u>Total Service Time over LOS</u>	<u>Work Days</u>	<u>Work Days per Week</u>	<u>Hours worked per LOS Day</u>	<u>Calculation (Time in LOS/ Total Service Time)</u>	<u>Total Case Load</u>
<u>Inpatient Detoxification</u>	<u>4 days</u>	<u>1.0 hour*</u>	<u>8 hours</u>	<u>4 days</u>	<u>32 hours</u>	<u>32 /1 hour</u>	<u>32 individuals</u>
<u>Outpatient Detoxification</u>	<u>5 days</u>	<u>1.2 hour s*</u>	<u>8 hours</u>	<u>5 days</u>	<u>40 hours</u>	<u>40/1.2 hours</u>	<u>33 individuals</u>

<u>Residential Level I</u>	<u>19 days</u>	<u>1 hour**</u>	<u>8 hours</u>	<u>15 days</u>	<u>120 hours</u>	<u>120/1 hour</u>	<u>120 individuals</u>
<u>Residential Level II</u>	<u>41 days</u>	<u>1.75 hours s**</u>	<u>8 hours</u>	<u>30 days</u>	<u>240 hours</u>	<u>240/1.75</u>	<u>137 individuals</u>
<u>Residential Level III</u>	<u>54 days</u>	<u>2.25 hours s**</u>	<u>8 hours</u>	<u>40 days</u>	<u>320 hours</u>	<u>320/2.25</u>	<u>142 individuals</u>
<u>Residential Level IV</u>	<u>42 days</u>	<u>1.75 hours s**</u>	<u>8 hours</u>	<u>30 days</u>	<u>240 hours</u>	<u>240/1.75</u>	<u>137 individuals</u>
<u>Medication and Methadone Maintenance</u>	<u>1,030 days</u>	<u>3.25 hours s***</u>	<u>8 hours</u>	<u>709 days</u>	<u>5,672/72 hours</u>	<u>5,672/3.25</u>	<u>1,745 individuals</u>

*Service Times: New Patient Visit (30 minutes), Daily Follow-up (10 minutes)

** Service Times: New Patient Visit (30 minutes), Weekly Follow-up (15 minutes)

*** Service Times: New Patient Visit (30 minutes), Quarterly Follow-up (15 minutes)

(b) A medical director may not serve in that capacity for more than a maximum of the indicated number of individuals for the treatment types listed below:

1. Addiction receiving facilities, inpatient detoxification, and intensive inpatient providers - a cumulative total of 32 individuals at any given time.

2. Outpatient detoxification - a cumulative total of 33 individuals at any given time.

3. Residential treatment (level 1) - a cumulative total of 120 individuals at any given time.

4. Residential treatment (level 2) - a cumulative total of 137 individuals at any given time.

5. Residential treatment (level 3) - a cumulative total of 142 individuals at any given time.

6. Residential treatment (level 4) - a cumulative total of 137 individuals at any given time.

7. Medication and methadone maintenance treatment - a cumulative total of 1,745 individuals at any given time.

(c) Providers licensed for multiple service components shall ensure compliance with this medical director standard by applying the percentage of time dedicated to each service component to the Department’s methodology for maximum

individuals served. This information shall be submitted with the application for licensure and updated at the time of any licensure renewal. The provider shall be responsible for providing documentation to support the case load maximum upon request.

(d) A provider may not operate without a medical director on staff at any time. When a medical director is not available, the medical director shall ensure that a qualified physician who is available is designated. Upon the departure of a medical director, an interim medical director shall be appointed. The provider shall notify the regional office in writing within 24 hours when there is a change in the medical director, provide proof that the new or interim medical director holds a current license in the state of Florida and is free of administrative action(s) against their license.

(e) In ~~those~~ cases where a provider operates treatment components that are not identified in this subsection, the provider shall have access to a physician through a written agreement who will be available to consult on any medical services required by individuals involved in those components. Physicians serving as a medical consultant shall adhere to all requirements and restrictions as described for medical directors in this Chapter.

(f) A medical director or medical consultant in violation of any of the requirements set forth in Chapters 65D-30, F.A.C., or 397, F.S., is permanently ~~permanently~~ barred from being employed by or contracting with a service provider.

(7) Medical Services.

(a) Written Medical Provisions. For ~~those~~ components identified in subsection 65D-30.004(6), F.A.C., each physician working with a provider shall establish written protocols for the provision of medical services pursuant to Chapters 458 and 459, F.S., and for managing medication according to medical and pharmacy standards, pursuant to Chapter 465, F.S. Such protocols will be implemented only after written approval by the chief executive officer and medical director.

(b) No change.

(c) Supervision of self-administration of medication may be provided, including at the community housing location, under the following conditions:

1. through 2. No change.

3. Supervision of self-administration of medication must be provided by trained personnel in accordance with section 65D-30.0046(1)(f), F.A.C. of this chapter.

4. A record of all instances of supervision of self-administration of medication shall be maintained in a medication observation record, to include the date, time, and dosage in accordance to the prescription. The personnel who witnessed the self-administration of the medication shall sign and date the medication observation administration record.

(d) All medical protocols shall be reviewed and approved by the medical director and chief executive officer on an annual basis and shall be available for review by the Department.

(e)(4) No change.

(8) State Approval Regarding Prescription Medication. In ~~those~~ instances where the provider utilizes prescription medication, medications shall be purchased, handled, dispensed, administered, and stored in compliance with the State of Florida Board of Pharmacy requirements for facilities which hold Modified Class II Institutional Permits and in accordance with Chapter 465, F.S. This shall be implemented in consultation with a state-licensed consultant pharmacist, and approved by the medical director. The provider shall ensure that policies implementing this subsection are reviewed and signed and dated annually by a state-licensed consultant pharmacist. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services are exempt from the requirements of this subsection.) All providers purchasing, dispensing, handling, administering, storing, or observing self-administration of medications shall adhere to best practices practice, state and federal regulations.

(9) Universal Infection Control. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication-assisted treatment for opioid addiction.

(a) Plan for Exposure Control.

1. A written plan for exposure control regarding infectious diseases shall be developed and shall apply to all staff, volunteers, and individuals receiving services. The plan shall be initially approved and reviewed annually by the medical director or consulting physician. The plan shall be in compliance with Chapters 381 and 384, F.S., and in accordance with the Department of Health's requirements as stated in Chapters 64D-2 and 64D-3, F.A.C. The plan shall be signed and dated by the medical director or consulting physician as required by this paragraph.

2. No change.

(b) Required Services. The following Universal Infection Control Services shall be provided:

1. Risk assessment and screening individuals for both high-risk behavior and symptoms of communicable disease as well as actions to be taken on behalf of individuals identified as high-risk and individuals known to have an infectious disease;

2. HIV and TB testing and HIV pre-test and post-test counseling to high-risk individuals, provided directly or through referral to other healthcare providers which can offer the services; and

3. No change.

(10) No change.

(11) Meals. At least three (3) meals per day shall be provided to individuals in addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, and residential treatment. In addition, at least one (1) snack shall be provided each day. For day or night treatment with community housing and day or night treatment, the provider shall make arrangements to serve a meal to ~~those~~ individuals involved in services a minimum of five (5) hours a day. Individuals with special dietary needs shall be reasonably accommodated. Under no circumstances may food be withheld for disciplinary reasons. The provider shall document and ensure that nutrition and dietary plans are reviewed and approved by a Florida registered dietitian at least annually. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the respective department.)

(12) Control of Aggression. This applies to all components with the exception of universal direct and indirect prevention services. Providers shall have written documentation of the specific control of aggression technique(s) to be used. Direct care staff shall be trained in control of aggression techniques as required in paragraph 65D-30.0046(1)(b), F.A.C. The provider shall provide proof to the Department that affected staff have completed training in those techniques. In addition, if the provider uses physical intervention techniques, direct care staff shall receive training in the specific techniques used.

(a) Justification and Documentation of Use. De-escalation techniques shall be employed before physical intervention techniques are is used. The techniques used shall be documented in the clinical record, and for Addictions Receiving Facilities, if restraint is utilized it shall be reported using the Department's web-based reporting system as described in 65E-5, F.A.C.

(b) Prohibitions. Only addictions receiving facilities may utilize seclusion and restraint. Under no circumstances shall individuals being served be involved in the control of aggressive behavior of other individuals. ~~If physical intervention techniques are used, they shall not restrict or prevent freedom of movement by the individual unless allowable under this chapter.~~ Additionally, aggression control techniques, seclusion, or restraint shall not be employed as punishment or for the convenience of staff. (Inmate treatment programs for substance use disorders operated within or contracted through the Department of Corrections, the Department of Management Services, and Department of Juvenile Justice are exempt from this requirement.)

(23) through (24) renumbered (13) through (14) No change.

~~(15)(25)~~ Special In-Residence Requirements. Service providers housing individuals for treatment shall only furnish beds to individuals admitted for substance use treatment for the specific level of care for which the individuals meet criteria. Providers that house males and females together within the same facility shall provide separate sleeping arrangements for these individuals, and must have at least one ~~(1) male and one (1) female~~ staff member present available at all times. Providers which serve adults in the same facility as persons under 18 years of age shall ensure individual safety with one-on-one supervision, separate bedrooms, and programming according to age. Providers, aside from Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice, shall not collocate children or adolescents with adults ~~under any circumstances.~~ Admitted seventeen-year-olds who turn 18 while completing treatment shall be allowed to stay only if it is clinically indicated, there is one-on-one supervision, and they have separate bedrooms.

~~(16)(26)~~ No change.

(17) Critical Incident Reporting Pursuant to paragraph 397.4103(2)(f) 397.419(2)(f), F.S.

(a) Every provider shall develop policies and procedures for submitting critical incidents into the Department's statewide designated electronic system specific to critical incident reporting.

(b) Every provider shall report the following critical incidents within one (1) business day of the incident occurring.

1. Adult Death. An individual 18 years old or older whose life terminates:

a. While receiving services; or

b. When it is known that an adult died within thirty (30) days of discharge from a program.

c. The final classification of an adult's death is determined by the medical examiner. In the interim, the manner of death shall be reported as one of the following:

(I). Accident. A death due to the unintended actions of one's self or another.

(II) Homicide. A death due to the deliberate actions of another.

(III) Natural Expected. A death that occurs, because of, or from complications of, a diagnosed illness for which the prognosis is terminal.

(IV) Natural Unexpected. A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.

(V) Suicide. The intentional and voluntary taking of one's own life.

(VI) Undetermined. The manner of death has not yet been determined.

(VII) Unknown. The manner of death was not identified or made known.

2. Adolescent Arrest. The arrest of an adolescent.

3. Adolescent Death. An individual who is less than 18 years of age whose life terminates:

a. While receiving services; or

b. When it is known that an adolescent died within 30 days of discharge from a program;

c. The final classification of an adolescent's death is determined by the medical examiner. In the interim, the manner of death will be reported as one of the following:

(I) Accident. A death due to the unintended actions of one's self or another.

(II) Homicide. A death due to the deliberate actions of another.

(III) Natural Expected. A death that occurs, because of, or from complications of, a diagnosed illness for which the prognosis is terminal.

(IV) Natural Unexpected. A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.

(V) Suicide. The intentional and voluntary taking of one's own life.

(VI) Undetermined. The manner of death has not yet been determined.

(VII) Unknown. The manner of death was not identified or made known.

4. Adolescent-on-Adolescent Sexual Abuse. Any sexual behavior between adolescents less than 18 years of age which occurs without consent, without equality, or because of coercion.

5. Elopement. An unauthorized absence of any individual.

6. Employee Arrest. The arrest of an employee for a civil or criminal offense.

7. Employee Misconduct. Work-related conduct or activity of an employee that results in potential liability for the Department; death or harm to an individual receiving services; abuse, neglect or exploitation of an individual receiving services; or which results in a violation of statute, rule, regulation, or policy. This includes falsification of records; failure to report suspected abuse or neglect; contract mismanagement; or improper commitment or expenditure of state funds.

8. Missing Adolescent. When the whereabouts of an adolescent in the custody of the Department are unknown and attempts to locate the adolescent have been unsuccessful.

9. Security Incident – Unintentional. An unintentional action or event that results in compromised data confidentiality, a danger to the physical safety of personnel, property, or

technology resources; misuse of state property or technology resources; or, denial of use of property or technology resources. This excludes instances of compromised information of individuals in treatment.

10. Sexual Abuse / Sexual Battery. Any unsolicited or non-consensual sexual activity by one individual receiving services to another individual receiving services; or, sexual activity by a service provider employee or other person to an individual receiving services, or an individual receiving services to an employee regardless of the consent of the individual receiving services. This may include sexual battery, as defined in Chapter 794, F.S.

11. Significant Injury to Individuals in Treatment. Any severe bodily trauma received by an individual in a program that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to address and prevent permanent damage or loss of life.

12. Significant Injury to Staff. Any serious bodily trauma received by a staff member as result of a work-related activity that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to prevent permanent damage or loss of life.

13. Suicide Attempt. A potentially lethal act which reflects an attempt by an individual to cause his or her own death as determined by a licensed mental health professional or other licensed healthcare professional.

14. Other. Any major event not previously identified as a reportable critical incident but has, or is likely to have, a significant impact on individuals receiving services, on the Department, such as:

a. Human acts that jeopardize the health, safety, or welfare of individuals receiving services, such as kidnapping, riot, or hostage situation;

b. Bomb or biological/chemical threat of harm to personnel or property involving an explosive device or biological/chemical agent received in person, by telephone, in writing, via mail, electronically, or otherwise;

c. Theft, vandalism, damage, fire, sabotage, or destruction of state or private property of significant value or importance;

d. Death of an employee or visitor while on the grounds of the facility;

e. Significant injury of a visitor while on the grounds of the facility that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to prevent permanent damage or loss of life; or

f. Events regarding individuals receiving services or providers that have led to or may lead to media reports.

Incident reporting is required of all providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Copies of CFOP 215-6 may be obtained from the Department of Children

and Families, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, and <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>.

(18) Confidentiality. Providers shall comply with Title 42, Code of Federal Regulations, Part 2, titled "Confidentiality of Alcohol and Drug Abuse Patient Records," and with sections subsections 397.4103(7) and 397.501(7), and Section 397.752, F.S., regarding confidential individual information.

(19) Certified Recovery Residence Referrals. Providers shall comply with the statutory requirements established in Section subsection 397.4873 and 397.411, F.S., regarding referrals to and admissions from certified recovery residences. All providers shall maintain an active referral log of each individual referred referral to a recovery residence. The log shall include the address of the certified recovery residence, individual's name being referred or accepted, name and address of the certified recovery residence, signature of the employee admitting or making the referral, and date of the referral. The log shall be made available for review by the Department. (Service Providers under contract with the Managing Entities Entities are exempt from this requirement.)

(20) Telehealth Services.

(a) Telehealth services applies to intensive outpatient, day or night treatment, day or night treatment with community housing, outpatient, intervention, aftercare, and prevention. Prior to initiating services utilizing telehealth services, providers shall submit detailed procedures outlining which services they intend to provide as described in s. 65D-30.003(1)(I), F.A.C. Providers delivering any services by telehealth are responsible for the quality of the equipment and technology employed and are responsible for its safe use. Providers utilizing Telehealth equipment and technology must be able to provide the same information to staff which will enable them to meet or exceed the prevailing standard of care. Eligible Service providers approved to deliver telehealth services must meet the following additional requirements:

(a)4- Must be capable of two (2)-way, real-time electronic communication, and the security of the technology must be in accordance with applicable federal confidentiality regulations 45 CFR § 164.312 42-CFR, Part 164.312;

(b)2- No change.

(c)3- Clinical screenings, assessments, medication management, and counseling are the only services allowable through telehealth; and

(d)4- Telehealth services must be provided and received by individuals residing within the state of Florida except for those licensed for outpatient, intervention, and prevention.

(21) Group Counseling. The maximum number of individuals allowed in a group session is 15 fifteen.

(22) Overdose Prevention

(a) All providers must develop overdose prevention plans. All staff must have a working knowledge of the overdose prevention plan. Overdose prevention plans shall include:

1. Education about the risks of overdose, including having a lower tolerance for opioids if the individual is participating in an abstinence-based treatment program or is being discharged from a medication-assisted treatment program.

2. Information about Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and where and how to access it.

(b) Providers who maintain an emergency overdose prevention kit must develop and implement a plan to train staff in the prescribed use and the availability of the kit for use during all program hours of operation.

(c) Overdose prevention plans must be shared with individuals upon admission and discharge from treatment, regardless of the reason for discharge.

(d) Providers must offer overdose prevention information as described in subparagraphs (22)(a)1-2 of this rule to individuals placed on a waitlist to receive treatment services.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.4014, 397.4073, 397.4075, 397.410, 397.4103, 397.411, 397.416, FS. History—New 5-25-00, Amended 4-3-03, 12-12-05, ____.

