Section I
Notice of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Licensing

RULE NOS.: RULE TITLES:
5N-1.120 Filing of Application; Temporary Authority for Out-of-State Licensees During Declared Emergencies
5N-1.142 Agency Reporting Requirements

PURPOSE AND EFFECT: This rulemaking creates new rule 5N-1.142, which establishes reporting requirements for agencies upon: (1) the employment or termination of a chapter 493 licensee; (2) the withdrawal, removal, replacement or addition of an agency partner or officer; and (3) the discharge of a firearm by an employee. Applicable language in rule 5N-1.120, will be moved into this new reporting rule. The effect of this rule will be to enhance agency regulatory compliance by providing clear and detailed instructions regarding statutory reporting obligations.

SUBJECT AREA TO BE ADDRESSED: Agency reporting requirements.

RULEMAKING AUTHORITY: 493.6103, 493.6109, FS.

LAW IMPLEMENTED: 493.6105, 493.6106, 493.6108, 493.6109, 493.6111, 493.6112, 493.6113, 493.6118(1)(m), 493.6115(9), 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: John Roberts, Government Analyst I, Department of Agriculture and Consumer Services, Division of Licensing, P.O. Box 5708, Tallahassee, Florida 32314, (850)245-5441, John.Roberts@freshfromflorida.com.

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

LAND AND WATER ADJUDICATORY COMMISSION

Mediterra Community Development District

RULE NOS.: RULE TITLES:
42QQQ-1.001 Establishment
42QQQ-1.002 Boundary of the Surviving District
42QQQ-1.003 Supervisors of the Surviving District

PURPOSE AND EFFECT: The Petition filed with the Commission proposes the merger of the Mediterra North Community Development District into and with the Mediterra South Community Development District.

SUBJECT AREA TO BE ADDRESSED: Merger of the Mediterra North and South Community Development Districts.

RULEMAKING AUTHORITY: 190.005, FS

LAW IMPLEMENTED: 190.004, 190.005, 190.046, 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: Molly Weller, Office of the Governor, The Capitol, Room 1802, Tallahassee, FL 32399-0001, (850)717-9513.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

LAND AND WATER ADJUDICATORY COMMISSION

Big Island Community Development District

RULE NOS.: RULE TITLES:
42RRR-1.001 District
42RRR-1.002 Boundary
42RRR-1.003 Supervisors

PURPOSE AND EFFECT: The Petition filed with the Commission proposes the establishment of the Big Island Community Development District.

SUBJECT AREA TO BE ADDRESSED: Establishment of the Big Island Community Development District.

RULEMAKING AUTHORITY: 190.005, FS

LAW IMPLEMENTED: 190.004, 190.005, 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: Molly Weller, Office of the Governor, The Capitol, Room 1802, Tallahassee, FL 32399-0001, (850)717-9513.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

LAND AND WATER ADJUDICATORY COMMISSION

Tolomato Community Development District

RULE NO.: RULE TITLE:
42SS-1.002 Boundary

PURPOSE AND EFFECT: The Petition filed with the Commission proposes amendment of the Tolomato Community Development District.

SUBJECT AREA TO BE ADDRESSED: Amendment of the Tolomato Community Development District.

RULEMAKING AUTHORITY: 190.005, FS.

LAW IMPLEMENTED: 190.004, 190.005, 190.046, 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: Molly Weller, Office of the Governor, The Capitol, Room 1802, Tallahassee, FL 32399-0001, (850)717-9513

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

Section II
Proposed Rules

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Consumer Services

RULE NOS.: RULE TITLES:
5J-4.004 Registration
5J-4.005 Exemption
5J-4.014 Security Requirements

PURPOSE AND EFFECT: The proposed rulemaking amends incorporated department forms and updates form references.

SUMMARY: The proposed rules update a form revision date, update FDACS-10300, Health Studio Registration Application, and incorporate FDACS-10301, Health Studio Affidavit of Exemption. These amendments will streamline the process of registering or claiming an exemption and ensure statutory compliance with Chapter 2017-85, Laws of Florida and the health studios law.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The proposed revisions update a department form incorporated by reference and incorporate a new form related to registration exemptions. There are no increased regulatory costs associated with these revisions. Additionally, no interested party submitted additional information regarding the economic impact.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 501.014(2), 501.016(1), (2), (3), 570.07(23) FS.

LAW IMPLEMENTED: 501.013, 501.015(1), (2), (3), (4), 501.016(1), (2), (3), 501.017 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Liz Compton, Bureau Chief, Division of Consumer Services, 2005 Apalachee Parkway, Tallahassee, Florida, 32399-6500, email at Liz.Compton@FreshFromFlorida.com or by phone (850)410-3800.

THE FULL TEXT OF THE PROPOSED RULE IS:

5J-4.004 Registration.

(1) Unless exempted pursuant to Section 501.013, F.S., any person who intends to open or operate as a health studio shall, prior to offering health studio services, register with the department using FDACS-10300, Health Studio Registration Application, Rev. 03/18 ~~02/17~~, hereby incorporated by reference. Copies of this form may be obtained from the Department of Agriculture and Consumer Services, Division of Consumer Services, Attention: Health Studios, 2005 Apalachee Parkway, Tallahassee, Florida 32399-6500, or accessed online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-~~08117~~. At the time of registration, the registrant shall submit the applicable nonrefundable registration fee to the department for each health studio location. The registrant shall submit with FDACS-10300, Health Studio Registration Application, Rev. 03/18 ~~02/17~~, a copy of each contract offered to the public relating to the sale of health studio services, as well as original security documents.