65D-30.0041 Clinical Records

(1) Clinical Records.

(a) Record Management System. Clinical records shall be kept secure from unauthorized access and maintained in accordance with 42 Code of Federal Regulations, Part 2 and subsection 397.501(7), F.S. Providers shall have record management procedures regarding content, organization, access, and use of records.

The record management system shall meet the following additional requirements:

1. through 2. No change.

3. In ~~those~~ instances where records are maintained electronically, a staff identifier code will be accepted in lieu of a signature;

4. through 5. No change.

(b) Record Retention and Disposition. In the case of individual clinical records, records shall be retained for a minimum of seven (7) years. The disposition of clinical records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S. If any litigation claim, negotiation, audit, or other action involving the records has been started before the expiration of the seven-year period, the records shall be retained until completion of the action and resolution of all issues which arise from such actions. ~~In addition, records shall be maintained in accordance with Children and Families Operating Procedures (CFOP) 15 4, Records Management, and Children and Families Pamphlet~~

~~(CFP) 15 7, Records Retention Schedule used by Children and Families, incorporated herein by reference. Copies of CFOP 15 4 and CFP 15 7 may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health, 1317 Winewood Boulevard, Tallahassee, Florida 32399 0700, _____ and http://www.flrules.org/Gateway/reference.asp?No=Ref_XXX. (Juvenile Justice commitment programs and detention facilities operated by or under contract with the Department of Juvenile Justice, Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from ~~these the~~ requirements.) found in the Children and Families Operating Procedures (CFOP) 15 4, Records Management, and Children and Families Pamphlet (CFP) 15 7, Records Retention Schedule. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements found in the Children and Family Services Operating Procedures (CFOP) 15 4, Records Management, and the Children and Families Pamphlet (CFP) 15 7, Records Retention Schedule.)~~

(c) Information Required in Clinical Records.

1. The following applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction. Information shall include:

a. Name and address of the individual receiving services and referral source;

b. through f. No change.

g. Physical health assessment, when conducted;

h. through i. No change.

j. Individual placement information, including the signature of the person who recommended placement at the level of care;

k. through t. No change.

In the case of ~~clinical medical~~ records developed and maintained by the Department of Corrections or the Department of Management Services on inmates participating in inmate substance abuse programs, or Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice, such records shall not be made part of information required in subparagraph (1)(c) above.

24. Records regarding substance ~~use abuse~~ treatment shall be made available to authorized agents of the Department only on a need-to-know basis.

2. through 3. are renumbered 3. through 4. No change.

54. The following applies to ~~indicated prevention activities for selective populations~~. Information shall include:

a. through j. No change.

Rulemaking Authority 397.321(5) FS. Law Implemented ~~397.321(3)(c)~~, 397.4014, ~~397.4075~~, 397.410, 397.4103, FS. History—New.

65D-30.0042 Clinical and Medical Guidelines.

(1) Screening. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication-assisted treatment for opioid addiction, and intervention. If the screening is not completed by a qualified professional, then it shall be countersigned and dated by a qualified professional.

(a) Determination of ~~Need Appropriateness~~ and Eligibility for Placement. The condition and needs of the individual shall dictate the urgency and timing of screening; screening is not required if an assessment is completed at time of admission. ~~For example, in those cases involving an involuntary placement, screening may occur after the individual has been placed in a component such as detoxification. All individuals presenting for Persons requesting services, voluntarily or involuntarily, shall be evaluated screened to determine appropriateness service needs and eligibility for placement or other disposition.~~

The person conducting the screening shall document the rationale for any action taken and the validated tool used for service determination. ~~The ASAM criteria shall be used to determine service determination.~~

(b) through (d) No change.

(2) Assessment. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction. Individuals shall undergo an assessment of the nature and severity of their substance use disorder. The assessment shall include a physical health assessment and a psychosocial assessment.

(a) Physical Health Assessment. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or Department of Management Services are exempt from the requirements of this paragraph. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection.)

1. Nursing Physical Screen. An in-person nursing physical screen shall be completed on each person considered for placement in addictions receiving facilities, detoxification, or intensive inpatient treatment. The screen shall be completed by

a L.P.N., an R.N., A.R.N.P., or physician's assistant. When completed by a an L.P.N., it shall be and countersigned by a an R.N., A.R.N.P., or physician's assistant. The results of the screen shall be documented by the nurse or physician's assistant providing the service and signed and dated by that person. If the nursing physical screen is completed in lieu of a medical history, further action shall be in accordance with the medical protocol established under subsection 65D-30.004(7), F.A.C.

2. Medical History. A medical history shall be completed on each individual.

a. For intensive inpatient treatment, the history shall be completed within one (1) calendar day of placement. ~~In those cases where an individual is placed directly into intensive inpatient treatment from detoxification or residential treatment, the medical history completed on the individual while in detoxification or residential treatment may be accepted.~~

b. No change.

c. For day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, a medical history shall be completed within 30 calendar days prior to or upon placement.

For the components identified in sub-subparagraphs 2.a. and 2.b., the medical history shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the history shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. For the components identified in sub-subparagraph 2.c., the medical history shall be completed by the individual or the individual's legal guardian. For all components, the medical history shall be maintained in the clinical record and updated annually if an individual remains in treatment for more than one (1) year.

3. Physical Examination. A physical examination shall be completed on each individual in the level of service indicated below.

a. No change.

b. For intensive inpatient treatment, the physical examination shall be completed within seven (7) calendar days prior to placement or within one (1) calendar day of placement. ~~In those cases where an individual is placed directly into intensive inpatient treatment from detoxification or residential treatment, the physical examination completed on the individual while in detoxification or residential treatment may be accepted.~~

c. For residential treatment, the physical examination shall be completed within 30 calendar days prior to placement or three (3) calendar days after placement. In cases where an individual is placed directly into residential treatment from detoxification or intensive inpatient treatment, the physical

examination completed on the individual while in detoxification or intensive inpatient treatment may be accepted.

d. For methadone medication-assisted treatment for opioid addiction, the physical examination shall be completed prior to administration of the initial dose of methadone. In emergency situations the initial dose may be administered prior to the examination. Within five calendar days of the initial dose, the physician shall document in the clinical record the circumstances that prompted the emergency administration of methadone and sign and date these entries.

For components identified in sub-subparagraphs 3.a.-d., the physical examination shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the examination shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. In cases where an individual is placed directly into residential treatment from detoxification or intensive inpatient treatment, the physical examination completed on the individual while in detoxification or intensive inpatient treatment may be accepted.

4. Laboratory Tests. Individuals shall provide a sample for testing blood and urine, including a drug screen.

a. For addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, and residential treatment, all laboratory tests will be performed in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the results of the laboratory tests shall be reviewed, signed and dated during the assessment process and in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

b. No change.

5. Pregnancy Test. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and methadone medication-assisted treatment for opioid addiction. Female individuals ~~individual~~ shall be evaluated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., to determine the necessity of a pregnancy test. In ~~those~~ cases where it is determined necessary, individuals shall be provided testing services directly or be referred within 24 hours following placement.

6. Tests for Sexually Transmitted Diseases and Tuberculosis. A serological test for sexually transmitted diseases ~~HHV and hepatitis C~~ and a screening test for tuberculosis to determine the need for a Mantoux test shall be conducted on each individual by the provider, or through appropriate referral in instances where a provider cannot or does not provide the testing or screening. Department of Health testing requirements can be found in rule 64D-2.004 and Chapter 64D-3, F.A.C.

a. For intensive inpatient treatment, and residential treatment, tests will be conducted within the time frame specified for the physical examination. The results of both tests shall be reviewed and signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., and filed in the individual's clinical individual record.

b. No change.

7. Special Medical Problems. Particular attention shall be given to ~~those~~ individuals with special medical problems or needs. This includes referral for medical services. A record of all such referrals shall be maintained in the individual record.

8. No change. 8. Additional Requirements for Intensive Inpatient Treatment, and Residential Treatment. If an individual is readmitted within 90 calendar days of discharge to the same provider, a physical examination shall be conducted as prescribed by the physician. If an individual is readmitted to the same provider after 90 calendar days of the discharge date, the individual shall receive a complete physical examination.

9. Additional Requirements for Methadone Medication-Assisted Treatment for Opioid Addiction.

a. The individual's current addiction and history of addiction shall be recorded in the individual record by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. In any case, the record of the individual's current substance use ~~addiction~~ and history of substance use ~~addiction~~ shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

b. A physical examination shall be conducted on individuals who are placed directly into treatment from another provider unless a copy of the examination accompanies the individual and the examination was completed within the year prior to placement. In ~~those~~ instances where a copy of the examination is not provided because of circumstances beyond the control of the referral source, the physician shall conduct a physical examination within five calendar days of placement.

(b) Psychosocial Assessment.

1. Information Required. The psychosocial assessment shall include the individual's history as determined through an assessment of the following items:

a. through m. No change.

n. Documentation of determination of placement utilizing a validated tool used for service determination.

o. Documentation of appropriateness of level of care countersigned by the qualified professional or clinical supervisor.

2. through 3. No change.

4. Psychosocial Assessment Readmission Requirements. In ~~those~~ instances where an individual is readmitted to the same provider for services within 180

calendar days of discharge, a psychosocial assessment update shall be conducted, if clinically indicated. Information to be included in the update shall be determined by the qualified professional. A new assessment shall be completed on individuals who are readmitted for services more than 180 calendar days after discharge. In addition, the psychosocial assessment shall be updated annually for individuals who are in continuous treatment for longer than one (1) year.

5. Assessment Requirements Regarding Individuals Who Are Referred or Transferred.

a. No change.

b. In the case of referral or transfer from one (1) provider to another, a referral or transfer is considered direct if it was arranged by the referring or transferring provider and the individual is subsequently placed with the provider within seven (7) calendar days of discharge. This does not preclude the provider from conducting an assessment. The following are further requirements related to referrals or transfers:

(I) No change.

(II) If ~~an~~ an individual is placed with the receiving provider later than seven (7) calendar days following discharge from the provider that initiated the referral or transfer, but within 180 calendar days, the qualified professional of the receiving provider will determine the extent of the update needed; and

(III) If ~~an~~ an individual is placed with the receiving provider more than 180 calendar days after discharge from the provider that initiated the referral or transfer, a new psychosocial assessment must be completed.

(c) Co-occurring Mental Illness and Other Special Needs. The assessment process shall include the identification of individuals with mental illness and other needs. Such individual shall be accommodated directly or through referral. A record of all services provided directly or through referral shall be maintained in the individual's clinical record.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.4014, ~~397.4075~~, 397.410, ~~397.4103~~, FS. History--New.

65D-30.0043 Placement

(1) Criteria and Operating Procedures. This requirement applies to addictions receiving facilities, inpatient and outpatient detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, outpatient treatment, intervention, intensive outpatient, and methadone medication-assisted treatment for opioid addiction. Providers shall have operating procedures that clearly state the criteria for admitting, retaining, transferring, and discharging individuals. This includes procedures for implementing these placement requirements.

(2) No change.

(3) Primary Counselor, Orientation, and Initial Treatment Plan. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction.

(a) No change.

(b) Orientation. Each individual served must receive an orientation to the ~~program program~~ at the time of admission and upon request. The orientation shall be in a language the individual or his or her representative understands. The individual's acknowledgement ~~acknowledgment~~ of the orientation and receipt of required information must be documented in the clinical ~~medical~~ record. The orientation shall include:

1. through 2. No change.

3. A summary ~~copy~~ of the facility's admission and discharge policies;

4. through 10. No change.

(c) ~~Initial Treatment Plan~~. Individuals may not be retained in a facility ~~when they who~~ require services beyond those for which the facility is licensed or has the functional ability to provide, as determined by the Medical Director in consultation with the facility chief executive officer or designee.

(4) Transfer and Discharge. Providers must ensure safe and orderly transfers and discharges in accordance with the facility's policies and procedures and in compliance with 42 CFR Part 2.

(a) No change.

(b) Inpatient and residential facilities must provide individuals and their guardians a minimum of 72 hours' ~~hours~~ notice of proposed transfer or discharge, except, in the following circumstances, the facility shall give notice as soon as practicable before the transfer or discharge:

~~1.(a)~~ The transfer or discharge is necessary for the individual's welfare and the individual's needs cannot be met by the facility, and the circumstances are documented in the individual's clinical ~~individuals's medical~~ record; ~~or~~

~~2.(b)~~ The health or safety of other program participants or facility staff would be endangered, and the circumstances are documented in the individual's clinical ~~medical~~ record; or

3. The individual leaves against medical advice.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, ~~397.4075~~, 397.410, FS. History--New.

65D-30.0044 Plans, Progress Notes, and Summaries

(1) Treatment Plan, Treatment Plan Reviews, and Progress Notes.

(a) No change.

(b) Treatment Plan Reviews. Treatment plan reviews shall be completed with each individual and shall be signed and dated by the individual. The treatment plan must be reviewed when clinical changes occur and as specified in 65D-30.0044(1)(b)1-4, F.A.C.

1. No change.

2. For residential treatment levels 1, 2, and 3, day or night treatment with community housing, day or night treatment, and intensive outpatient treatment, and ~~outpatient treatment,~~ treatment plan reviews shall be completed every 30 calendar days.

3. through 4. No change.

5. For outpatient treatment, treatment plan reviews shall be completed every 90 calendar days for the first year and every six (6) months thereafter.

For all components, if the treatment plan reviews are not completed by a qualified professional, the review shall be countersigned and dated by a qualified professional within five calendar days of the review.

c) Progress Notes. Progress notes shall be entered into the clinical record documenting an individual's progress or lack of progress toward meeting treatment plan goals and objectives. When a single service event is documented, the progress note must be signed and dated by the person providing the service and shall include the credentials of the person who signed the notes. When more than one (1) service event is documented, progress notes may be signed by any clinical staff member assigned to the individual. The following are requirements for recording progress notes:

1. For addictions receiving facilities, inpatient detoxification, outpatient detoxification, short-term residential methadone detoxification, short-term outpatient methadone detoxification, and intensive inpatient treatment, progress notes shall be recorded and signed at least daily;

2. through 3. No change.

4. For methadone medication-assisted treatment for opioid addiction, progress notes shall be recorded according to the frequency of sessions and signed.

(2) Ancillary Services. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, and medication-assisted treatment for opioid addiction. Ancillary services shall be provided directly or through referral in ~~those~~ instances where a provider cannot ~~can not~~ or does not provide certain services needed by an ~~a~~ individual. The provision of ancillary services shall be based on individual needs as determined by the treatment plan and treatment plan reviews. In ~~those~~ cases where individuals need to be referred for services, the provider shall use a case management approach by

linking individuals to needed services and following-up on referrals. All such referrals shall be initiated and coordinated by the individual's primary counselor or other designated clinical staff who shall serve as the individual's case manager. A record of all such referrals for ancillary services shall be maintained in the clinical record, including whether or not a linkage occurred or documentation of efforts to confirm a linkage when confirmation was not received.

(3) Prevention Plan, Intervention Plan, and Summary Notes.

(a) Prevention Plan. For individuals receiving indicated ~~involved in selective~~ prevention services as described in paragraph ~~65E-14.021(4)(v) 65D-30.013(3)(a)3,~~ F.A.C., a prevention plan shall be completed within 45 calendar days ~~of placement.~~ Prevention plans shall include goals and objectives designed to reduce risk factors and enhance protective factors. The prevention plan shall be reviewed and updated every 60 calendar days from the date of completion of the plan. The prevention plan shall be signed and dated by staff who developed the plan and signed and dated by the individual.

(b) Intervention Plan. For individuals involved in intervention on a continuing basis, an intervention plan shall be completed within 45 calendar days ~~of placement.~~ Intervention plans shall include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance use ~~abuse.~~ The intervention plan shall be reviewed and updated at least every 60 days. The intervention plan shall be signed and dated by staff who developed the plan and signed and dated by the individual.

(c) Summary Notes. Summary notes shall be completed in indicated ~~for~~ prevention and intervention services where clinical records are required. Summary notes shall contain information regarding an individual's progress or lack of progress in meeting the conditions of the prevention or intervention plan described in paragraphs (a) and (b). Summary notes shall be entered into the individual's clinical ~~individual~~ record at least weekly for those weeks in which services are scheduled. Each summary note shall be signed and dated by staff delivering the service.

~~(4) Record of Disciplinary Problems. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, methadone medication-assisted treatment for opioid addiction, aftercare, and intervention. A record of disciplinary problems with individuals shall be maintained.~~

~~(4)(5)~~ Discharge and Transfer Summaries. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day

or night treatment, intensive outpatient treatment, outpatient treatment, medication-assisted treatment for opioid addiction, aftercare, and intervention.