(2) An honorably discharged veteran, the spouse of such a veteran, or a business entity that has a majority ownership held by such a veteran or spouse requesting a waiver of the initial

registration fee pursuant to Section 501.015(2), F.S., shall complete FDACS-10991, Military Veteran Fee Waiver Request, Rev. 07/17 ~~10/16~~, incorporated by reference in Rule 5J-26.001, F.A.C. An applicant requesting a fee waiver shall submit a completed Military Veteran Fee Waiver Request and all required supporting documentation at the time the applicant submits the Health Studio Registration Application referenced in subsection (1).

Rulemaking Authority 501.014(2), 570.07(23) FS. Law Implemented 501.015(1), (2), (3), (4), 501.016(1), (2), 501.017 FS. History–New 2-9-93, Amended 7-10-94, 5-24-95, 1-20-03, 3-8-12, 1-19-14, 4-5-15, 5-10-17, _____.

5J-4.005 Exemption.

(1) Any person claiming an exemption from the health studio laws pursuant to Section 501.013, F.S., shall, prior to offering health studio services, file with the department FDACS-10301 Health Studio Affidavit of Exemption, Rev. 03/18, hereby incorporated by reference. Copies of this form may be obtained from the Department of Agriculture and Consumer Services, Division of Consumer Services, Attention: Health Studios, 2005 Apalachee Parkway, Tallahassee, Florida 32399-6500, or accessed online at: http://www.flrules.org/Gateway/reference.asp?No=Ref- ~~the executed Affidavit of Exemption, included in FDACS-10300, Health Studio Registration Application, Rev. 02/17, incorporated by reference in Rule 5J-4.004, F.A.C.~~

(2) No change.

Rulemaking Authority 501.014(2), 570.07(23) FS. Law Implemented 501.013 FS. History–New 2-9-93, Amended 7-10-94, 5-24-95, 1-20-03, 3-8-12, 1-19-14, 4-5-15, 5-10-17, _____.

5J-4.014 Security Requirements.

(1) If filing a bond, letter of credit, or assignment of certificate of deposit pursuant to Section 501.016, F.S., the applicant shall use the applicable forms included in FDACS-10300, Health Studio Registration Application, Rev. 03/18 ~~02/17~~, incorporated by reference in Rule 5J-4.004, F.A.C.

(2) No change.

Rulemaking Authority 501.014(2), 501.016(1), (2), (3), 570.07(23) FS. Law Implemented 501.016(1), (2), (3) FS. History–New 4-5-15, Amended 5-10-17, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Liz Compton, Bureau Chief, Division of Consumer Services

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Commissioner of Agriculture Adam H. Putnam

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 27, 2018

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: October 23, 2017

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Consumer Services

RULE NOS.:	RULE TITLES:
5J-17.011	Disciplinary Guidelines
5J-17.020	Applications for Licensure: Experience
5J-17.021	Applications for Licensure: Education
5J-17.022	Applications for Surveyor and Mapper Intern / Surveyor in Training
5J-17.025	Domestic Equivalency Education Program Criteria for Applicants Who Graduated from Non-ABET Accredited Surveying and Mapping Degree Programs
5J-17.040	Continuing Education Requirements for Reactivation of Inactive License
5J-17.041	Continuing Education Credit for Biennial Renewal
5J-17.042	Proof of Continuing Education Credit Earned
5J-17.043	Board Approval of Continuing Education Providers
5J-17.044	Obligations of Continuing Education Providers
5J-17.045	Evaluations of Continuing Education Providers
5J-17.047	Approval of Continuing Education Courses
5J-17.048	Reinstatement of Null and Void License
5J-17.050	Definitions
5J-17.052	Boundary Survey Requirements
5J-17.053	Standards of Practice - Professional Matters in Surveying and Mapping
5J-17.060	Seals Acceptable to the Board
5J-17.062	Procedures for Signing and Sealing Electronically Transmitted Plans, Specifications, Reports or Other Documents

PURPOSE AND EFFECT: These new rules, changes and deletions are intended to amend, modernize and streamline the rules and forms that govern the profession of surveying and mapping in the state of Florida. These proposed changes are necessary as Chapter 472 has been amended and these rule modifications reflect those amendments. More specifically, these rules seek to broaden the scope of acceptable degree programs to become a licensed surveyor and mapper, to clarify the application process on how to become a Surveyor in Training, and to provide clearer guidance as to the various acceptable methods of attaining continuing education for the biennium. Also, the proposed definitional changes in these

rules look to more accurately reflect currently accepted practices and procedures in the profession.

SUMMARY: The Board of Professional Surveyors and Mappers (Board) proposes the following rules pursuant to its rulemaking authority:Rules 5J-17.011, 5J-17.020, 5J-17.021, 5J-17.022, 5J-17.025, 5J-17.040, 5J-17.043, 5J-17.044, 5J-17.045, 5J-17.047, 5J-17.048, 5J-17.050, 5J-17.051, 5J-17.052, 5J-17.053, 5J-17.060, 5J-17.062, F.A.C.

The Department of Agriculture and Consumer Services (Department) proposes the following rules pursuant to its rulemaking authority: Rules 5J-17.041, 5J-17.042, 5J-17.053, F.A.C.