(a) Discharge Summary. A written discharge summary shall be completed for individuals who complete services or who leave prior to completion of services. The discharge summary shall include a summary of the individual's involvement in services, ~~and~~ the reasons for discharge, and the provision of and referral to other services needed by the individual following discharge, including aftercare. The discharge summary shall be completed within 15 business days and signed and dated by a primary counselor.

(b) Transfer Summary. A transfer summary in accordance with policies and procedures shall be completed immediately for individuals who transfer from one (1) component to another within the same provider and shall be completed within 5 calendar days when transferring from one (1) provider to another. In all cases, an entry shall be made in the individual's clinical record regarding the circumstances surrounding the transfer and that entry and transfer summary shall be signed and dated by a primary counselor within 15 calendar days.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.410, ~~397.411~~, FS. History—New.

65D-30.0045 Rights of Individuals

(1) Individual Rights. Individuals applying for or receiving services for substance use disorders are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights, including those specified in subsections 397.501(1)-(10), F.S.

(a) No change.

(b) Providing Information to Affected Parties. Notification to all parties of these rights shall include affirmation of an organizational non-relationship policy that protects a party's right to file a grievance or express their opinion and invokes applicability of state and federal protections. Providers shall post the number of the abuse hotline, ~~the~~ Disability Rights Florida, and the regional Office of Substance Abuse and Mental Health in a conspicuous place within each facility and provide a copy to each individual receiving placed in services.

(c) Implementation of Individual Rights Requirements by Department of Corrections and Department of Management Services. In lieu of the requirements of this subsection, the rights of individuals in and in the case of Substance Abuse Programs;

1. Operated by or under contract with the Department of Corrections shall be protected by the policies and procedures established by the Department of Corrections.

2. Under contract with the or Department of Management Services shall be protected by the terms of the contract. ~~adhere~~

~~to the requirements found in Chapter 33-103, F.A.C., titled Inmate Grievance Procedure.~~

(2) Individual Employment. Providers shall ensure that all work performed on behalf of the provider by an individual receiving services is voluntary, justified by the treatment plan, and that all wages, if any, are in accordance with applicable wage and disability laws and regulations.

65D-30.0046 Staff Training, Qualifications, and Scope of Practice

(1) Staff Training. Providers shall develop and implement a staff development plan. At least one (1) staff member with skill in developing staff training plans shall be assigned the responsibility of ensuring that staff development activities are implemented.

(a) No change.

(b) All required ~~required~~ training activities shall be documented and accessible for Department review, including the date, duration, topic, name(s) of participants, and name(s) of the trainer or training organization.

(c) New staff orientation. Within six (6) months of the hiring date, employees must complete the following trainings:

1. No change.

2. Overdose prevention training which must be renewed biennially. The training shall include, at a minimum, information about:

a. Risk factors for overdose;

b. Overdose recognition and response; and

c. Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and the importance of individuals at risk of opioid overdose and their friends and family having access to Naloxone.

3. No change.

4. For direct care ~~those~~ staff working in component services identified in subsection 65D-30.004(12), F.A.C., two (2) hours of training in control of aggression techniques and two (2) hours annually thereafter.

5. Staff performing nursing support functions must be trained in those services prior to performing that function.

~~65.~~ For all direct care staff, training and certification in cardiopulmonary resuscitation (CPR) and First aid AED. Staff must maintain CPR and First aid AED certification and a copy of the valid certificate must be filed in the personnel record.

(d) General Training Requirements. All staff and volunteers who provide direct care or prevention services and whose work schedule is at least 20 hours per week or more, shall participate in a minimum of 16 hours of documented training per year related to their duties and responsibilities. This includes training conducted annually in the following areas:

1. Prevention and control of infection in inpatient and residential settings, ~~prevention and control of infection;~~

2. through 3. No change.

4. Rights of individuals ~~individuals~~ served;

5. Federal law, 42 CFR, Part 2, and sections 397.334(10), 397.501(7), 397.752, F.S. ~~applicable state laws regarding confidentiality.~~

(e) In ~~these~~ instances where an individual has received the requisite training as required in paragraphs (1)(c) and (d) during the year prior to employment by a provider, that individual will have met the training requirements. This provision applies only if the individual is able to produce documentation that the training was completed and that such training was provided by persons who or organizations that are qualified to provide such training

(f) through (g) No change.

(h) Medication Administration Training Requirements. Training is required before personnel may supervise the self-administration of medication. At least two and a half (2.5) four ~~(4)~~ hours of training is required which may be conducted only by licensed practical nurses, licensed registered nurses or advanced practice ~~Advanced~~ Registered nurses ~~Nurse Practitioners~~. Personnel responsible for training must certify by signed document or certificate the competency of unlicensed staff to supervise the self-administration of medication. Proof of training shall be documented in the personnel file and shall be completed prior to implementing the supervision of self-administration of medication.

(i) In addition ~~addition~~ to the requirements of paragraph (h), self-administration of medication administration ~~administration~~ training must include step-by-step procedures, covering, at a minimum, the following subjects:

1. No change.

2. Comprehensive understanding of and compliance with medication instructions on a prescription ~~perscription~~ label, a healthcare practitioner's order, and proper completion of medication observation ~~adminisitation~~ record (MOR) ~~(MAR)~~ form;

3. No change.

4. The proper administration of oral, transdermal, ophthalmic ~~ophthalmie~~, otic, rectal, inhaled or topical medications;

5. through 10. No change.

(2) Clinical Supervision. A qualified professional, ~~as defined in subsection 65D 30.002(68), F.A.C.,~~ shall supervise clinical services, as permitted within the scope of their qualifications. In addition, all licensed and unlicensed staff shall be supervised by a qualified professional. In the case of medical services, medical staff may provide supervision within the scope of their license. Supervisors shall conduct regular reviews of work performed by subordinate employees. Clinical

supervision may include supervisory participation in treatment planning meetings, staff meetings, observation of group sessions and private feedback sessions with personnel. The date, duration, and content of supervisory sessions shall be clearly documented for staff in each licensed component and made available for Department review.

(3) Scope of Practice. Unless licensed under Chapter 458, 459, 464, 490 or 491, F.S., non-medical clinical staff providing clinical services specific to substance use are limited to the following tasks unless otherwise specified in this rule:

(a) through (d) No change.

~~(e) Service coordination and case management;~~

(f) through (k) are redesignated (e) through (j) No change.

(4) Staff Qualifications. Staff must provide services within the scope of their professional licensure; ~~or certification; or training, protocols,~~ and competence in applicable clinical protocols. Minimum staff qualifications apply to the type of task and licensable components listed below. A master's level or bachelor's level practitioner must hold a degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education, or a related human services field. Certification must be obtained through a Department approved credentialing entity.

(a) Clinical services, including expressive therapy and crisis intervention, and recovery support services intending to engage or reengage an individual into treatment must be provided by one (1) of the following practitioners:

1. Qualified professional;

2. The following staff, working directly under the supervision of a qualified professional:

a. Bachelor's or master's level practitioner.

b. Registered marriage and family therapy, clinical social work, and mental health counseling interns.

c. Certified addiction counselors. These staff may provide services listed in subsections (3)(a)-(g) and (i)-(k) of this rule.

d. Certified recovery peer specialist or certified recovery support specialist. These staff may provide services listed in subsections (3)(a)-(g) and (j)-(k) of this rule.

~~2. A bachelor's or master's level practitioner, including registered marriage and family therapy, clinical social work, and mental helath counseling interns, working directly under the supervision of a qualified professional licensed under chapters 458, 459, 490, or 491, F.S.~~

~~(b) Training/education, intervention, and aftercare services must be provided by one (1) of the following practitioners:~~

~~1. Any practitioners described in paragraph (4)(a) of this section.~~

~~2. A certified recovery peer specialist or certified recovery support specialist working under the supervision of a bachelor's level practitioner or a certified recovery peer specialist with a~~

~~minimum of two (2) years of experience working with individuals with substance use disorders.”~~

65D-30.0047 Facility Standards.

Facility standards in paragraphs (1)-(11) below apply to addictions receiving facilities, inpatient detoxification facilities, intensive inpatient treatment, and residential treatment facilities. Facility standards in paragraphs (6)-(11) apply to outpatient detoxification, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction.

(1) Grounds. Each facility and its grounds shall be designed to meet the needs of the individuals served, the service objectives, and the needs of staff and visitors. Providers shall afford each individual access to the outdoors. Access may be restricted in ~~those~~ cases where the individual presents a clear and present danger to self or others or is at risk for elopement.

(2) through (5) No change.

(6) Safety. Providers shall ensure the safety of individuals receiving services ~~individual~~, staff, visitors, and the community to the extent allowable by law.

(7) Managing Disasters. Providers shall have written disaster preparedness plans as outlined in 65E-12.106(12)(a) ~~65E-12.106(12)(e)1.b.~~, F.A.C. In addition, the plan shall include procedures for the transfer of any individuals to other providers. In the cases of emergency temporary relocation, a provider must deliver or arrange for appropriate care and services to all individuals. All such plans shall be provided to the regional office upon request. The chief executive officer shall review, sign, and date the plan at least annually.

(8) No change.

(9) Hazardous Conditions. Buildings, grounds, equipment, and supplies shall be maintained, repaired, and cleaned so that they are not hazardous to the health and safety of individuals receiving services, staff, or visitors.

(10) No change.

(11) Compliance with Local Codes. All licensed facilities used by a provider, including community housing, shall comply with local fire safety standards enforced by the State Fire Marshal, pursuant to Section 633.104, F.S., rules established pursuant to Rule Chapter 69A-44, F.A.C., and with health and zoning codes enforced at the local level. Providers shall update and have proof of compliance with local fire and safety and health inspections annually for applicable components. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services, and Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from this requirement.)

65D-30.0049 Voluntary and Involuntary Placement

(1) Voluntary and Involuntary Placement Under Chapter 397, F.S., Parts IV and V.

(a) Eligibility Determination.

1. Voluntary Placement. To be considered eligible for treatment on a voluntary basis, an applicant for services must meet diagnostic criteria for substance use disorders utilizing a validated tool used for service determination. ~~The ASAM criteria shall be used to determine service determination.~~

2. Involuntary Placement. To be considered eligible for services on an involuntary basis, a person must meet the criteria for involuntary placement as specified in Section 397.675, F.S.

(b) Provider Responsibilities Regarding Involuntary Placement.

1. Persons who are involuntarily placed shall be served only by licensed service providers as defined in subsection 397.311(25) ~~397.311(19)~~, F.S., and only in those components permitted to admit individuals on an involuntary basis.

2. through 3. No change.

4. In ~~those~~ cases in which the court ordering involuntary treatment includes a requirement in the court order for notification of proposed release, the provider must notify the original referral source in writing. Such notification shall comply with legally defined conditions and timeframes and conform to confidentiality regulations found in Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S.

(c) through (d) No change.

(2) For persons with a co-occurring ~~co-occurring~~ substance use and mental health disorder, providers shall develop and implement operating procedures for serving or arranging for services.

Rulemaking Authority 397.321(5) FS. Law Implemented ~~Chapter 397, Part V, 397.321, 397.501, 397.601, 397.675, 397.6751~~, FS. History—New.

65D-30.005 Standards for Addictions Receiving Facilities.

An addictions receiving facility is a secure, acute-care or sub-acute, residential facility operated 24 hours-per-day, 7 days-per-week, designated by the Department to serve individuals found to be substance use impaired as described in Section 397.675, F.S., and who meet the placement criteria for this component. In addition to Rule 65D-30.004, F.A.C., the following standards apply to addictions receiving facilities.

(1) Designation of Addictions Receiving Facilities. The Department shall designate addictions receiving facilities. The provider shall indicate on the licensure application for this service component that designation is requested. Once the designation request is received by the Regional Substance Abuse and Mental Health Program Office, the Regional Substance Abuse and Mental Health Program Director shall

submit a written recommendation to the Office of Substance Abuse and Mental Health headquarters in Tallahassee, Florida. The headquarters Director of Substance Abuse and Mental Health may approve or deny the request and shall respond in writing to the Chief Executive Officer of the requesting provider.

(a) Criteria for Department approval of addictions receiving facility designation:

1. The Department ensures provider’s policies and procedures achieve at least 80 percent compliance with applicable licensing standards; and

2. The Department assesses that the provider is capable of providing a secure, acute care facility to include compliance with seclusion and restraint; and

3. A Regional Substance Abuse and Mental Health Director recommends in writing that the Department designate the provider’s facility as a designated addictions receiving facility.

(b) If the request is denied, the response shall specify the reasons for the denial. If the request is approved, the response shall include a certificate designating the facility. The designation shall be valid for as long as the provider’s license for the addiction receiving facility is valid ~~three (3) years~~.

(2) Services.

(a) Stabilization and Detoxification. Following the nursing physical screen, and in ~~those~~ cases where medical emergency services are unnecessary, the individual shall be stabilized in accordance with their presenting condition. Detoxification shall be initiated if this course of action is determined to be necessary.

(b) through (c) No change.

(3) through (5) No change.

(6) Exclusionary Criteria for Addictions Receiving Facilities. Persons ineligible for admission include:

(a) Persons found not to be using substances or whose substance use is at a level which permits them to be served in another component, with the exception of ~~those~~ persons admitted for purposes of securing an assessment for the court; and

(b) No change.

(7) through (13) No change.

(14) Seclusion and Restraint.

(a) Addictions receiving facilities may utilize seclusion and restraint. If seclusion or restraint is utilized, addictions receiving facilities shall adhere to all standards and requirements for seclusion and restraint as described in rule Chapter 65E-5.180(7), F.A.C.

65D-30.006 Standards for Detoxification.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to detoxification.

(1) Detoxification is a process involving acute or subacute care that is provided on a non-hospital inpatient or an outpatient basis to assist individuals who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance use.

~~(1)(2)~~ No change.

~~(3)(2)~~ Inpatient Detoxification.

(a) through (c) No change.

(d) Staffing Requirement and Bed Capacity. The staffing requirement for nurses and nursing support personnel for each shift shall be as follows:

Licensed Bed Capacity	Nurses	Nursing Support
1-15	1	1
16-20	1	2
21-30	2	2

The number of nurses and nursing support staff shall increase in the same proportion as the requirement described above. In ~~those~~ instances where an inpatient detoxification component and a licensed crisis stabilization unit are co-located, the staffing requirement for the combined components shall conform to the staffing requirement of the component with the more restrictive requirements.

~~(4)(3)~~ Outpatient Detoxification. The following standards apply to outpatient detoxification.

(a) Eligibility for Services. Eligibility for outpatient detoxification shall be determined from the following:

1. No change.

2. The individual’s family or support system, for the purpose of observing the individual ~~client~~ during the detoxification process, and for monitoring compliance with the medical protocol;

3. through 5. No change.

(b) ~~Drug and Alcohol Toxicology~~ Screening. A drug and alcohol screen shall be conducted at admission. Thereafter, the program shall require random drug and alcohol screening for each individual in accordance with the provider’s medical protocol.

(c) through (e) No change.

~~(5)(4)~~ Additional Requirements for the Use of Methadone in Detoxification. In ~~those~~ cases where a provider uses methadone in the detoxification protocol, the provider shall comply with the minimum standards found under subsection 65D-30.006(2), F.A.C., if methadone is provided as part of inpatient detoxification, and subsection 65D-30.006(3), F.A.C., if methadone is provided as part of outpatient detoxification. In either case, methadone may be used short-term, no more than 30 days or long-term, no more than 180 days. Short-term detoxification is permitted on an inpatient and an outpatient

basis while long-term detoxification is permitted on an outpatient basis only. A provider shall not admit an individual in more than two (2) detoxification episodes in one (1) year. The physician or other medically qualified professional designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., shall assess the individual upon admission to determine the need for other forms of treatment. Providers shall also comply with the standards found under subsection 65D-30.014(4), F.A.C., with the exception of the following conditions:

- (a) through (c) No change.
- (5) No change.

65D-30.0061 Standards for Intensive Inpatient Treatment.

(1) Intensive Inpatient Treatment includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours-per-day, 7 days per week in a hospital setting.

~~(2)(1)~~ Admission Criteria. Intensive inpatient treatment is appropriate for individuals whose acute biomedical, behavioral, cognitive, and emotional problems are severe enough to require primary medical and nursing care. These individuals may exhibit violent or suicidal behaviors, or other severe disturbances due to substance use abuse. Program services may be offered in an appropriately licensed facility located in a community setting, a specialty unit in a general or psychiatric hospital, or other licensed health care facility. In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive inpatient treatment.