If adopted, the proposed language changes will provide more clarity to a maximum penalty available to discipline a first and second offense offender; will simplify the evidence needed to verify an applicant's experience; will expand and clarify the type of bachelor's degree allowed for the required educational requirements; will provide clarity in what is required to be a surveyor-in-training; will repeal obsolete rules; will simplify the continuing education requirements for reactivation of an inactive license; will allow for the carryover of additional continuing education credits from one biennium to another; will provide clarity for proof of continuing education when attending state or national professional association meetings; will establish criteria to qualify continuing education providers; will establish a concise method for continuing education providers to provide to the Department what they have provided to their students; will eliminate the language concerning the Board regulating continuing education courses; will streamline the process of applying for a reinstatement of a null and void license; will eliminate a definition that might otherwise lack clarity for the profession; will simplify the area of potential boundary inconsistencies; will clarify the duty of surveyors and mappers to provide records upon the Department's request; will simplify the signing and sealing process within the profession; and will clarify the procedures for signing and sealing electronically transmitted surveys.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION: The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: These changes are to comply with corresponding changes to Chapter 472, F.S., to streamline the rules that govern the profession, and to remove obsolete language or repeal rules created by those changes. There are no anticipated increased regulatory costs associated with these changes. Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 472.006(5), 472.008, 472.011, 472.013, 472.018, 472.019(2), 472.0202, 472.025, 472.027 FS.

LAW IMPLEMENTED: 472.005, 472.008, 472.011, 472.013, 472.018, 472.019(2), 472.0202, 472.025, 472.027, 472.031, 472.033, 472.0337, 472.0351 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jenna L. Harper, 2005 Apalachee Parkway, Tallahassee, Florida 32399-6500, (850)410-3674.

THE FULL TEXT OF THE PROPOSED RULE IS

5J-17.011 Disciplinary Guidelines.

(1) No change.

(2) Violations and Range of Penalties. In imposing discipline upon applicants and licensees, in proceedings pursuant to Sections 120.57(1) and (2), F.S., the Board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The verbal identification of offenses are descriptive only; the full language of each statutory provision cited must be consulted in order to determine the conduct included.

(a) through (g) No change.

(h) Failing to perform any statutory or legal obligation placed upon a licensed surveyor and mapper; violating any provision of this chapter, a rule of the board or department, or a lawful order of the board or department previously entered in a disciplinary hearing; or failing to comply with a lawfully issued subpoena of the department;

(Section 472.0351(1)(h), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	$250.00 fine, probation, and/or suspension ~~until compliance with legal obligation~~.	$500.00 fine and probation ~~compliance with legal obligation~~.
SECOND OFFENSE	$500.00 fine and probation or suspension ~~until~~ compliance with legal obligation.	$750.00 fine and probation or suspension ~~until compliance with legal obligation~~ plus extended probation.

THIRD OFFENSE	$750.00 fine and probation or suspension until compliance with legal obligation plus extended probation.	$1,000.00 fine and revocation.

(i) through (j) No change.

(k) Failing to report to the department any person who the licensee knows is in violation of this chapter or the rules of the department or the board;

(Section 472.0351(1)(k), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	$250.00 fine and compliance with rule.	$500.00 fine and suspension ~~until compliance with rule~~.
SECOND OFFENSE	$500.00 fine and suspension until compliance with rule.	$750.00 fine and suspension ~~until compliance with rule~~ followed by probation.
THIRD OFFENSE	$750.00 fine and suspension until compliance with rule followed by probation.	$1,000.00 fine and revocation

(l) through (r) No change.

(3) No change.

Rulemaking Authority 472.008 FS. Law Implemented 472.031, 472.0351 FS. History–New 3-13-03, Amended 3-17-04, 9-19-06, Formerly 61G17-2.0015, Amended 11-13-17, _____.

5J-17.020 Applications for Licensure: Experience.

(1) To verify an applicant's experience the Board will accept evidence as to employment from employers or supervisors who are registered surveyors and mappers, and if such evidence is unavailable, the Board will consider written documentation from a registered surveyor and mapper who has personal knowledge of the applicant's experience. Such evidence shall set forth the quality and character of the applicant's duties and responsibilities. A NCEES Record will be acceptable as evidence.

(2) through (3) No change.

Rulemaking Authority 472.008 FS. Law Implemented 472.013 FS. History–New 1-3-80, Amended 6-9-80, 1-11-84, Formerly 21HH-3.01, Amended 1-16-92, Formerly 21HH-3.001, Amended 5-30-95, 10-1-97, 5-17-00, 3-25-01, 7-7-09, Formerly 61G17-3.001, Amended 11-13-17, _____.

5J-17.021 Applications for Licensure: Education.

(1) To determine whether an applicant for licensure has met the educational requirements of Section 472.013(2)(a), F.S., the applicant must demonstrate that he/she has:

(a) Graduated from a college or university approved by the Board pursuant to Rule 5J-17.003, F.A.C.; and,

(b) Completed a bachelor's degree, its equivalent, or higher in surveying and mapping or a similar titled program, including, but not limited to, geomatics, geomatics engineering, and land surveying from a college or university recognized by the board and accredited by ~~degree program in surveying and mapping accredited in surveying and mapping by~~ the Accreditation Board for Engineering and Technology (ABET).

(2) To meet the educational requirements, ~~For surveying and mapping programs that are non ABET accredited~~ an applicant who completed a non-ABET accredited program ~~the~~ must have ~~surveying and mapping degree program shall require 4 years or more and meet the following criteria~~:

(a) Graduated from a college or university approved by the Board pursuant to Rule 5J-17.003, F.A.C.; and

(b) Completed a bachelor's degree, its equivalent, or higher in surveying and mapping or a similar titled program, including, but not limited to, geomatics, geomatics engineering, and land surveying that meets the following criteria:

1.~~(a)~~ Eighteen (18) minimum semester credits in communications, social science, and humanities;

2.~~(b)~~ Eight (8) minimum semester credits in physical and/or biological science;

3.~~(c)~~ Six (6) minimum semester credits in mathematics;

4.~~(d)~~ Thirty (30) minimum semester credits of surveying and mapping courses including but not limited to measurement theory, survey graphics, adjustments, cartography, photogrammetry, geodesy, computations, GIS theory, legal principles, survey practice, boundary surveying, topographic mapping, route surveying, construction surveying, subdivision design, geodetic surveying, and GIS applications;

5.~~(e)~~ Coverage of at least five (5) of seven (7) surveying and mapping science areas, which are: (1) field surveying instruments and methods, (2) land boundary principles, (3) photogrammetric mapping and image interpretation and remote sensing, (4) surveying calculation and data adjustments, (5) geodetic coordinates, (6) cartographic representation, projections, and map production, and (7) geographic information systems; and,

(3) To determine that ~~whether~~ an applicant for licensure has met the educational requirements of Section 472.013(2)(b), F.S., the applicant must demonstrate that he/she has:

(a) Graduated from a college or university approved by the Board pursuant to Rule 5J-17.003, F.A.C.; and

(b) Completed a bachelor's degree, its equivalent, or higher, at an accredited college or university that does not conform to paragraph (1)(b) or subsection (2) of this section.

The applicant must have completed a minimum of 25 semester hours from a college or university approved by the board in surveying and mapping subjects ~~specific four (4) year course of study which included at least thirty-two (32) semester hours of study, or its academic equivalent, which included twenty-five (25) semester hours or thirty-seven (37) quarter hours in courses labeled by the college or university as courses in surveying and mapping~~ or in any combination of courses in civil engineering, forestry, mathematics, photogrammetry, land law, and the physical sciences.

(4) The Board shall make the final decision regarding qualifications of programs and shall determine whether an applicant shall be approved for admittance to the examination or for licensure by endorsement.

Rulemaking Authority 472.013 FS. Law Implemented 472.005, 472.013 FS. History–New 9-7-93, Amended 5-30-95, 10-1-97, 5-17-00, 11-2-00, 2-5-01, Formerly 61G17-3.0021, Amended 11-13-17, .

5J-17.022 Applications for Surveyor and Mapper Intern/Surveyor in Training.

(1) To meet ~~determine whether an applicant for a surveyor and mapper intern has met~~ the educational requirements of Section 472.013(3) F.S., the applicant must ~~demonstrate that he/she is~~:

(a) Obtain the required semester hours pursuant to Section 472.013(3)(a) or (b), F.S., ~~In the final year, or is a graduate of, an approved surveying and mapping curriculum~~ in a college or university approved by the Board ~~pursuant to Rule 5J-17.003, F.A.C.~~; and must:

(b) Provide an official transcript from the college or university, or a Letter of Good Standing as supplied in "Board of Professional Surveyors and Mappers Application for Licensure as Surveyor in Training," FDACS-10055, Rev. 02/12, incorporated by reference in paragraph 5J-17.029(1)(c), F.A.C., which was completed by the college or university~~.~~, and if pursuing licensure under section 472.013(3)(b), F.S., must:

(c) Provide evidence of specific surveying and mapping experience pursuant to Rule 5J-17.020, F.A.C.

(2) Approval of the Application for Surveyor in Training by the Board will allow the person ~~individual~~ to take the Fundamentals of Surveying (FS) examination.

Rulemaking Authority 472.013 FS. Law Implemented 472.013 FS. History–New 11-13-17, _____.

5J-17.025 Domestic Equivalency Education Program Criteria for Applicants Who Graduated from Non-ABET Accredited Surveying and Mapping Degree Programs.

Rulemaking Authority 472.013 FS. Law Implemented 472.008, 472.013 FS. History–New 1-29-07, Formerly 61G17-3.0025, Amended 11-13-17, Repealed _____.

5J-17.040 Continuing Education Requirements for Reactivation of Inactive License.

A license which has been inactive for more than one year may be reactivated upon application to the Department and demonstration to the Board by the licensee of having completed one (1) continuing education credit in surveying and mapping related courses or seminars per inactive month up to a maximum of forty-eight (48) continuing education credits which must be completed within one year prior to the date of application for reactivation. This education for licensure reactivation shall be related to the licensee's field of practice and shall include a minimum of six (6) hours of Standards of Practice continuing education credits ~~and six (6) hours of laws and rules continuing education credits~~. Verification of the above-mentioned education shall be in the form of a continuing education course certificate of completion that complies with subsection 5J-17.044(2), F.A.C.

Rulemaking Authority 472.019(2), 472.027 FS. Law Implemented 472.019(2), 472.027 FS. History–New 10-29-80, Formerly 21HH-5.01, Amended 2-7-91, Formerly 21HH-5.001, Amended 3-28-94, 5-30-95, 10-13-97, 6-29-00, 6-22-03, 6-20-06, 1-29-07, Formerly 61G17-5.001, Amended 5-11-15, 11-13-17, _____.

5J-17.041 Continuing Education Credit for Biennial Renewal.

Every person licensed pursuant to Chapter 472, F.S., must obtain at least twenty-four (24) continuing education credits per biennium. Up to twelve (12) continuing education credits earned beyond the required twenty-four (24) may be carried forward to the following renewal period. One continuing education credit hour shall be awarded for each classroom hour of instruction. For the purposes of this rule, a classroom hour shall be defined as no less than fifty (50) minutes of classroom instruction.

(1) Continuing education credits may be obtained for:

(a) ~~The instruction or~~ Ccompletion of courses in surveying and mapping subjects at universities and colleges which are regionally accredited by an accrediting agency that is recognized by the United States Department of Education. Six (6) continuing education credits may be obtained for each semester hour or quarter hour equivalent thereof. ~~An official transcript from the registrar of the academic institution or letter of acknowledgement from the academic department head shall be submitted to the Board office as documentation of course instruction or completion at least 45 days prior to the end of the biennium;~~

(b)~~1. The~~ Ccompletion of courses or seminars offered by continuing education providers approved by the Board for the provision of continuing education credit hours. A list of such providers is available from the Board office upon request.