~~(3)(2)~~ Specialized Services. Providers shall make provisions to meet the needs of individuals with a co-occurring substance use abuse and mental health disorder, and related biomedical disorders. This includes protocols for:

- (a) through (e) No change.
- (f) Providing co-occurring enhanced services utilizing best practices as defined in the American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance Related, and Co-Occurring Disorders, Third Edition 2013; and
- (g) No change.

~~(4)(3)~~ Standard Services. Standard services shall include a specified number of hours of counseling as provided for in subsection 65D-30.0061~~(5)(4)~~, F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan as follows:

- (a) through (b) No change.

(c) Counseling with family members or members of the individual's families or support system;

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance use abuse or relapse, information regarding health problems related to substance use, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) No change.

(f) Expressive therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;

(g) through (h) No change.

(i) Mental health services for the purpose of:

1. through 3. No change.

4. If the provider is not staffed to address primary mental health problems which may arise during treatment, the provider should initiate ~~initiate~~ a timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder in accordance with the provider's policies and procedures.

(4) through (8) are renumbered (5) through (9) No change.

Rulemaking Authority 397.321(5) FS. Law Implemented ~~397.311(18)(c)~~, 397.321(1), 397.4103, ~~397.419~~ FS. History—New 12-12-05, Amended _____.

65D-30.007 Standards for Residential Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to residential treatment.

(1) Residential treatment is a service provided in a structured and supervised live-in environment within a nonhospital or free standing setting 24 hours-per-day, 7 days-per-week, and is intended for individuals who meet the placement criteria for this component. For the purpose of these rules, there are four (4) levels of residential treatment that vary according to the type, frequency, and duration of services provided.

~~(2)(1)~~ Facilities Not Required to be Licensed as Residential Treatment. Licensure as residential treatment, as defined in paragraph 65D-30.002(16)(d), F.A.C., shall not apply to facilities that only provide ~~that provides only~~ housing, meals, or housing and meals to individuals who are substance use impaired or in recovery. These facilities do not provide clinical services, but may arrange for or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous. All other facilities providing services to individuals, residents as defined in subsection 397.311(22), F.S., and as described in subsections 65D-30.007(2) and (3), F.A.C., either at the facility or at alternate locations, must be licensed under this rule.

~~(3)(2)~~ Levels of Residential Treatment. For the purpose of this rule, there are four levels of residential treatment. In each

level, treatment shall be structured to serve ~~individuals residents~~ who need a safe and stable living environment in order to develop sufficient recovery skills for the transition to a less restrictive level of care or reintegration into the general community in accordance with placement criteria. Treatment shall also include a schedule of services provided within a positive environment that reinforce the ~~individual's resident's~~ recovery. ~~Individuals Residents and clients~~ will be placed in a level of residential treatment that is based on their treatment needs and circumstances. Because treatment plans should be specific to the ~~individual resident~~, length of stay and duration of treatment shall be dependent upon the ~~individual's resident's~~: a) severity of illness or disorder, b) level of functioning, and c) clinical progress in treatment and outcomes based on individualized treatment goals for all levels of residential treatment.

(a) Level 1 programs offer organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting. These programs are more than a 24-hour supported living environment (like those in level 4), and are a 24-hour treatment setting. There are two (2) categories of treatment under this level of care.

1. Adult Level 1 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring ~~co-occurring~~ mental health and substance use disorder who have sub-acute biomedical, behavioral, emotional, or cognitive conditions severe enough that they require treatment in a Level 1 program, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. This level includes programs that provide services on a short-term basis. The emphasis is on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the individual resident.

2. Adolescent Level 1 programs are appropriate for adolescents under the age of 18 years with a substance use disorder or who have a co-occurring substance use disorders and mental health disorder or symptoms. This level is often necessary to help change negative patterns of behavior, thinking, and feeling that predispose one to substance use and to develop skills to maintain a substance-free life. Services should take into account the different developmental needs based on the age of the adolescent and address any deficits in behavioral, cognitive, and social-emotional development often associated with substance use during the adolescent period. Seventeen-year-olds who turn 18 while completing treatment shall be allowed to stay only if it is clinically indicated, there is one-on-one supervision, and they have separate bedrooms.

(b) Level 2 programs are structured rehabilitation-oriented group facilities that serve persons with a substance use disorder or a co-occurring ~~co-occurring~~ mental health and substance use

~~abuse~~ disorder who have significant deficits in independent living skills and need extensive support and supervision. Programs include those referred to as therapeutic communities or some variation of therapeutic communities and are longer term than Level 1. There are two (2) categories of treatment under this level of care.

1. Adult Level 2 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring mental health and substance use disorder who have multi-dimensional needs of such severity that they cannot safely be treated in less intensive levels of care. This level is appropriate for adults who may experience significant social and psychological deficits, such as chaotic, and often abusive, interpersonal relationships; criminal justice involvement; prior treatment in less restrictive levels of care; inconsistent work histories and educational experiences; homelessness or inadequate housing; or anti-social behavior. In addition to clinical services, considerable emphasis is placed on services that address the individual's resident's educational and vocational needs, socially dysfunctional behavior, and need for stable housing upon discharge. It also includes services that promote continued abstinence from substance use upon the individual's resident's return to the community.

2. No change.

(c) Level 3 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring mental health and substance ~~abuse~~ use disorder whose cognitive functioning has been severely impaired from the chronic use of substances, either temporarily or permanently. This would include individuals who have varying degrees of organic brain disorder or brain injury or other problems that require extended care. The emphasis is on providing services that work on cognitive problems and activities of daily living, socialization, and specific skills to restore and maintain independent living. Typically, services are slower paced, more concrete, and repetitive. This level excludes adolescent programs.

(d) Level 4 programs are appropriate for service ~~are appropriate for service~~ adults or adolescents with a substance use disorder or a co-occurring ~~co-occurring~~ mental health and substance ~~abuse~~ use disorder and provide services on a short-term basis. This level is appropriate for individuals who have completed other levels of residential treatment, particularly levels 2 and 3. This includes individuals who have functional limitations in application of recovery skills, self-efficacy, or a lack of connection to the community systems of work, education, or family life. Although clinical services are provided, the emphasis is on services that are low-intensity and emphasize a supportive environment. This includes services that focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into work, education, and family life.

~~(4)(3)~~ Services. Each individual resident shall receive services each week, including counseling, as provided for in subsection 65D-30.007(5), F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, as defined in section 65D-30.002, F.A.C., it is not intended that all services listed below be provided. For individuals participating under subsections 65D-30.0037(6) and 65D-30.0048, F.A.C., services shall be provided in accordance with the terms and conditions of the Department of Corrections' contract with the provider. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required in the policies, standards, and contractual terms and conditions established by the Department of Juvenile Justice. Otherwise, services shall be provided in accordance with the needs of the individual resident, as identified in the treatment plan as follows:

(a) through (b) No change.

(c) Counseling with family members or members of the individual's support system families;

(d) through (e) No change.

(f) Expressive therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual resident with alternative means of self-expression and problem resolution, and other therapies such as evidence-based practices and interventions for substance use or co-occurring conditions;

(g) No change.

(h) Employment or educational support services to assist individuals residents in becoming financially independent; and

(i) Mental health services for the purpose of:

1. Managing individuals residents with disorders who are stabilized;

2. Evaluating individuals' residents' needs for in-depth mental health assessment;

3. Training individuals residents to manage symptoms; and;

4. No change.

~~(5)(4)~~ No change.

~~(6)(5)~~ Required Hours of Services.

(a) For Level 1, each individual resident shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 14 hours of counseling.

(b) For Level 2, each individual resident shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 10 hours of counseling.

(c) For Level 3, each individual resident shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 4 hours of counseling.

(d) For Level 4, each individual resident shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 2 hours of counseling.

In ~~those~~ instances in which it is determined that an individual a resident requires fewer hours of counseling in any of the levels of residential treatment, this shall be documented and justified in the individual's resident's treatment plan and approved by the qualified professional.

~~(7)(6)~~ Transportation. Each provider shall arrange for or provide transportation services to individuals residents who are involved in activities or in need of services, such as mental health, dental, public health, and social services, that are provided at other facilities.

~~(8)(7)~~ No change.

~~(9)(8)~~ Caseload. No primary counselor may have a caseload that exceeds 15 currently participating individuals residents.

65D-30.0081 Standards for Day or Night Treatment with Community Housing.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment with community housing.

(1) Day or Night Treatment with Community Housing is provided on a nonresidential basis at least five (5) hours each day and at least 25 hours each week and is intended for individuals who can benefit from living independently in peer community housing while undergoing treatment. ~~Description.~~ Day or night treatment with community housing is appropriate for individuals adults who do not require structured, 24 hours a day, 7 days a week residential treatment. The housing must be provided and managed by the licensed service provider, including room and board and any ancillary services needed, such as supervision, transportation, and meals. Activities for day or night treatment with community housing programs emphasize rehabilitation and treatment services using multidisciplinary teams to provide integration of therapeutic and family services. This component allows individuals to live in a supportive, community housing location while participating in treatment. Treatment shall not take place in the housing where the individuals live, and the housing is utilized solely for the purpose of assisting individuals in making a transition to independent living. Individuals who are considered appropriate for this level of care:

(a) through (f) No change.

(2) Services. Services shall include counseling as provided for in subsection 65D-30.0081(2), F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling and life skills training, it is not intended that all services listed be provided. For individuals participating under subsection 65D-30.0048, F.A.C., services shall be provided according to the conditions

of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (e) No change.

(f) Expressive therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;

(g) through (j) No change.

(3) No change.

(4) Required Hours of Services. Each individual shall receive a minimum of 25 hours of services per week in accordance with subsection 65D-30.0081(2), F.A.C. This shall include individual counseling, group counseling, or counseling with families or support systems. In ~~those~~ instances where a provider requires fewer hours of participation in the latter stages of the individual's treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(5) through (7) No change.

65D-30.009 Standards for Day or Night Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment.

(1) Services. Each individual ~~client~~ shall receive services each week. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals participating under subsections 65D-30.0037(6) and 65D-30.0048, F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (c) No change.

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance use ~~abuse~~ or relapse, information regarding health problems related to substance use ~~abuse~~, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) No change.

(f) Expressive therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;

(g) through (i) No change.

(2) Required Hours of Services. For day or night treatment, each individual shall receive a minimum of at least four or more consecutive hours of services per day for three (3) hours per

day, 12 hours of services per week ~~days~~ in accordance with subsection 65D-30.009(1), F.A.C. This shall include individual counseling, group counseling, or counseling with families or support system, which shall be provided by clinical staff. In ~~those~~ instances where a provider requires fewer hours of individual participation in the latter stages of the treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(3) through (5) No change.

65D-30.0091 Standards for Intensive Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive outpatient treatment.

(1) ~~Services.~~ Intensive outpatient services are non-residential, structured treatment providing counseling and education focusing mainly on addiction-related and mental health issues. This community-based treatment allows the individual to apply skills in real world environments. Each individual shall receive structured services each day that include ancillary psychiatric and medical services ~~week~~. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals participating under subsections 65D-30.0037(6) and 65D-30.0048, F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (c) No change.

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance use ~~abuse~~ or relapse, information regarding health problems related to substance use ~~abuse~~, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) through (h) No change.

(2) Required Hours of Services. For intensive outpatient treatment, each individual shall receive at least three (3) hours per day, nine (9) hours of services per week, in accordance with subsection 65D-30.0091(1), F.A.C., including counseling.

(3) through (5) No change.

65D-30.010 Standards for Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to outpatient treatment.

(1) Outpatient treatment is provided on a nonresidential basis and is intended for individuals who meet the placement criteria for this component.

~~(2)(4)~~ Services. Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with substance use problems. These services are typically provided on a regularly scheduled basis by appointment, with special arrangements for emergency or crisis situations. Outpatient services may be provided individually or in a group setting. Each individual shall receive services each week. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals participating under the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services programs, services shall be provided according to the conditions of the contract with the provider and the respective department. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (c) No change.

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance ~~use abuse~~ or relapse, health problems related to substance ~~use abuse~~, motivational enhancement, and strategies for achieving a substance-free lifestyle; and

(e) No change.

~~(3)(2)~~ Required Hours of Services. For outpatient treatment, each individual shall receive services each week in accordance with subsection 65D-30.010(1), F.A.C., including a minimum of one (1) counseling session. If fewer sessions are indicated, justification must be documented in the clinical record. ~~If short term outpatient treatment is provided, the documentation of service provision shall clearly specify admission into this level of care.~~

(3) through (4) are renumbered (4) through (5) No change.

65D-30.011 Standards for Aftercare.

Aftercare involves structured services provided to individuals who have completed an episode of treatment in a component and who are in need of continued observation and support to maintain recovery. Aftercare services help families and prosocial support systems reinforce a healthy living environment for individuals with substance use disorders. Relapse prevention education and strategies are important in assisting the individual to recognize triggers and warning signs of regression. Activities include individual participation in daily functions that were adversely affected by substance use impairments before treatment. The provider shall offer flexible hours in order to meet the needs of individuals. In addition to Rule 65D-30.004, F.A.C., the following standards apply to aftercare.

(1) through (2) No change.

65D-30.012 Standards for Intervention.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intervention.

(1) General Intervention. General Intervention includes a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change. Intervention activities and strategies are used to prevent or impede the development or progression of substance use disorders. Intervention can be tailored for variance in population or setting and can be used as a stand-alone service for those at risk or individuals who meet Intervention Level of care, utilizing a validated tool used for service determination, ~~as well~~ as a vehicle for engaging those in need of more extensive level of care. Interventions include Treatment Alternatives for Safer Communities and Employee Assistance Programs. The following information shall apply to services as described in subsections 65D-30.012(1) and 65D-30.012(2):

(a) No change.

(b) Services.

1. Supportive Counseling. In ~~those~~ instances where supportive counseling is provided, the number of sessions or contacts shall be determined through the intervention plan. In ~~those~~ instances where an intervention plan is not completed, all contacts with the individual shall be recorded in the clinical record.

2. Intervention Plan. For individuals involved in intervention services on a continuing basis, the plan shall be completed in accordance with subsection 65D-30.0044, F.A.C. In ~~those~~ instances where an intervention plan is not completed, all contacts with the individual shall be recorded in the clinical record. For Treatment Alternatives for Safer Communities programs, the plan shall include requirements the individual is expected to fulfill and consequences should the individual fail to adhere to the prescribed plan, including provisions for reporting information regarding the individual to the criminal or juvenile justice system or other referral source. Employee Assistance Programs are exempt from the requirement to develop intervention plans.

3. No change.

(2) Requirements for Treatment Alternatives for Safer Communities (TASC). In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to Treatment Alternatives for Safer Communities.

(a) Eligibility. TASC providers shall establish eligibility standards requiring that individuals considered for intake shall be at-risk for criminal involvement, substance ~~use abuse~~, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system.

(b) No change.

(3) No change.

(4) Requirements for Case Management. In addition to the requirements in subsection 65D-30.012(2), F.A.C., the following requirements apply to case management in those instances where case management is provided as a licensable sub-component of intervention services.

(a) through (d) No change.

65D-30.013 Standards for Prevention.

Prevention includes activities and strategies that are used to preclude the development of substance use problems. In addition to Rule 65D-30.004, F.A.C., the following standards apply to prevention.

(1) Categories of Prevention. For the purpose of these rules, prevention services are categorized as indicated, selective, universal direct, or universal indirect, as defined in 65E-14.021(4)(v)-(y), F.A.C., incorporated by reference, and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>. ~~is provided under the categories entitled Universal, Selective, and Indicated.~~

~~Prevention services are typically directed at the general population or specific sub populations and do not track individual participation. Strategies address community norms and conditions that underlie illegal or illicit alcohol or other drug use, prescription drug misuse, and management of over-the-counter and prescription medication through public awareness and environmental management strategies. Prevention services offer one (1) or more of the services listed in 65E 14, F.A.C., incorporated by reference, at an intensity and duration appropriate to the strategy and target population. Any community based organization, including Community Substance Abuse Prevention Coalitions, may obtain a prevention license for prevention services.~~

(2) Specific Prevention Strategies. The following is a description of the specific prevention strategies that are provided through ~~as specified in subsection 65D 30.013(1), F.A.C., regarding levels 1 and 2 prevention services.~~

(a) Information Dissemination. This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. The intent of this strategy is to increase awareness and knowledge of the risks of substance abuse and available prevention services.

(b) Education. This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem

solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy. The intent of this strategy is to improve skills and to reduce negative behavior and improve responsible behavior.

(c) Alternatives. This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities. The intent of this strategy is to provide constructive activities that exclude substance abuse and reduce anti-social behavior.

(d) Problem Identification and Referral Services. This strategy aims to identify those who have engaged in illegal/age-inappropriate use of tobacco or alcohol and individuals who have engaged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted however, that this strategy does not include any activity designed to determine if a person is in need of treatment. The intent of this strategy is to identify children and youth who have indulged in the use of tobacco or alcohol and those who have indulged in the first use of illicit drugs, in order to assess whether prevention services are indicated or referral to treatment is necessary.

(e) Community-Based Process. This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. The intent of this strategy is to enhance the ability of the community to more effectively provide prevention and treatment services.

(f) Environmental. This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population. The intent of this strategy is to establish or change local laws, regulations, or rules to strengthen the general community regarding the initiation and support of prevention services.

~~(g) Prevention Counseling. The intent of this strategy is to provide problem focused counseling approaches toward the resolution of risk factors for substance abuse. Such factors include conduct problems, association with antisocial peers, and problematic family relations. The goal is to enhance the protection of the client from identified risks. This strategy does not involve treatment for substance abuse.~~

(3) General Requirements.

(a) Program Description. Providers shall describe generally accepted prevention practices that will be available to groups or individuals. For all prevention programs offered, this description shall include:

1. The target population, including relevant demographic factors;

2. The risk and protective factors to be addressed;

3. The specific prevention strategies identified in subsection 65D-30.013(2), F.A.C., to be utilized;

4. The appropriateness of these services to address the identified risk and protective factors for the group or individuals to be served; and;

5. How the effectiveness of the services will be evaluated.

(a)(b) Staffing Patterns. Providers shall delineate reporting relationships and staff supervision. This shall include a description of staff qualifications, including educational background and experience regarding the substance use abuse prevention field. Providers shall have at least one (1) qualified professional as defined in section 65D-30.002(67) on staff.

(b)(e) Referral. Providers shall have a plan for assessing the appropriateness of prevention services and conditions for referral to other services. The plan shall include a current directory of locally available substance use abuse services and other human services for referral of prevention program participants; or prospective participants.

(c)(d) No change.

(4) Requirements for Providers of Universal Direct and Universal Indirect Prevention Services.

(a) Program Description. Providers of universal direct and universal indirect prevention services shall describe the prevention services that will be available. This description shall include:

1. The target population, including relevant demographic factors (if known).

2. The risk and protective factors to be addressed (if known).

3. The specific prevention strategies identified in subsection 65D-30.013(2), F.A.C., to be utilized.

4. The appropriateness of these services to address risk and protective factors (if these are known); and.

5. How the effectiveness of the services will be evaluated.

(b) Activity Logs for Providers of Universal Direct and Universal Indirect Prevention Services. Providers shall collect and maintain records of all universal direct and universal indirect prevention services, including the following:

1. A description of the characteristics of the target population;

2. The risk and protective factors to be addressed (if known);

3. A description of the activities, including the specific prevention strategies used;

4. The duration of the activities;

5. The number of participants;

6. The location of service delivery; and,

7. The date of the activity.

~~(4) Activity Logs.~~ Providers shall collect and maintain records of all prevention activities, including the following:

~~(a) The title and description of the activity, event, or media action;~~

~~(b) The strategy the activity, event, or media action is associated with;~~

~~(c) The date of the activity, event, or media action. For media, include the start and end date of action. A description of the activities;~~

~~(d) The description of the activity or event, or the type of media;~~

~~(e) The target population of the activity, event, or media action;~~

~~(f) The number of participants in the activity or event;~~

~~(g) A description of the location of the activity or event; and~~

~~(h) The date of name of the person(s) leading the activity or event, or the name of the person(s) coordinating the media action.~~

(5) Requirements for Providers of Selective Prevention Services.

(a) Program Description. Providers of selective prevention services shall describe the prevention services that will be available. This description shall include:

1. The target population, including relevant demographic factors;

2. The risk and protective factors to be addressed;

3. The specific prevention strategies identified in subsection 65D-30.013(2), F.A.C., to be utilized;

4. The appropriateness of these services to address identified risk and protective factors; and

5. How the effectiveness of the services will be evaluated.

(b) Activity Logs for Providers of Selective Prevention Services. Providers shall collect and maintain records of all universal direct and universal indirect prevention services, including the following:

1. A description of the characteristics of the target population;

2. The risk and protective factors to be addressed;

3. A description of the activities, including the specific prevention strategies used;

4. The duration of the activities;

5. The number of participants;

6. The location of service delivery; and

7. The date of the activity.

(6) Requirements for Providers of Indicated Prevention Services.

(a) Program Description. Providers of indicated prevention services shall describe the prevention services that will be available.

(b) This description of indicated prevention services shall include:

1. The target population, including relevant demographic factors;
2. The risk and protective factors to be addressed;
3. The specific prevention strategies identified in subsection 65D-30.013(2), F.A.C., to be utilized;
4. The appropriateness of these services to address identified risk and protective factors; and
5. How the effectiveness of the services will be evaluated.

**Section IV
Emergency Rules**

NONE

**Section V
Petitions and Dispositions Regarding Rule
Variance or Waiver**

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP New Port Richey, LLC d/b/a Southern Pines Healthcare Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014737. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP Ormond Beach, LLC d/b/a Signature Healthcare of Ormond, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014743. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP Orange Park, LLC d/b/a Signature Healthcare of Orange Park, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014738. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP Palm Bay, LLC d/b/a Anchor Care and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014744. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP Sebring, LLC d/b/a Kenilworth Care & Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014747. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP Port Charlotte, LLC d/b/a Signature Healthcare of Port Charlotte, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014746. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP St. Petersburg Pasadena, LLC d/b/a Gulfport Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014776. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP Tarpon Springs, LLC d/b/a Peninsula Care and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014781. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP St. Petersburg, LLC d/b/a Golfview Healthcare Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014779. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for LP Winter Park, LLC d/b/a Winter Park Care & Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014784. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for Merritt Island RHF Housing, Inc. d/b/a Courtenay Springs Village, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014786. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for Sovereign Healthcare of Medicana, LLC d/b/a Medicana Nursing and Rehab Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014787. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for Orlando Lutheran Towers, Inc. d/b/a The Commons at Orlando Lutheran Towers, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014788. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for

subsection 59A-4.1265(5) from Orlando Lutheran Towers, Inc. d/b/a The Commons at Orlando Lutheran Towers, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014788. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Sovereign Healthcare of Metro West, LLC d/b/a Metro West Nursing and Rehab Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014789. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Sovereign Healthcare of Inverness d/b/a Arbor Trail Rehab and Skilled Nursing Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014792. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from SNH SE Barrington Boynton Tenant LLC d/b/a Barrington Terrace of Boynton Beach, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014816. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1026 Albee Farm Road Operations LLC d/b/a Bay Breeze Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014817. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Baya Nursing and Rehabilitation LLC d/b/a Baya Pointe Nursing and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014819. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 741 South Beneva Road Operations LLC d/b/a Beneva Lakes Healthcare and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014820. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 6305 Cortez Road West Operations LLC d/b/a Bradenton Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014823. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1465 Oakfield Drive Operations LLC d/b/a Brandon Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014824. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 702 South Kings Avenue Operations LLC d/b/a Central Park Healthcare and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014825. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 15204 West Colonial Drive Operations LLC d/b/a Colonial Lakes Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014827. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Lake Parker Facility Operations LLC d/b/a Consulate Health Care at Lake Parker, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014828. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from West Altamonte Facility Operations LLC d/b/a Consulate Health Care at West Altamonte, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014830. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Bayonet Point Facility Operations LLC d/b/a Consulate Health Care of Bayonet Point, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014761. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Brandon Facility Operations LLC d/b/a Consulate Health Care of Brandon, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition

was assigned case number 2018014765. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Jacksonville Facility Operations LLC d/b/a Consulate Health Care of Jacksonville, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014768. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Kissimmee Facility Operations LLC d/b/a Consulate Health Care of Kissimmee, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014771. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes
 NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Lakeland Facility Operations LLC d/b/a Consulate Health Care of Lakeland, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014774. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.
 A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes
 NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Melbourne Facility Operations LLC d/b/a Consulate Health Care of Melbourne, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014775. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.
 A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes
 NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for

subsection 59A-4.1265(5) from New Port Richey Facility Operations LLC d/b/a Consulate Health Care of New Port Richey, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014777. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.
 A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes
 NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Marion House Rehabilitation Center, LLC d/b/a Ocala Oaks Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014796. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.
 A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
 Health Facility and Agency Licensing
 RULE NO.: RULE TITLE:
 59A-4.1265 Emergency Environmental Control for Nursing Homes
 NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from RK 3, LLC d/b/a KR at College Harbor, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014803. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.
 A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care

Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from RK 3, LLC d/b/a KR at College Harbor, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014803. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from North Fort Myers Facility Operations LLC d/b/a Consulate Health Care of North Fort Myers, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014810. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for

subsection 59A-4.1265(5) from Orange Park Facility Operations LLC d/b/a Consulate Health Care of Orange Park, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014812. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Pensacola Facility Operations LLC d/b/a Consulate Health Care of Pensacola, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014821. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Port Charlotte Facility Operations LLC d/b/a Consulate Health Care of Port Charlotte, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014832. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care

Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Safety Harbor Facility Operations LLC d/b/a Consulate Health Care of Safety Harbor, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014835. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Sarasota Facility Operations, LLC d/b/a Consulate Health Care of Sarasota, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014844. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from St. Petersburg Facility Operations LLC d/b/a Consulate Health Care of St. Petersburg, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014849. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Tallahassee Facility Operations LLC d/b/a Consulate Health Care of Tallahassee, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014862. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Vero Beach Facility Operations LLC d/b/a Consulate Health Care of Vero Beach, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014863. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from West Palm Beach Facility Operations LLC d/b/a Consulate Health Care of West Palm Beach, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014864. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Winter Haven Facility Operations LLC d/b/a Consulate Health Care of Winter Haven, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014902. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 2939 South Haverhill Road Operations LLC d/b/a Coral Bay Healthcare and Rehabilitation, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014904. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 216 Santa Barbara Boulevard Operations LLC d/b/a Coral Trace Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014913. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 3825 Countryside Boulevard Operations LLC d/b/a Countryside Rehab and Healthcare Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014917. Any interested person or other agency may submit written comments

on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Five Star Quality Care-FL, LLC d/b/a The Court at Palm Aire, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015030. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1851 Elkcan Boulevard Operations LLC d/b/a Deltona Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014963. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 195 Mattie M. Kelly Boulevard Operations LLC d/b/a Destin Healthcare and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014964. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 626 North Tyndall Parkway Operations LLC d/b/a Emerald Shores Health and Rehabilitation, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014965. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1111 Drury Lane Operations LLC d/b/a Englewood Healthcare and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014974. Any interested person or other agency may submit written comments on the

petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 3735 Evans Avenue Operations LLC d/b/a Evans Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014975. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 518 West Fletcher Avenue Operations LLC d/b/a Fletcher Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014976. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Floridian Facility Operations LLC d/b/a Floridean Nursing and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014977. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 611 South 13th Street Operations LLC d/b/a Fort Pierce Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014978. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for

subsection 59A-4.1265(5) from Miami Facility Operations LLC d/b/a Franco Nursing & Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014979. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 803 Oak Street Operations LLC d/b/a Governors Creek Health and Rehabilitation, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014982. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 3001 Palm Coast Parkway Operations LLC d/b/a Grand Oaks Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014993. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care

Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 2916 Habana Way Operations LLC d/b/a Habana Health Care Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014994. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1615 Miami Road Operations LLC d/b/a Harbor Beach Nursing and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014996. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for

subsection 59A-4.1265(5) from 11565 Harts Road Operations LLC d/b/a Harts Harbor Health Care Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015012. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 2333 North Brentwood Circle Operations LLC d/b/a Health Center at Brentwood, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015014. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Heartland of Boca Raton FL, LLC d/b/a Heartland Health Care and Rehabilitation Center of Boca Raton, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015022. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care

Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Heartland of Boynton Beach FL, LLC d/b/a Heartland Health Care Center – Boynton Beach, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015023. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Heartland of Jacksonville FL, LLC d/b/a Heartland Health Care Center – Jacksonville, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015025. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Kensington Manor Sarasota FL, LLC d/b/a Heartland Health Care Center – North Sarasota, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015026. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Heartland of Orange Park FL, LLC d/b/a Heartland Health Care Center – Orange Park, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015028. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Heartland-South Jacksonville of Jacksonville FL, LLC d/b/a Heartland Health Care Center of South Jacksonville, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014847. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Heartland of Sarasota FL, LLC d/b/a Heartland Health Care & Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014834. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Heartland of Zephyrhills FL, LLC d/b/a Heartland of Zephyrhills, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018014843. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 777 Ninth Street North Operations LLC d/b/a Heritage Healthcare and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015010. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 3101 Ginger Drive Operations LLC d/b/a Heritage Healthcare Center at Tallahassee, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015011. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 2826 Cleveland Avenue Operations LLC d/b/a Heritage Park Rehabilitation and Healthcare, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015046. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1445 Howell Avenue Operations LLC d/b/a Heron Pointe Health and Rehabilitation, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015047. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 4200 Washington Street Operations LLC d/b/a Hillcrest Health Care and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015048. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 125 Alma Boulevard Operations LLC d/b/a Island Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015051. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1120 West Donegan Avenue Operations LLC d/b/a Keystone Rehabilitation and Health Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015052. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1820 Shore Drive Operations LLC d/b/a The Health and Rehabilitation Center at Dolphins View, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan.

The petition was assigned case number 2018015124. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 710 North Sun Drive Operations LLC d/b/a Lake Mary Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015054. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1601 Virginia Street Operations LLC d/b/a Lakeside Oaks Care Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015055. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 9035 Bryan Dairy Road Operations LLC d/b/a Largo Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015056. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1507 South Tuttle Avenue Operations LLC d/b/a Magnolia Health and Rehabilitation Center seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015058. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manorcare Health Services, LLC d/b/a Manorcare at Lely Palms seeking additional time

beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015060. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Boca Raton FL, LLC d/b/a Manorcare Health Services, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015061. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Boynton Beach FL, LLC d/b/a Manorcare Health Services – Boynton Beach seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015067. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Delray Beach FL, LLC d/b/a Manorcare Health Services, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015069. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Dunedin FL, LLC d/b/a Manorcare Health Services Dunedin, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015070. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Ft Myers FL, LLC d/b/a Manorcare Health Services, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing

Home Emergency Power Plan. The petition was assigned case number 2018015072. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Naples FL, LLC d/b/a Manorcare Nursing and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015073. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Palm Harbor FL, LLC d/b/a Manorcare Health Services Palm Harbor, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015074. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care Nursing Center of Sarasota FL, LLC d/b/a Manorcare Health Services Sarasota, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015092. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Venice FL, LLC d/b/a Manorcare Health Services, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015093. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of W Palm Beach FL, LLC d/b/a Manorcare Health Services West Palm Beach, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The

petition was assigned case number 2018015094. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 207 Marshall Drive Operations LLC d/b/a Marshall Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015095. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 6700 NW 10th Place Operations LLC d/b/a North Florida Rehabilitation and Specialty Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015096. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 650 Reed Canal Road Operations LLC d/b/a Oaktree Healthcare, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015099. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 3110 Oakbridge Boulevard Operations LLC d/b/a Oakbridge Healthcare Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015097. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Osprey Nursing and Rehabilitation LLC d/b/a Osprey Point Nursing Center, seeking additional time beyond January 1, 2019, to implement the

Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015101. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Five Star Coral Springs, LLC d/b/a Park Summit at Coral Springs, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015102. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 9311 South Orange Blossom Trail Operations LLC d/b/a Parks Healthcare and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015103. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 4641 Old Canoe Creek Road Operations LLC d/b/a Plantation Bay Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015105. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 5065 Wallis Road Operations LLC d/b/a Renaissance Health and Rehabilitation, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015106. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 7950 Lake Underhill Road

Operations LLC d/b/a Rio Pinar Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015107. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Manor Care of Naples FL, LLC d/b/a Manorcare Nursing and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015073. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 9355 San Jose Boulevard Operations LLC d/b/a San Jose Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015110. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care

Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1937 Jenks Avenue Operations LLC d/b/a Sea Breeze Health Care, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015114. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 2401 NE 2nd Street Operations LLC d/b/a Seaview Nursing and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015115. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 500 South Hospital Drive Operations LLC d/b/a Shoal Creek Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015116. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 12170 Cortez Boulevard Operations LLC d/b/a Spring Hill Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015119. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from SNH SE Tenant TRS, Inc. d/b/a Stratford Court of Palm Harbor, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015120. Any interested person or other agency may submit

written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com. A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:

59A-4.165 Nursing Home Guide

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from FS Tenant Pool III Trust d/b/a The Forum at Deer Creek, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015121. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from SNH SE Tenant TRS, Inc. d/b/a The Garden of Port St. Lucie, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015123. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 5405 Babcock Street Operations LLC d/b/a The Palms Rehabilitation and Healthcare Center seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015125. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 10040 Hillview Road Operations LLC d/b/a University Hills Health and Rehabilitation, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015126. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION
Health Facility and Agency Licensing
RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 1010 Carpenters Way Operations LLC d/b/a Wedgewood Healthcare Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015128. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from 6414 13th Road South Operations LLC d/b/a Wood Lake Health and Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015129. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on September 28, 2018, the Agency for Health Care Administration, received a petition for subsection 59A-4.1265(5) from Sarasota Bay Rehabilitation Center, LLC d/b/a Sarasota Point Rehabilitation Center, seeking additional time beyond January 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2018015130. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-4.010 Sanitation and Safety Requirements

NOTICE IS HEREBY GIVEN that on October 22, 2018, the Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants, received a petition for an Emergency Variance for subsection 61C-4.010(7) Florida Administrative Code and subsection 61C-4.010(6), Florida Administrative Code from Muschette LLC located in Fort Lauderdale. The above referenced F.A.C. addresses the requirement that at least one accessible bathroom be provided for use by customers. They are requesting to share the bathrooms located within a nearby establishment under a different ownership for use by customers only.