~~2. At the time of course approval, a licensee may obtain continuing education credits in the amount of the credits~~

~~allowed for that course or seminar for his/her preparation of the course materials, on a one time basis.~~

(c) A licensee's attendance, unrelated to disciplinary action against them, at a regularly scheduled meeting of the Board of Professional Surveyors and Mappers. Only two (2) continuing education credits will be allowed for each day of such attendance ~~during the biennium~~. Licensees shall sign in with a Board designee immediately prior to each day of the Board meeting ~~Upon adjournment of each meeting day, licensees shall sign out~~.

(d)1. through 2. No change.

(e)~~1.~~ A licensee's attendance at a local chapter, state or national professional association meeting whose primary purpose is to promote the profession of surveying and mapping. One-half (1/2) credit shall be awarded for attendance at a local chapter meeting and two (2) credits shall be awarded for attendance at a state or national professional association meeting during each biennium. No more than six (6) continuing education credits shall be awarded in one biennium for attendance at local chapter, state or national professional association meetings.

~~2. Licensees who attend national professional association meetings shall submit a dated letter on official stationary from the national association confirming the dates of the licensee's attendance to the Board's Continuing Education Committee, or its designee, for review and approval at least sixty (60) days prior to the expiration of the biennium for which the licensee seeks credits.~~

~~3. Licensees who attend local chapter and state professional association meetings shall submit a certificate of completion confirming the dates of the licensee's attendance to the Board's Continuing Education Committee, or its designee, for review and approval at least sixty (60) days prior to the expiration of the biennium for which the licensee seeks credits.~~

(f) Completion of courses or seminars offered as part of a state or national professional association meeting whose primary purpose is to promote the profession of surveying and mapping.

(g) ~~(f)~~ No change.

(2) For preparation of continuing education course materials and teaching the course for credit, the licensee shall be awarded double the course credit hours for the first time teaching.

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

Rulemaking Authority 472.008, 472.018, 472.027 FS. Law Implemented 472.018, 472.027 FS. History–New 3-28-94, Amended 5-30-95, 9-21-98, 7-27-00, 6-22-03, 6-23-05, 6-20-06, Formerly 61G17-5.0031, Amended 10-17-12, 5-11-15, 11-13-17, _____.

5J-17.042 Proof of Continuing Education Credit Earned.

The following documentation shall constitute proof of continuing education credit:

(1) through (5) No change.

~~(6) A dated certificate or letter acknowledging membership on official stationery from a national or state professional association to the licensee specifying the dates of the licensee's membership;~~

~~(7) A dated certificate or letter of recognition on official stationery from a state or national professional association to the licensee confirming the licensee's office or chairmanship and the dates thereof;~~

(8) through (10) renumbered (6) through (8) No change.

(9) A certificate of completion of a course or seminar taken in a surveying and mapping related discipline at a state or national professional association meeting, along with documentation from the association or organization issuing the certificate.

Rulemaking Authority 472.008, 472.018 FS. Law Implemented 472.018, 472.033 FS. History–New 3-28-94, Amended 5-30-95, 10-13-97, 5-31-00, Formerly 61G17-5.0032, Amended 11-13-17, _____.

5J-17.043 Board Approval of Continuing Education Providers.

(1) Applicants for continuing education provider status must meet the requirements of subsections (2) and (3) of this rule to demonstrate the education and/or the experience necessary to provide continuing education instructional courses and seminars to ~~instruct~~ professional surveyors and mappers in the conduct of their practice, and they must renew and be approved under this rule by May 31st of every odd-numbered year.

(2) To demonstrate the education and/or the experience necessary to provide continuing education instructional courses and seminars to ~~instruct~~ professional surveyors and mappers in the conduct of their practice for continuing education credit, an applicant for continuing education provider status must be either a vendor of equipment or software used in the practice of surveying and mapping, a regionally accredited educational institution, a commercial educator, a governmental agency, a state or national professional association that promotes any aspect of the profession of surveying and mapping as defined in Chapter 472 F.S., or a surveyor and mapper with a Florida license to practice surveying and mapping who is not under disciplinary restrictions pursuant to any order of the Board. In addition, the applicant must demonstrate particular education, experience or skill which sets the applicant apart from the surveyors and mappers whom the applicant proposes to instruct.

(3) through (4) No change.

~~(5) No provider may conduct a continuing education course or seminar for credit upon written notice that the Board, through its Executive Director, objects to the course or seminar. Rather, upon receipt of the objection, the provider may request to~~

~~appear before the Continuing Education Committee of the Board to resolve the objection.~~

(5)~~(6)~~ No change.

(6)~~(7)~~ The Board and the Department retain the right and authority to audit and/or monitor programs and review records and course materials given by any provider approved pursuant to this rule. The Department shall rescind the provider status ~~or reject individual programs given by a provider~~ if the provider disseminates any false or misleading information in connection with the continuing education programs, or if the provider fails to conform to and abide by the rules of the Board.

Rulemaking Authority 472.008, 472.011, 472.018 FS. Law Implemented 472.011, 472.018 FS. History–New 3-28-94, Amended 5-30-95, 5-31-00, 8-18-03, Formerly 61G17-5.0041, Amended 11-13-17, _____.

5J-17.044 Obligations of Continuing Education Providers.