The Division of Hotels and Restaurants will accept comments concerning the Petition for 5 days from the date of publication of this notice. To be considered, comments must be received before 5:00 p.m.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Daisy.Aleman@myfloridalicense.com
Division of Hotels and Restaurants, 2601 Blair Stone Road, Tallahassee, Florida 32399-1011

DEPARTMENT OF HEALTH

Board of Chiropractic Medicine

RULE NO.: RULE TITLE:

64B2-13.004 Continuing Education

The Board of Chiropractic Medicine hereby gives notice: of the issuance of an Order regarding the Petition for Variance or Waiver, filed on August 9, 2018, by Matthew Karcher, D.C. Notice of Petition for Variance or Waiver was published in Vol. 44, No. 157, of the August 13, 2018, Florida Administrative Register. Petitioner sought a variance of subsection 64B2-13.004(2), F.A.C, which requires that for the purpose of renewing a license, only those classroom hours earned at Board approved continuing education courses or under the provision of the rule are acceptable. Petitioner sought approval from the Board to award him 16 CE hours for a course which was not previously been approved by the Board. The Board considered the Petition at a duly-noticed public meeting held on August 24, 2018, in Orlando, FL. The Board's Order, filed on September 21, 2018 denied the petition because Petitioner failed to demonstrate how compliance with the rule would pose an undue hardship or violate principles of fairness.

A copy of the Order or additional information may be obtained by contacting: Dr. Anthony Spivey, Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, FL 32399-3255, telephone: (850)488-0595, or by electronic mail – Anthony.Spivey@flhealth.gov.

DEPARTMENT OF HEALTH

Board of Massage Therapy

RULE NO.: RULE TITLE:

64B7-32.002 Proof of Graduation

NOTICE IS HEREBY GIVEN that on October 19, 2018, the Board of Massage Therapy, received a petition for variance and waiver, filed by Paul Wells. The Petitioner is seeking a variance or waiver of paragraph 64B7-32.002(2)(d), F.A.C., regarding “official transcripts, indicating that the applicant has met all educational and institutional requirements, be sent directly from the school or custodian of records to the Board office in a sealed envelope”. Petitioner states that he is in possession of unsealed copies of his transcripts, embossed with the state seal; however, he has been unable to track down sealed copies of his transcripts after having contacted the Texas Workforce Commission, the Texas Education Agency, the Texas Department of Health Services, and the Texas Department of Licensing and Regulation, all of whom deny possession of his transcripts. Comments on this petition should be filed with the Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3258, within 14 days of publication of this notice.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Kama Monroe, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3258, (850)245-4162, or by electronic mail - kama.monroe@flhealth.gov.

DEPARTMENT OF CHILDREN AND FAMILIES

Family Safety and Preservation Program

RULE NO.: RULE TITLE:

65C-13.024 Parent Preparation Pre-service Training

NOTICE IS HEREBY GIVEN that on October 15, 2018, the Department of Children and Families, received a petition for variance of subsections 65C-13.024(1) and (2), Florida Administrative Code, from Adopt America, assigned Case No. 18-039W. Per 65C-13.024(1) parent preparation pre-service training shall meet the requirements of Section 409.175, F.S., and shall include training for out-of-home caregivers on decision-making related to the balance of normalcy for children in care and their safety. The parent preparation pre-service curriculum shall also include training related to the administration of psychotropic medication, the social and emotional development of children and youth, the role of mentors and other helpers, development of life skills for teens in care, and the caregiver’s role in supporting and promoting the educational progress of the child. The training on administration of psychotropic medication shall consist of a review of the proper dosage of medication and the importance of monitoring for possible side effects and intended effects of the specific medications administered to the child. All caregivers are required to complete a minimum of 21 hours of pre-service training. Subsection 65C-13.024(2), F.A.C., requires that each parent preparation pre-service training class shall be led by a certified child protection professional

according to Section 402.40, F.S., who has a bachelor’s degree or a master’s degree from an accredited college or university, and who has also successfully met any curriculum-specific requirements to train the department approved parent preparation pre-service training curriculum (e.g. curriculum trainer certification). Each parent preparation pre-service training class shall follow the recommendations of the curriculum designer regarding the number and type of facilitators involved in the training process. If the agency is the designer of the curriculum, the number and types of facilitators to be involved in the training process must be clearly defined.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Department of Children and Families, 1317 Winewood Blvd., Bldg. 2, Room 204, Tallahassee, FL 32399-0700.

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Community Development

The Department of Economic Opportunity hereby gives notice: that on July 17, 2018, the Department of Economic Opportunity, received a petition for Waiver from the requirements of paragraph 73C-23.0041(2)(b), F.A.C., from Franklin County. Paragraph 73C-23.0041(2)(b), F.A.C., limits the amount of funds that an applicant may request.

Notice of the Petition was published in Vol. 44/145 of the Florida Administrative Register on July 26, 2018. No comments were received. The Order granting this Petition was signed on October 8, 2018. After a complete review of the waiver request, the Department found that the underlying purpose of subsection 120.542(2), Florida Statutes, had been achieved and that the application of the Rule would create a financial hardship for Franklin County.

A copy of the Order or additional information may be obtained by contacting: Stephanie Webster, Agency Clerk, agency.clerk@deo.myflorida.com; (850)245-7151

Section VI

Notice of Meetings, Workshops and Public Hearings

PUBLIC SERVICE COMMISSION

NOTICE OF SECURITIES APPLICATION

The Florida Public Service Commission will consider at its October 30, 2018 Agenda Conference, Docket No. 20180162-EI - Application for authority to issue and sell securities and to receive common equity contributions during 12 months ending December 31, 2019. Pursuant to Section 366.04, Florida Statutes, and Chapter 25-8, Florida Administrative Code, Gulf seeks authority to receive equity funds from and/or issue common equity securities to the Southern Company, Gulf’s parent company; issue and sell long-term debt and equity

securities; and issue and sell short-term debt securities during 2019. The maximum amount of common equity contributions received from and proceeds from common equity shares issued to Southern, the maximum amount of equity securities issued and the maximum principal amount of long-term debt securities issued will total not more than \$600 million. The maximum principal amount of short-term debt outstanding at any one time will total not more than \$500 million.

DATE AND TIME: Tuesday, October 30, 2018, 9:30 a.m.

The Agenda Conference begins at 9:30 a.m., although the time at which this item will be heard cannot be determined at this time.

PLACE: Commission Hearing Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To take final action in Docket No. 20180162-EI - Application for authority to issue and sell securities and to receive common equity contributions during 12 months ending December 31, 2019, pursuant to Chapter 25-8, F.A.C., and Section 366.04, F.S., by Gulf Power Company.

In accordance with the American with Disabilities Act, persons needing a special accommodation to participate at this proceeding should contact the Office of Commission Clerk no later than five days prior to the conference at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, via 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD), Florida Relay Service. For more information, please contact Kurt Schrader, Office of the General Counsel, (850)413-6234.

PUBLIC SERVICE COMMISSION

NOTICE OF SECURITIES APPLICATION

The Florida Public Service Commission will consider at its October 30, 2018 Agenda Conference, Docket No. 20180165-EI - Application for authority to issue and sell securities during 12 months ending December 31, 2019. Pursuant to Section 366.04, F.S., and Chapter 25-8, F.A.C., by Duke Energy Florida, LLC., the Company seeks PSC approval pursuant to Section 366.04, Florida Statutes, to issue, sell or otherwise incur during 2019 up to \$1.5 billion of any combination of equity securities, long-term debt securities and other long-term obligations. Additionally, the Company requests authority to issue, sell or otherwise incur during 2019 and 2020 up to \$1.5 billion outstanding at any time of short-term debt securities and other obligations.

DATE AND TIME: Tuesday, October 30, 2018, 9:30 a.m.

The Agenda Conference begins at 9:30 a.m., although the time at which this item will be heard cannot be determined at this time.

PLACE: Commission Hearing Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To take final action in Docket No. 20180165-EI - Application for authority to issue and sell securities during 12 months ending December 31, 2019, pursuant to Section 366.04, F.S., and Chapter 25-8, F.A.C., by Duke Energy Florida, LLC. In accordance with the American with Disabilities Act, persons needing a special accommodation to participate at this proceeding should contact the Office of Commission Clerk no later than five days prior to the conference at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, via 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD), Florida Relay Service. For more information, please contact Kurt Schrader, Office of the General Counsel, (850)413-6234.

PUBLIC SERVICE COMMISSION

NOTICE OF SECURITIES APPLICATION

The Florida Public Service Commission will consider at its October 30, 2018 Agenda Conference, Docket No. 20180166-GU – Application for authority to issue debt security during calendar year 2019, pursuant to Section 366.04, F.S., and Chapter 25-8, F.A.C., by Florida City Gas. The Company seeks PSC approval to finance its working capital and capital expenditure requirements through short-term and long-term borrowings from Florida Power & Light Company (FPL). Florida City Gas is a division of Pivotal Utility Holdings, Inc., which is a wholly-owned subsidiary of FPL. The maximum aggregate short-term borrowings during 2019 will not exceed \$50 million and long-term borrowings will not exceed \$250 million.

DATE AND TIME: Tuesday, October 30, 2019, 9:30 a.m.

The Agenda Conference begins at 9:30 a.m., although the time at which this item will be heard cannot be determined at this time.

PLACE: Commission Hearing Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To take final action in Docket No. 20180166-GU – Application for authority to issue debt security during calendar year 2019, pursuant to Section 366.04, F.S., and Chapter 25-8, F.A.C., by Florida City Gas.

In accordance with the American with Disabilities Act, persons needing a special accommodation to participate at this proceeding should contact the Office of Commission Clerk no later than five days prior to the conference at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, via 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD), Florida

Relay Service. For more information, please contact Kurt Schrader, Office of the General Counsel, (850)413-6234.

**PUBLIC SERVICE COMMISSION
NOTICE OF SECURITIES APPLICATION**

The Florida Public Service Commission will consider at its October 30, 2018 Agenda Conference, Docket No. 20180167-EI – Application for authority to issue and sell securities for 12 months ending December 31, 2019, by Tampa Electric Company. The Company seeks PSC approval pursuant to Section 366.04, Florida Statutes, to issue, sell and/or exchange equity securities and issue, sell, exchange and/or assume long-term or short-term debt securities and/or to assume liabilities or obligations as guarantor, endorser, or surety during calendar year 2019. The Company also seeks authority to enter into interest swaps or other derivatives instruments related to debt securities during calendar year 2019. The amount of all equity and long-term debt securities issued, sold, exchanged, or assumed and liabilities and obligations assumed or guaranteed as guarantor, endorser, or surety will not exceed in the aggregate \$1.75 billion during the year 2019, including any amounts issued to retire existing long-term debt securities. The maximum amount of short-term debt outstanding at any one time will be \$0.9 billion during calendar year 2019. This application is for both Tampa Electric and its local gas distribution division, Peoples Gas System.

DATE AND TIME: Tuesday, October 30, 2018, 9:30 a.m.

The Agenda Conference begins at 9:30 a.m., although the time at which this item will be heard cannot be determined at this time.

PLACE: Commission Hearing Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To take final action in Docket No. 20180167-EI – Application for authority to issue and sell securities for 12 months ending December 31, 2019, by Tampa Electric Company.

In accordance with the American with Disabilities Act, persons needing a special accommodation to participate at this proceeding should contact the Office of Commission Clerk no later than five days prior to the conference at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, via 1-800-955-8770 (Voice) or 1-800-955-8771 (TDD), Florida Relay Service. For more information, please contact Kurt Schrader, Office of the General Counsel, (850)413-6234.

**PUBLIC SERVICE COMMISSION
NOTICE OF SECURITIES APPLICATION**

The Florida Public Service Commission will consider at its October 30, 2018 Agenda Conference, Docket No. 20180168-EI – Application for authority to issue and sell securities during calendar years 2019 and 2020, pursuant to Section 366.04, F.S.,

and Chapter 25-8, F.A.C., by Florida Power & Light Company. The Company seeks PSC approval to issue and sell and/or exchange any combination of long-term debt and equity securities and/or to assume liabilities or obligations as guarantor, endorser or surety in an aggregate amount not to exceed \$6.1 billion during calendar year 2019. In addition, FPL seeks permission to issue and sell short-term securities during the calendar years 2019 and 2020 in an amount or amounts such that the aggregate principal amount of short-term securities outstanding at the time of and including any such sale shall not exceed \$4.0 billion.

DATE AND TIME: Tuesday, October 30, 2018, 9:30 a.m.

The Agenda Conference begins at 9:30 a.m., although the time at which this item will be heard cannot be determined at this time.

PLACE: Commission Hearing Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To take final action in Docket No. 20180168-EI – Application for authority to issue and sell securities during calendar years 2019 and 2020, pursuant to Section 366.04, F.S., and Chapter 25-8, F.A.C., by Florida Power & Light Company.

In accordance with the American with Disabilities Act, persons needing a special accommodation to participate at this proceeding should contact the Office of Commission Clerk no later than five days prior to the conference at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, via 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD), Florida Relay Service. For more information, please contact Kurt Schrader, Office of the General Counsel, (850)413-6234.

EXECUTIVE OFFICE OF THE GOVERNOR

The Contracts Review Committee announces a public meeting to which all persons are invited.

DATE AND TIME: October 23, 2018, 2:00 p.m.

PLACE: City Commission Chambers, 215 N. Perviz Avenue, Opa-locka, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: A meeting of the Contracts Review Committee of the Financial Emergency Board for the City of Opa-locka to discuss the current state of the City's contractual and financial affairs.

A copy of the agenda may be obtained by contacting: Blair Mathers via email at blair.mathers@eog.myflorida.com or phone at (850)717-9264.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 1 days before the workshop/meeting by contacting: Blair Mathers via email at blair.mathers@eog.myflorida.com or phone at (850)717-9264.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

REGIONAL PLANNING COUNCILS

Treasure Coast Regional Planning Council

The Treasure Coast Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: December 14, 2018, 9:30 a.m.

PLACE: Indian River State College Chastain Center, Wolf High Technology Center, 2400 SE Monterey Road, Stuart, Florida 34994

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Treasure Coast Regional Planning Council will hold its Annual Board Meeting.

A copy of the agenda may be obtained by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org

REGIONAL PLANNING COUNCILS

Treasure Coast Regional Planning Council

The Treasure Coast Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: December 14, 2018, 9:00 a.m.

PLACE: Indian River State College Chastain Campus, Wolf High Technology Center, 2400 Salerno Road, Stuart, FL 34997

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a meeting of Council's Nominating Committee. The Committee needs to develop a recommendation for the Year 2019 Officers.

A copy of the agenda may be obtained by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org. If you are hearing or speech impaired, please contact the agency

using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org

DEPARTMENT OF CORRECTIONS

The Florida Department of Corrections announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, October 31, 2018, 9:00 a.m. – 11:00 a.m.

PLACE: Division of Improvement and Readiness Conference Room(435E)

US Toll Free: (888)670-3525, Participant Code: 1025666574

GENERAL SUBJECT MATTER TO BE CONSIDERED: Advisory Board for Career and Technical Education

A copy of the agenda may be obtained by contacting: Diane.Fuller@FDC.MyFlorida.com

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

The Construction Industry Licensing Board announces a public meeting to which all persons are invited.

DATES AND TIMES: Wednesday, November 14, 2018, 8:30 a.m.; Thursday, November 15, 2018, 8:30 a.m.; Friday, November 16, 2018, 8:30 a.m.

PLACE: Hilton Garden Inn Palm Beach Gardens, 3505 Kyoto Gardens Dr, Palm Beach Gardens, FL 33410, (561)694-5829

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business, disciplinary and committee meetings of the Board.

A copy of the agenda may be obtained by contacting: Donald Shaw, Senior Management Analyst Supervisor, 2601 Blair Stone Road, Tallahassee, FL 32399-1039, (850)717-1983.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Donald Shaw, Senior Management Analyst Supervisor, 2601 Blair Stone Road, Tallahassee, FL 32399-1039, (850)717-1983. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the

proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Donald Shaw, Senior Management Analyst Supervisor, 2601 Blair Stone Road, Tallahassee, FL 32399-1039, (850)717-1983.

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

The Board of CSW, MFT & MHC announces a public meeting to which all persons are invited.

DATE AND TIME: December 5, 2018 at 9:00 a.m. ET

PLACE: (888)670-3525 when prompted, enter conference code, 4552635641#

GENERAL SUBJECT MATTER TO BE CONSIDERED: Probable Cause Panel with a reconsideration.

A copy of the agenda may be obtained by contacting: www.floridasmentalhealthprofessions.gov. If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be made. Those who are hearing impaired, using TDD equipment can call the Florida Telephone Relay System at 1(800)955-8771. Persons requiring special accommodations due to disability or physical impairment should contact the Board Office at (850)245-4474.

DEPARTMENT OF HEALTH

Board of Dentistry

The Board of Dentistry announces a telephone conference call to which all persons are invited.

DATE AND TIME: November 28, 2018 at 6:00 p.m. ET

PLACE: (888)670-3525 when prompted, enter conference code 4552635641#

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss matters related to dental hygiene.

A copy of the agenda may be obtained by contacting: www.floridasdentistry.gov. If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be made. Those who are hearing impaired, using TDD equipment can call the Florida Telephone Relay System at 1(800)955-8771. Persons requiring special accommodations due to disability or physical impairment should contact the Board Office at (850)245-4474.

DEPARTMENT OF HEALTH

Board of Orthotists and Prosthetists

The Florida Board of Orthotists & Prosthetists announces a public meeting to which all persons are invited.

DATE AND TIME: July 31, 2019, 9:00 a.m.

PLACE: Holiday Inn Fort Myers Airport at Town Center, 9931 Interstate Commerce Dr., Fort Myers, FL 33913, (239)561-1550.

GENERAL SUBJECT MATTER TO BE CONSIDERED: General board business and disciplinary matters. A copy of the agenda may be obtained by contacting: C. Erica White, Executive Director, (850)245-4292.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: C. Erica White, Executive Director, (850)245-4292. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: C. Erica White, Executive Director, (850)245-4292.

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

The The Department of Health, Board of Osteopathic Medicine announces a telephone conference call to which all persons are invited.

DATE AND TIME: October 30, 2018 1:00 p.m.

PLACE: Telephone conference 1(888)670-3525, participant code: 6607485549

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business of the board.

A copy of the agenda may be obtained by contacting: Christa Peace christa.peace@flhealth.gov

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Christa Peace christa.peace@flhealth.gov. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Christa Peace
christa.peace@flhealth.gov

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

The Boards of Medicine and Osteopathic Medicine’s Physician Certification Pattern Review Panel announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, November 16, 2018, 8:00 a.m.

PLACE: Rosen Plaza Hotel, 9700 International Drive, Orlando, Florida 32819. The hotel phone (407)996-1931.

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business of the Panel. Please check the Board Web Sites at <https://floridasosteopathicmedicine.gov/meeting-information/> or <https://flboardofmedicine.gov/meeting-information/> for cancellations or changes to meeting dates or call the Board of Osteopathic Medicine at (850)245-4161 or the Board of Medicine at (850)245-4131 for information.

A copy of the agenda may be obtained by contacting: Board of Osteopathic Medicine (BOOM) Meeting Materials at <https://floridasosteopathicmedicine.gov/meeting-information/> or Board of Medicine (BOM) Meeting Materials at <https://flboardofmedicine.gov/meeting-information/>.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 10 days before the workshop/meeting by contacting: If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: BOOM Meeting Materials at <https://floridasosteopathicmedicine.gov/meeting-information/> or call at (850)245-4161.

DEPARTMENT OF HEALTH

Division of Public Health Statistics and Performance Management

The Florida Department of Health announces a public meeting to which all persons are invited.

DATE AND TIME: November 5, 2017 – 1:00 p.m. – 3:00 p.m.
 PLACE: Capital City Office Complex, Building 4052, Room 301, Tallahassee, FL 32399

Dial in information: Please register for SHIP Steering Committee Meeting on Nov 05, 2018 1:00 p.m. EST at: <https://attendee.gotowebinar.com/register/5287718937910842371>

After registering, you will receive a confirmation email containing information about joining the webinar.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of this meeting is for the Priority Area Workgroups to provide updates and to report progress on implementation of the 2017 -2021 State Health Improvement Plan (SHIP) to the SHIP Steering Committee.

A copy of the agenda may be obtained by contacting: Community Health Assessment at (850)245-4009

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Community Health Assessment at (850)245-4009. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Community Health Assessment at (850)245-4009

DEPARTMENT OF CHILDREN AND FAMILIES

Substance Abuse Program

RULE NO.: RULE TITLE:

65D-30.002: Definitions

65D-30.003: Department Licensing and Regulatory Standards

65D-30.0031: Certifications and Recognitions Required by Statute

65D-30.0032: Display of Licenses

65D-30.0033: License Types

65D-30.0034: Change in Status of License

65D-30.0035: Required Fees

65D-30.0036: Licensure Application and Renewal

65D-30.0037: Department Licensing Procedures

65D-30.0038: Violations; Imposition of Administrative Fines; Grounds

65D-30.004: Common Licensing Standards

65D-30.0041: Clinical Records

65D-30.0042: Clinical and Medical Guidelines

65D-30.0043: Placement

- 65D-30.0044: Plans, Progress Notes, and Summaries
- 65D-30.0045: Rights of Individuals
- 65D-30.0046: Staff Training, Qualifications, and Scope of Practice
- 65D-30.0047: Facility Standards
- 65D-30.0049: Voluntary and Involuntary Placement
- 65D-30.005: Standards for Addictions Receiving Facilities
- 65D-30.006: Standards for Detoxification
- 65D-30.0061: Standards for Intensive Inpatient Treatment
- 65D-30.007: Standards for Residential Treatment
- 65D-30.008: Standards for Day or Night Treatment with Host Homes (Repealed)
- 65D-30.0081: Standards for Day or Night Treatment with Community Housing
- 65D-30.009: Standards for Day or Night Treatment
- 65D-30.0091: Standards for Intensive Outpatient Treatment
- 65D-30.010: Standards for Outpatient Treatment

The Department of Children and Families announces a hearing to which all persons are invited.

DATE AND TIME: November 7, 2018, 10:00 a.m. – 12:00 p.m.

PLACE: (1) Attending in person at: Florida Department of Children and Families, 1317 Winewood Boulevard, Bldg. 4, Tallahassee, FL 32399-0700; (2) Via conference call: Dial 1(888)670-3525; Code: 800 740 0450 #

GENERAL SUBJECT MATTER TO BE CONSIDERED: The proposed changes published in the notice of change for the above rules concerning substance abuse.

A copy of the agenda may be obtained by contacting: Jodi Abramowitz at (850)717-4470 or Jodi.abramowitz@myflfamilies.com

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Jodi Abramowitz at (850)717-4470 or Jodi.abramowitz@myflfamilies.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF CHILDREN AND FAMILIES

Refugee Services

The Refugee Services Program announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, November 6, 2018, 10:00 a.m.

PLACE: Conference Call-In Number: 1(888)670-3525

Conference Participation Code: 4471182592#

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Title: Solicitation Conference Call for the ITN titled

Comprehensive Refugee Services for Refugees and Entrants in Broward County (ITN# ITN092718KSET1).

Description: As provided for in Sections 2.5, 2.6, and 2.7 of this ITN which was published to the Vendor Bid System (VBS) on October 3, 2018. The VBS can be accessed at: http://www.myflorida.com/apps/vbs/vbs_www.main_menu.

The purpose of the Solicitation Conference Call is to review the ITN with interested Vendors so that areas of misunderstanding or ambiguity are clarified. The Department encourages all prospective Vendors to participate in the solicitation conference, during which Vendors may pose questions.

A copy of the agenda may be obtained by contacting: Molly.Conrad@myflfamilies.com

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Lisa.Stephany@myflfamilies.com or (850)717-4557. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Molly.Conrad@myflfamilies.com

DEPARTMENT OF CHILDREN AND FAMILIES

Refugee Services

The Refugee Services Program announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, November 6, 2018, 10:00 a.m.

PLACE: Conference Call-In Number: 1(888)670-3525

Conference Participation Code: 4471182592#

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Title: Solicitation Conference Call for the ITN titled Comprehensive Refugee Services for Refugees and Entrants in Hillsborough and Pinellas Counties (ITN# ITN092718KSET3).

Description: As provided for in Sections 2.5, 2.6, and 2.7 of this ITN which was published to the Vendor Bid System (VBS) on October 3, 2018. The VBS can be accessed at: http://www.myflorida.com/apps/vbs/vbs_www.main_menu.

The purpose of the Solicitation Conference Call is to review the ITN with interested Vendors so that areas of misunderstanding or ambiguity are clarified. The Department encourages all prospective Vendors to participate in the solicitation conference, during which Vendors may pose questions.

A copy of the agenda may be obtained by contacting: Jenifer.Fonseca@myflfamilies.com

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Lisa.Stephany@myflfamilies.com or (850)717-

4557. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Jenifer.Fonseca@myflfamilies.com

DEPARTMENT OF CHILDREN AND FAMILIES

Refugee Services

The Refugee Services Program announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, November 6, 2018, 10:00 a.m.

PLACE: Conference Call-In Number: 1(888)670-3525

Conference Participation Code: 4471182592#

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Title: Solicitation Conference Call for the ITN titled Comprehensive Refugee Services for Refugees and Entrants in Palm Beach County (ITN# ITN092718KSET2).

Description: As provided for in Sections 2.5, 2.6, and 2.7 of this ITN which was published to the Vendor Bid System (VBS) on October 3, 2018. The VBS can be accessed at: http://www.myflorida.com/apps/vbs/vbs_www.main_menu.

The purpose of the Solicitation Conference Call is to review the ITN with interested Vendors so that areas of misunderstanding or ambiguity are clarified. The Department encourages all prospective Vendors to participate in the solicitation conference, during which Vendors may pose questions.

A copy of the agenda may be obtained by contacting: Holly.Merrick@myflfamilies.com

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Lisa.Stephany@myflfamilies.com or (850)717-4557. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Holly.Merrick@myflfamilies.com

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Workforce Services

The Reemployment Assistance Appeals Commission announces a public meeting to which all persons are invited.

DATE AND TIME: October 31, 2018, 9:30 a.m.

PLACE: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151.

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Deliberation for cases pending before the Reemployment Assistance Appeals Commission that are ready for final review and the Chairman's report. No public testimony will be taken.

A copy of the agenda may be obtained by contacting: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151. (850)487-2685.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 24 hours before the workshop/meeting by contacting: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151. (850)487-2685. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151. (850)487-2685.

COUNCIL OF COMMUNITY COLLEGE PRESIDENTS

The Florida College System Council of Presidents announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, November 8, 2018, 10:00 a.m.

PLACE: Wyndham Orlando

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Issues pertaining to the Florida College System.

A copy of the agenda may be obtained by contacting: Sharlee Whiddon, (850)222-3222

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Sharlee Whiddon, (850)222-3222. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Michael Brawer, (850)222-3222

Section VII

**Notice of Petitions and Dispositions
Regarding Declaratory Statements**

DEPARTMENT OF FINANCIAL SERVICES

Finance

NOTICE IS HEREBY GIVEN that Florida Department of Financial Regulation has received the petition for declaratory statement from Conn's, Inc., d/b/a Conn's HomePlus. The petition seeks the agency's opinion as to the applicability of Chapter 520, Florida Statutes, as it applies to the petitioner.

On 10/19/2018, the Florida Office of Financial Regulation (Consumer Finance) has received a Petition for Declaratory Statement from Conn’s Inc. dba Conn’s HomePlus. The petition seeks a declaratory statement from the Office on whether “it is permissible as a Chapter 520 licensee, to extend credit to its customers under Chapter 520 and charge interest on such extensions of credit at the interest rates permitted by Chapter 516, Florida Statutes.”

A copy of the Petition for Declaratory Statement may be obtained by contacting: Agency Clerk, Office of Financial Regulation, P.O. Box 8050, Tallahassee, Florida 32314-8050, (850)410-9889, Agency.Clerk@flofr.com.

Please refer all comments to: Agency Clerk, Office of Financial Regulation, P.O. Box 8050, Tallahassee, Florida 32314-8050, (850)410-9889, Agency.Clerk@flofr.com.

**Section VIII
Notice of Petitions and Dispositions
Regarding the Validity of Rules**

Notice of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

**Section IX
Notice of Petitions and Dispositions
Regarding Non-rule Policy Challenges**

NONE

**Section X
Announcements and Objection Reports of
the Joint Administrative Procedures
Committee**

NONE

**Section XI
Notices Regarding Bids, Proposals and
Purchasing**

DEPARTMENT OF MANAGEMENT SERVICES

Division of Building Construction

MSFM-18004150

STATE OF FLORIDA, DEPARTMENT OF MANAGEMENT SERVICES

DIVISION OF REAL ESTATE DEVELOPMENT AND MANAGEMENT

PUBLIC ANNOUNCEMENT FOR PROFESSIONAL SERVICES

ARCHITECTURE

October 23, 2018

The Department of Management Services (DMS), Division of Real Estate Development and Management, announces that professional services are required for the project listed below.

RFQ NUMBER: RFQ-REDM18/19-11

PROJECT NUMBER: MSFM-18004150

PROJECT NAME: Pepper Building, Design Roof and Skylight Replacement

PROJECT LOCATION: Tallahassee, Florida

ESTIMATED CONSTRUCTION BUDGET: \$2,000,000.00 with additional funding contingent upon future appropriation by the Legislature.

PROJECT SCOPE: Design New Roof and Skylight Replacement.

SERVICES TO BE PROVIDED: Architectural Services

QUALIFICATIONS SELECTION CRITERIA: Firms must be properly licensed in the State of Florida at the time of submittal. Representative samples of related work may be included or submitted in a separate binder. Firms are advised that plans and specifications for Architectural projects may be reused. Selections will be made in accordance with Chapter 287.055, Florida Statutes.

INTERVIEWS: The Selection Committee will conduct interviews with and may require public presentation by no fewer than three (3) firms regarding their qualifications, approach to the project, and ability to furnish the required services. Selection of finalists for interview will be made on the basis of professional services qualifications including, related architectural experience and ability of professional personnel, location, billable staff, recent, current, and projected workloads of the firms, Florida licensed staff, volume of DMS and other State Agency work. The list of firms selected for interview by the Selection Committee will be posted to DMS website. Each invitee will be notified by fax/email of the date and time of its interview/presentation. All interviews will be held at the following address: Department of Management

Services, Division of Real Estate Development and Management, 4050 Esplanade Way, Tallahassee, Florida 32399.

INSTRUCTIONS

Firms interested in being considered for this project must submit five (5) printed copies and one scanned copy of the entire response in Adobe (.pdf) on a thumb drive of their submittal with a table of contents and tabbed sections in the following order:

1. A Letter of interest detailing the firm's qualifications, related experience, the firm's abilities to do the work, and to meet the above referenced selection criteria.
2. Professional Qualifications Supplement (PQS). Specify billable staff within the office address listed in Item 2, whether or not you have current or previous DMS or Agency State Work. (You must use "Form AE12a-Rev 7/12" which may be obtained from the DMS, Building Construction website under Forms and Documents)
3. A copy of the firm's current Florida Department of Business and Professional Regulation License.
4. For Corporations only: If the firm offering services is a corporation, it must be properly registered with the Florida Department of State to practice their profession in Florida and must provide a copy of the firm's current Florida Corporate Registration.
5. Completed Federal GSA Standard Form 330 (Rev. 8/2016). (This Form may be downloaded at <http://www.gsa.gov/>).
6. At a minimum, provide five (5) references that contain the following: project name, and the owner's representative's name, e-mail address and telephone number.

SPECIAL NOTE FOR INTERESTED FIRMS: For information only, you may download the Professional Services Evaluation Form and the Selection of Design Professional booklet for selection criteria information. (These documents may be obtained from the DMS, Building Construction website under Forms and Documents).

QUESTIONS:

Any questions from prospective firms concerning the RFQ shall be submitted in writing, identifying the submitter, to Shelby Walker by email at shelby.walker@dms.myflorida.com no later than 5:00 p.m. on November 2, 2018. All questions and answers/changes to the solicitation will be provided in writing and posted on the Vendor Bid System (VBS) website. It is the prospective firm's responsibility to check periodically for any information updates to the solicitation which are posted to the VBS website. The Department bears no responsibility for any delays, or resulting impacts, associated with a prospective firm's failure to obtain the information made available through the VBS website.