To maintain status as a continuing education provider, the provider must:

(1) Furnish the Board with a list of courses being offered, which shall include each course name, instruction method, and total number of credit hours to be awarded for each course successfully completed. If courses are removed, or no longer offered at any point during the biennium, the continuing education provider shall notify the Board in writing within thirty (30) days.

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

(3)~~(2)~~ Furnish each participant with an individual certificate of completion that contains the licensee's name, the licensee's license number, the provider name, the provider number, the course name, the course number, date of course completion, and the total number of credit hours ~~continuing education category~~ fulfilled by the course.

(3) through (5) renumbered (4) through (6) No change.

(7)~~(6)~~ If the instructor is receiving credit as set forth in subsection 5J-17.041(2) ~~subparagraph 5J-17.041(1)(b)2.~~, F.A.C., the instructor shall be listed as an attendee with the same information required above.

(7) through (8) renumbered (8) through (9) No change.

(10)~~(9)~~ Allow only one (1) continuing education credit for ~~no more or~~ no less than fifty (50) minutes of classroom, audio or video instruction.

(10) through (11) renumbered (11) through (12) No change.

~~(12) Allow the Department's and the Board's designee to have access to information concerning courses or seminars conducted by the provider for continuing education credit.~~

(13) No change.

~~(14) Discontinue any course or seminar objected to under subsection 5J-17.043(5), F.A.C.~~

(14)~~(15)~~ No change.

~~(16) A course or seminar on Standards of Practice must focus on each standard in Board rules and give examples of the practical application of each standard in the performance of a survey. A course or seminar on Standards of Practice does not focus on case law.~~

(15)~~(17)~~ No change.

(16)~~(18)~~ Online/internet courses shall be treated as correspondence courses for continuing education purposes, as set forth in subsection (11) ~~(10)~~, above.

Rulemaking Authority 472.008, 472.011, 472.018, 472.027 FS. Law Implemented 472.018, 472.027 FS. History–New 3-28-94, Amended 5-30-95, 7-27-00, 8-18-03, 8-18-04, 12-28-05, 1-29-07, Formerly 61G17-5.0043, Amended 10-17-12, 5-11-15, 11-13-17, _____.

5J-17.045 Evaluations of Continuing Education Providers.

(1) The Board shall evaluate continuing education providers ~~courses or seminars offered to professional surveyors and mappers for credit~~ by:

(a) through (b) No change.

(2) No change.

Rulemaking Authority 472.008, 472.018 FS. Law Implemented 472.018 FS. History–New 3-28-94, Amended 5-30-95, 5-31-00, 8-18-03, Formerly 61G17-5.0044, Amended _____.

5J-17.047 Approval of Continuing Education Courses.

Rulemaking Authority 472.008, 472.018 FS. Law Implemented 472.018 FS. History–New 8-18-03, Amended 6-23-05, 12-28-05, 6-20-06, Formerly 61G17-5.0051, Amended 10-17-12, Repealed _____.

5J-17.048 Reinstatement of Null and Void License.

(1) An applicant seeking reinstatement of a license which has become null and void shall submit a Florida Surveyor and Mapper application for reinstatement of a null and void surveyor and mapper license in which the applicant shall:

(a) through (b) No change.

(c) Submit a written statement regarding whether or not the applicant has completed one (1) continuing education credit in surveying and mapping related courses or seminars~~, which shall include completion of Standards of Practice and Florida Laws and Rules courses,~~ for each month that the applicant's license was delinquent in accordance with the continuing education requirements of Rule 5J-17.041, F.A.C., within twenty-four (24) months prior to the applicant's submission of his or her application for reinstatement of a null and void license;

(d) through (i) No change.

(2) through (3) No change.

Rulemaking Authority 472.0202, 472.027 FS. Law Implemented 472.0202, 472.027 FS. History–New 6-20-06, Formerly 61G17-10.001, Amended 5-11-15, _____.

5J-17.050 Definitions.

As used in this chapter, the following terms have the following meanings:

(1) through (9) No change.

~~(10) Redundancy measurement: One or more measurements that independently verifies another set of measurement(s) to the same point, to identify and minimize errors.~~

(10) ~~(11)~~ No change.

(11) ~~(12)~~ Survey: The result of any professional service or work resulting from the practice of Surveying and Mapping as defined in Chapter 472, F.S., which includes, As-built/Record Surveys, Boundary Surveys, Construction Layout Surveys, Condominium Surveys, Construction Control Surveys, Control Surveys, Elevation Surveys, Hydrographic/Bathymetric Surveys, Tidal or non-tidal Water Boundary Surveys, Photogrammetric Surveys (including Orthorectified Imagery), Quantity Surveys, and Topographic Surveys, whether it is measured by direct or remote sensing methods.

(13) through (14) renumbered (12) through (13) No change.

Rulemaking Authority 472.008, 472.027 FS. Law Implemented 472.027 FS. History–New 9-1-81, Formerly 21HH-6.02, Amended 12-18-88, Formerly 21HH-6.002, Amended 12-25-95, 5-25-99, 3-25-01, 3-13-03, 4-4-06, Formerly 61G17-6.002, Amended 5-11-15, 11-13-17, .

5J-17.052 Standards of Practice - Boundary Survey Requirements.

(1) Boundaries of Real Property:

(a) The surveyor and mapper shall make a determination of the position of the boundary of real property in complete accord with the real property description shown on the survey map or report and map. In order to ensure adequate and defensible real property boundary locations:

1. Every parcel of land whose boundaries are surveyed shall be made to conform with the record ~~title~~ boundaries of such land, taking into account relevant requirements of law concerning whether the survey is original or a resurvey.