INFORMATION WILL NOT BE AVAILABLE BY PHONE:

Any information received through an oral communication shall not be binding on the Department and shall not be relied upon by an offeror. Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour protest period following the agency posting the notice of intended award, excluding Saturdays, Sundays and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in this solicitation. Violation of this provision may be grounds for rejecting the response.

SELECTION SCHEDULE

The table below contains the Timeline of Events for this advertisement. Firms shall become familiar with the Timeline of Events. The dates and times within the Timeline of Events may be subject to change. It is the firm's responsibility to check for any changes. All changes to the Timeline of Events will be made through an addendum to the advertisement on the VBS website. Firms are responsible for submitting all required documentation by the dates and times (Eastern Time) specified below.

Selection Schedule	EVENT TIME (ET)	EVENT DATE
RFQ posted to FAR and the VBS website.		10/23/2018
Question Period Ends.	By 5:00 PM	11/2/2018
Answers to Questions posted to the VBS website.	By 5:00 PM	11/5/2018
Responses from Vendors due.	By 4:00 PM	11/26/2018
Responses reviewed for responsiveness.		11/27/2018
Post shortlist results to the VBS website.		12/10/2018
72-hour protest period ends.		12/13/2018
Interview/Presentations of shortlisted firms.		1/8/2019
Anticipated Posting of final results to the VBS website.		1/14/2019
72-hour protest period ends.		1/17/2019
Anticipated contract start date.		TBD

RESPONSE DUE DATE: Responses must be received by the Department, in accordance with the document delivery instructions below on, or before November 26, 2018 by 4:00 p.m. Eastern Time.

DOCUMENT DELIEVERY: Responses are to be submitted to:

Ms. Shelby Walker
 Department of Management Services
 Real Estate Development and Management
 4050 Esplanade Way, Suite 315.5x
 Tallahassee, Florida 32399

The time/date stamp/clock in the Department shall serve as the official authority to determine timeliness of the responses. Responses, which for any reason are not timely received, will not be considered. Late responses will be declared non-responsive and will not be further evaluated. Unsealed and/or unsigned responses received by telegram, facsimile transmission or other similar means are not acceptable, and will be declared non-responsive and will not be further evaluated. Submittals that do not comply with the requirements or instructions of this solicitation document will be declared non-responsive and will not be further evaluated.

DISABILITY ACCESS: Pursuant to the provisions of the Americans with Disabilities Act according to 286.26 Florida Statutes, any person requiring special accommodations to participate in this meeting is asked to advise the agency at least 48 hours before the meeting by contacting Shelby Walker, (850)487-9929. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

AWARD POSTING: Official notice of final selection results will be by electronic posting on the VBS website. http://www.myflorida.com/apps/vbs/vbs_main_menu
 Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes shall constitute a waiver of proceedings under Chapter 120 Florida Statutes.

BRASFIELD & GORRIE, LLC
 UAA-41 – University of Florida Baseball Project
 Brasfield & Gorrie
 Request for Sealed Proposals & Qualifications
 UAA-41 – University of Florida Baseball Project
 At a currently undetermined date, Brasfield & Gorrie, LLC will be accepting sealed proposals & qualifications for the above referenced project. Proposals shall be delivered in duplicate, in sealed envelopes, to the attention of Christi Thompson and can be delivered by hand or via FedEx (or similar) as long as they are received by the required date/time and are separately sealed envelopes within the FedEx package. The sealed envelopes should clearly state the bidder’s name, project name, and bid date. Request for documents and other inquiries should be directed to Christi Thompson via email at cthompson@brasfieldgorrie.com or by phone at (407)562-4500.

Project Summary: The new baseball stadium will include chair back seating, premium seating, restrooms, concessions, field lighting, video board, training room, equipment room, locker

rooms, coaches 'offices, team lounge area, baseball field, media & press box area, signage, parking area, stadium walk around area, merchandise store and entry plaza.

Brasfield and Gorrie, LLC
 Attn: Christi Thompson
 941 West Morse Blvd.
 Suite 200
 Winter Park, FL 32789

**Section XII
 Miscellaneous**

DEPARTMENT OF STATE
 Index of Administrative Rules Filed with the Secretary of State Pursuant to Section 120.55(1)(b)6. – 7., F.S., the below list of rules were filed in the Office of the Secretary of State between 3:00 p.m., Tuesday, October 16, 2018 and 3:00 p.m., Monday, October 22, 2018.

Rule No.	File Date	Effective Date
29C-9.001	10/18/2018	11/7/2018
29F-1.101	10/18/2018	11/7/2018
29F-1.108	10/18/2018	11/7/2018
33-103.005	10/18/2018	11/7/2018
33-103.006	10/18/2018	11/7/2018
33-103.007	10/18/2018	11/7/2018
33-103.011	10/18/2018	11/7/2018
33-103.014	10/18/2018	11/7/2018
33-404.102	10/18/2018	11/7/2018
33-404.103	10/18/2018	11/7/2018
33-404.108	10/18/2018	11/7/2018
33-404.112	10/18/2018	11/7/2018
64ER18-1	10/19/2018	10/19/2018
65C-28.008	10/22/2018	11/11/2018
69A-60.003	10/22/2018	11/11/2018
69L-5.217	10/22/2018	11/11/2018

LIST OF RULES AWAITING LEGISLATIVE APPROVAL SECTIONS 120.541(3), 373.139(7) AND/OR 373.1391(6), FLORIDA STATUTES

Rule No.	File Date	Effective Date
60FF1-5.009	7/21/2016	**/**/****
64B8-10.003	12/9/2015	**/**/****

AGENCY FOR HEALTH CARE ADMINISTRATION
 Certificate of Need
 EXEMPTION

The Agency for Health Care Administration approved the following exemption on October 16, 2018 pursuant to Section 408.036(3), Florida Statutes:

ID # E180033 District: 1-1 (Escambia County)
 Facility/Project: PruittHealth – Escambia, LLC
 Applicant: PruittHealth – Escambia, LLC
 Project Description: Combine CON #10505 (75 beds) and CON #10527 (45 beds) resulting in a 120-bed community nursing home
 Proposed Project Cost: \$28,380,579

DEPARTMENT OF HEALTH
 Board of Medicine
 Notice of Emergency Action
 On October 19, 2018, State Surgeon General issued an Order Lifting Emergency Restriction of License with regard to the license of Lilliam Sanabria, M.D., License No. ME 57969. The Department orders that the Emergency Restriction of License be lifted.

DEPARTMENT OF HEALTH
 Board of Nursing
 Notice of Emergency Action
 On October 19, 2018, State Surgeon General issued an Order Lifting Emergency Suspension of License with regard to the license of Sabrina Yvette Kelley, L.P.N., License No.: PN 5203231. Department orders that the Emergency Suspension of License be lifted.

DEPARTMENT OF HEALTH
 Board of Nursing
 Notice of Emergency Action
 On October 19, 2018, State Surgeon General issued an Order Lifting Emergency Suspension of License with regard to the license of Jerry Dean Kieffer, R.N., License No.: RN 9362774. Department orders that the Emergency Suspension of License be lifted.

DEPARTMENT OF HEALTH
 Board of Nursing
 Notice of Emergency Action
 On October 19, 2018, State Surgeon General issued an Order Lifting Emergency Suspension of Certificate with regard to the certificate of Barbara Tackore, C.N.A., License No.: CNA 132386. Department orders that the Emergency Suspension of Certificate be lifted.

DEPARTMENT OF HEALTH
 Board of Opticianry
 Notice of Emergency Action
 On October 19, 2018, the State Surgeon General issued an Order of Emergency Suspension with regard to the license of William Kenneth Cooper, D.O., License # DO 4981. This Emergency Suspension Order was predicated upon the State Surgeon General’s findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6) Florida Statutes (2018). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
 Board of Osteopathic Medicine
 Notice of Emergency Action
 On October 19, 2018, the State Surgeon General issued an Order of Emergency Restriction with regard to the license of Andrew Basile, D.O., License # OS 8508. This Emergency Restriction Order was predicated upon the State Surgeon General’s findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6) Florida Statutes (2018). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH
 Board of Speech-Language Pathology and Audiology
 Notice of Emergency Action
 On October 19, 2018, State Surgeon General issued an Order Lifting Emergency Suspension of License with regard to the license of Lynne Anne Dudley, S.L.P., License No.: SA 6081. Department orders that the Emergency Suspension of License be lifted.

DEPARTMENT OF HEALTH
 Board of Speech-Language Pathology and Audiology
 Notice of Emergency Action
 On October 19, 2018, State Surgeon General issued an Order

Lifting Emergency Suspension of License with regard to the license of Michelle N. Klindtworth, S.L.P., License No.: SA 10324. Department orders that the Emergency Suspension of License be lifted.

DEPARTMENT OF ECONOMIC OPPORTUNITY
 Division of Community Development
 Final Order No. DEO-18-058
 In re: A LAND DEVELOPMENT REGULATION
 ADOPTED BY LAKE COUNTY
 ORDINANCE NO. 2018-38

FINAL ORDER

APPROVING LAKE COUNTY ORDINANCE NO. 2018-38

The Department of Economic Opportunity (“Department”) hereby issues its Final Order, pursuant to section 380.05(6), Florida Statutes, approving land development regulations adopted by Lake County, Florida, Ordinance No. 2018-38 (the “Ordinance”).

FINDINGS OF FACT

1. The Green Swamp Area is designated by section 380.0551, Florida Statutes, as an area of critical state concern. Lake County is a local government within the Green Swamp Area.
2. The Ordinance was adopted by Lake County on September 11, 2018, and rendered to the Department on September 14, 2018.
3. The Ordinance amends Appendix E, Chapter II, of the Lake County Code (the “Code”) by modifying the definition of “Kennel.” Specifically, the Ordinance removes language establishing categorical limits on dogs and cats kept, harbored, or maintained that previously existed to differentiate kennels/catteries and non-kennels. Additionally, the Ordinance adds exemptions to the definition for premises used as Animal Shelters and premises owned or leased by the county or an Animal Rescue Organization.

4. The Ordinance amends Section 3.01.02 of the Code, relating to the classification of agricultural uses, by removing a reference to “pet shops,” as defined in Chapter II of the Code.

CONCLUSIONS OF LAW

5. The Department is required to approve or reject land development regulations that are adopted by any local government in the Green Swamp Area of Critical State Concern.
See section 380.05(6), Florida Statutes.
6. “Land development regulations” include “local zoning, subdivision, building, and other regulations controlling the development of land.” Section 380.031(8), Florida Statutes. The regulations adopted by the Ordinance are land development regulations.
7. The Ordinance is consistent with the Lake County Comprehensive Plan generally, as required by section

163.3177(1), Florida Statutes, and is not inconsistent with any specific policies.

8. All land development regulations enacted, amended, or rescinded within an area of critical state concern must be consistent with the principles for guiding development for that area. *See* section 380.05(6), Florida Statutes. The Principles for Guiding Development for the Green Swamp Area of Critical State Concern are set forth in Rule 28-26.003(1), Florida Administrative Code.

9. The Ordinance is consistent with the Principles for Guiding Development for the Green Swamp Area of Critical State Concern as a whole, and is not inconsistent with any principles. WHEREFORE, IT IS ORDERED that the Department finds that Lake County Ordinance No. 2018-38 is consistent with the Lake County Comprehensive Plan and the Principles for Guiding Development for the Green Swamp Area of Critical State Concern and is hereby APPROVED.

This Order becomes effective 21 days after publication in the *Florida Administrative Register* unless a petition is timely filed as described in the Notice of Administrative Rights below.

DONE AND ORDERED this 22nd day of October, 2018, in Tallahassee, Florida.

/s/James D. Stansbury

James D. Stansbury, Bureau Chief
 Bureau of Community Planning and Growth
 Department of Economic Opportunity

NOTICE OF ADMINISTRATIVE RIGHTS

ANY PERSON WHOSE SUBSTANTIAL INTERESTS ARE AFFECTED BY THIS ORDER HAS THE OPPORTUNITY FOR AN ADMINISTRATIVE PROCEEDING PURSUANT TO SECTION 120.569, FLORIDA STATUTES.

FOR THE REQUIRED CONTENTS OF A PETITION CHALLENGING AGENCY ACTION, REFER TO RULES 28-106.104(2), 28-106.201(2), AND 28-106.301, FLORIDA ADMINISTRATIVE CODE.

DEPENDING ON WHETHER OR NOT MATERIAL FACTS ARE DISPUTED IN THE PETITION, A HEARING WILL BE CONDUCTED PURSUANT TO EITHER SECTIONS 120.569 AND 120.57(1), FLORIDA STATUTES, OR SECTIONS 120.569 AND 120.57(2), FLORIDA STATUTES. MEDIATION IS NOT AVAILABLE.

ANY PETITION MUST BE FILED WITH THE AGENCY CLERK OF THE DEPARTMENT OF ECONOMIC OPPORTUNITY WITHIN 21 CALENDAR DAYS OF THE FINAL ORDER BEING PUBLISHED IN THE FLORIDA ADMINISTRATIVE REGISTER. A PETITION IS FILED WHEN IT IS RECEIVED BY:

AGENCY CLERK
 DEPARTMENT OF ECONOMIC OPPORTUNITY
 OFFICE OF THE GENERAL COUNSEL
 107 EAST MADISON ST., MSC 110

TALLAHASSEE, FLORIDA 32399-4128
 FAX 850-921-3230

YOU WAIVE THE RIGHT TO ANY ADMINISTRATIVE PROCEEDING IF YOU DO NOT FILE A PETITION WITH THE AGENCY CLERK WITHIN 21 CALENDAR DAYS OF THE FINAL ORDER BEING PUBLISHED IN THE FLORIDA ADMINISTRATIVE REGISTER.

CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY that the original of the foregoing Final Order has been filed with the undersigned designated Agency Clerk, and that true and correct copies have been furnished to the following persons by the methods indicated this 22nd day of October, 2018.

/s/Stephanie Webster

Agency Clerk
 Department of Economic Opportunity
 107 East Madison Street, MSC 110
 Tallahassee, FL 32399-4128

By U.S. Mail:

The Honorable Timothy I. Sullivan, Chairman
 Lake County Board of County Commissioners
 P.O. Box 7800
 Tavares, FL 32778

Gary J. Cooney, Clerk
 Lake County Clerk of the Circuit
 Court and Comptroller
 P.O. Box 7800
 Tavares, FL 32778

Section XIII
Index to Rules Filed During Preceding
Week

INDEX TO RULES FILED BETWEEN
 OCTOBER 15, 2018 AND OCTOBER 19, 2018

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF TRANSPORTATION

14-15.017	10/15/2018	11/4/2018	44/136	44/181
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REGIONAL PLANNING COUNCILS

North Central Florida Regional Planning Council

29C-9.001	10/18/2018	11/7/2018	44/143	
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East Central Florida Regional Planning Council

29F-1.101	10/18/2018	11/7/2018	44/143	
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29F-1.108	10/18/2018	11/7/2018	44/143	
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DEPARTMENT OF CORRECTIONS

33-103.005	10/18/2018	11/7/2018	44/136	44/178
33-103.006	10/18/2018	11/7/2018	44/136	44/178
33-103.007	10/18/2018	11/7/2018	44/136	44/178
33-103.008	10/15/2018	11/4/2018	44/136	44/178
33-103.011	10/18/2018	11/7/2018	44/136	44/178
33-103.014	10/18/2018	11/7/2018	44/136	44/178
33-103.016	10/15/2018	11/4/2018	44/136	44/178
33-404.102	10/18/2018	11/7/2018	44/103	44/178
33-404.103	10/18/2018	11/7/2018	44/103	44/178
33-404.108	10/18/2018	11/7/2018	44/103	44/178
33-404.112	10/18/2018	11/7/2018	44/103	44/179

DEPARTMENT OF THE LOTTERY

53ER18-59	10/15/2018	10/15/2018	44/203	
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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

61G4-12.0021	10/15/2018	11/4/2018	44/136	
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DEPARTMENT OF HEALTH

64ER18-1	10/19/2018	10/19/2018	44/206	
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Board of Optometry

64B13-10.001	10/15/2018	11/4/2018	44/151	
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LIST OF RULES AWAITING LEGISLATIVE REVIEW/ APPROVAL PURSUANT TO SECTIONS 120.541(3), 373.139(7) AND/OR 373.1391(6), FLORIDA STATUTES

DEPARTMENT OF MANAGEMENT SERVICES

E911 Board

60FF1-5.009	7/21/2016	**/**/****	42/105	
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DEPARTMENT OF HEALTH

Board of Medicine

64B8-10.003	12/9/2015	**/**/****	39/95	41/49
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NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.