2. Prior to making the survey, the licensee shall perform research of records with sufficient scope and depth to identify with reasonable certainty:

a. The location of the record boundaries,

b. Conflicting record and ownership boundary locations within, abutting or affecting the property or access to same,

c. None of the above is intended to require the surveyor to perform a title search.

3. A field survey shall be made locating monuments and evidence of occupation, appropriate or necessary and coordinate the facts of said survey with the analysis of the record boundaries ~~title~~.

(b) through (i) No change.

(2) Boundary Monuments:

(a) through (e) No change.

(f) Side ties to locate or set monuments shall be substantiated by multiple ~~a redundancy of~~ measurements.

(3) Boundary Inconsistencies:

(a) Potential boundary inconsistencies shall be addressed and ~~that the survey process did not attempt to detect~~ shall be clearly indicated and explained on the survey map or in the report. Where evidence of inconsistency is found, the nature of the inconsistency shall be shown upon the survey map, such as:

1. Overlapping descriptions or hiatuses,

2. Excess or deficiency,

3. Conflicting boundary lines or monuments, or

4. Doubt as to the location on the ground of survey lines or property rights.

(b) through (d) No change.

(4) through (6) No change.

Rulemaking Authority 472.008, 472.027 FS. Law Implemented 472.027 FS. History–New 9-1-81, Formerly 21HH-6.04, Amended 12-18-88, Formerly 21HH-6.004, Amended 12-25-95, 5-13-96, 5-25-99, 4-4-06, 8-31-06, 8-18-08, Formerly 61G17-6.004, Amended 5-11-15, 11-13-17, _____.

5J-17.053 Standards of Practice – Professional Matters in Surveying and Mapping.

In order to safeguard the health, safety and welfare of the public and to maintain integrity and high standards of skill and practice in the surveying and mapping profession, the rules of professional conduct provided in this section shall be binding upon every licensee and on all firms which offer or perform surveying and mapping services in Florida. Licensees shall at all times be cognizant of the public that they serve and shall govern themselves accordingly in the following professional matters:

(1) Fair Dealing in Professional Relationships.

(a) Licensees shall act as faithful agents of their clients in all professional matters.

(b) Licensees, whether or not under oath, shall not be untruthful, deceptive, or misleading, including by omission, in any professional report, oral or written statement, or testimony.

1. A professional report, statement or testimony is false, fraudulent, deceptive or misleading if it: contains a material misrepresentation of fact; omits the statement of any material fact that is necessary to form a complete and accurate understanding of the communication; or is intended or is likely to create an unjustified expectation.

2. Examples of false, fraudulent, deceptive or misleading statements include: a statement that a licensee is a certified specialist in any area outside the licensee's field of expertise; a statement that the licensee's education or experience in surveying and mapping is greater than it actually is; a statement that the licensee's involvement with a surveying and mapping project will be greater than it is intended to ~~actually will~~ be.

(c) through (i) No change.

(2) through (4) No change.

(5) Retention of Work Products.

(a) For each survey produced, all licensees, except for those who do not have an ownership right to the work product, shall maintain for a minimum of six years from the date of creation at least one copy of all signed and sealed drawings, plans, specifications, plats, and reports as well as one copy of all related calculations and field notes. Additionally, the documented research of records and written notification regarding lack of insurance shall be retained for a minimum of six years from the date of creation. These records may be kept in hard copy or electronic or digital format. Licensees shall provide these records to the Department and Board upon request. The failure to do so shall constitute cause for discipline.

(b) No change.

(6) No change.

Rulemaking Authority 472.006(5), 472.027 FS. Law Implemented 472.027, 472.033, 472.0337, 472.0351 FS. History–New 5-11-15, Amended 11-13-17, _____.

5J-17.060 Seals Acceptable to the Board.

(1) The Board hereby establishes the following acceptable forms of ~~metal type impression~~ seals, whether impression or ink stamp:

I through IV No change.

V

_____

(2) through (6) No change.

(7) Surveyors and Mappers who have been granted a temporary certificate to practice in Florida are required to use Seal V.

(8)~~(7)~~ Surveyors and mappers who electronically ~~wish to~~ sign and seal ~~electronically transmitted~~ plats, reports, or other documents shall follow the procedures set forth in Rule 5J-17.062, F.A.C.

Rulemaking Authority 472.008, 472.025 FS. Law Implemented 472.025 FS. History–New 1-3-80, Amended 6-9-80, Formerly 21HH-7.01, 21HH-7.001, Amended 5-30-95, 10-25-95, 12-13-99, 11-18-01, 10-23-02, Formerly 61G17-7.001, Amended ____.

5J-17.062 Procedures for Signing and Sealing Electronically Transmitted Surveys ~~Plans, Specifications, Reports~~ or Other Documents.

(1) No change.

(2) A license holder may use a computer generated representation of his or her seal on electronically conveyed work; however, the final hard copy documents of such surveying or mapping work must contain an original signature and seal of the license holder and date or the documents must be accompanied by an electronic signature as described in this section. A scanned image of an original signature shall not be used in lieu of an original signature and seal or electronic signature. Surveying or mapping work that contains a computer generated seal shall be accompanied by the following text or similar wording: "The seal appearing on this document was authorized by [Example: Leslie H. Doe, P.S.M. ~~P.E.~~ 0112 on (date)]" unless accompanied by an electronic signature as described in this section.

(3) through (4) No change.

Rulemaking Authority 472.008, 472.025 FS. Law Implemented 472.025 FS. History–New 2-1-00, Amended 12-16-07, Formerly 61G17-7.0025, Amended 11-13-17, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Professional Surveyors and Mappers and Amy Topol, Director, Division of Consumer Services

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Professional Surveyors and Mappers and Commissioner of Agriculture Adam H. Putnam

DATE PROPOSED RULE APROVED BY AGENCY HEAD: Board on February 7, 2018 and Department on March 27, 2018

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: October 27, 2017

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NOS.:	RULE TITLES:
59A-3.240	Nutritional Services
59A-3.241	Pharmacy Services
59A-3.242	Laboratory, Radiology, and Respiratory Services
59A-3.243	Nursing Services
59A-3.244	Ambulatory, Obstetrical, and Special Care Units
59A-3.245	Surgical and Anesthesia Departments
59A-3.246	Licensed Programs
59A-3.247	Housekeeping Services

PURPOSE AND EFFECT: Existing Rule 59A-3.2085, F.A.C. is large and encompasses many different topics. The Agency proposes to divide this rule into multiple new rules in order to improve readability. Substantive edits to the section for Licensed Programs are required due to outdated guidelines and legislation enacted per HB 785 (2017).

SUMMARY: The Agency proposes to divide the rule covering hospital services and departments into multiple new sections. Revisions will clarify language, amend requirements, correct references, and update guidelines. Once the new rules are adopted, the Agency plans to repeal Rule 59A-3.2085, F.A.C.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 395.1055, 395.3038, 395.401, 408.036, 408.0361, FS.

LAW IMPLEMENTED: 395.001, 395.1055, 395.1065, 395.3038, 395.401, 408.036, 408.0361, FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: April 24, 2018, 2:00 p.m. – 3:30 p.m.

PLACE: Agency for Health Care Administration, Conference Room D, 2727 Mahan Drive, Building #3, Tallahassee, FL 32308

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: Jessica Munn, Bureau of Health Facility Regulation, 2727 Mahan Drive, Tallahassee, Florida, (850)412-4359. 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).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jessica Munn at (850)412-4359 or email at Jessica.Munn@ahca.myflorida.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

59A-3.240 Nutritional Services.

All licensed hospitals shall have a dietetic department, service or other similarly titled unit which shall be organized, directed and staffed, and integrated with other units and departments of the hospitals in a manner designed to assure the provision of appropriate nutritional care and quality food service.

(1) The dietetic department shall be directed on a full-time basis by a registered dietitian or other individual with education or specialized training and experience in food service management, who shall be responsible to the chief executive officer or his designee for the operations of the dietetic department.

(2) If the director of the dietetic department is not a registered dietitian, the hospital shall employ a registered dietitian at a minimum on a part-time or consulting basis to supervise the nutritional aspects of patient care and assure the provision of quality nutritional care to patients. The consulting dietitian shall regularly submit reports to the chief executive officer concerning the extent of services provided.

(3) Whether employed full-time, part-time or on a consulting basis, a registered dietitian shall provide the following services to the hospital on the premises on a regularly scheduled basis:

(a) Liaison with administration, medical and nursing staffs;

(b) Patient and family counseling as needed;

(c) Approval of menus and modified diets;

(d) Required nutritional assessments;

(e) Participation in development of policies, procedures and continuing education programs; and

(f) Evaluation of dietetic services.

(4) Annually, a registered dietitian shall conduct a review and evaluation of the dietetic department to include:

(a) A review of menus for nutritional adequacy;

(b) A review of tray identification methods, patients who are not receiving oral intake, and the elapsed time between the evening meal and the next substantial meal;

(c) A review of the counseling and instruction given to patients and their families with special dietary needs;

(d) A review of committee activities concerning nutritional care; and

(e) A review of the appearance, palatability, serving temperature, patient acceptability and choice, and retention of nutrient value of food served by the dietetic department.

(5) Nothing in this section shall prevent a hospital from employing an outside food management company for the provision of dietetic services, provided the requirements of this section are met, and the contract specifies this compliance.

(6) The dietetic department, service or other similarly titled unit shall employ sufficient qualified personnel under competent supervision to meet the dietary needs of patients.

(7) Personnel in the dietetic department shall receive, as appropriate to their level of responsibility, instruction in:

(a) Personal hygiene and infection control;

(b) Food handling, preparation, serving and storage; cleaning and safe operation of equipment;

(c) Waste disposal;

(d) Portion control;

(e) Diet instruction; and

(f) The writing of modified diets and the recording of pertinent dietetic information in the patient's medical record.

(8) Personnel in the dietetic department shall receive quarterly in-service training of which a record shall be kept by the dietetic department.

(9) The dietetic department, service or other similarly titled unit shall be guided by written policies and procedures that cover food procurement, preparation and service. Dietetic department policies and procedures shall be developed by the director of the dietetic department with nutritional care policies and procedures developed by a registered dietitian, shall be subject to annual review, revised as necessary, dated to indicate the time of last review, and enforced. Written dietetic policies shall include the following:

(a) A description of food purchasing, storage, inventory, preparation, service, and disposal policies and procedures.

(b) A requirement that diet orders be recorded in the patient's medical record by an authorized individual before the diet is served to the patient.

(c) The proper use and adherence to standards for nutritional care as specified in a diet manual which is based on the current National Academy of Medicine, Food and Nutrition Board, Dietary Reference Intakes (DRIs).

(d) A requirement for patients who are on oral intake and do not have specific dietary requirements, that a minimum of three meals or their equivalent be provided daily, with not more than a 15 hour span between the evening meal and breakfast.

(e) A requirement that temperatures for holding and serving cold foods be below 45 degrees F, and for hot foods be above 140 degrees F.

(f) A requirement that a supply of non-perishable foods sufficient to serve a hospital's patients for a minimum of a one week period be available.

(g) A requirement that written reports of sanitary inspections be kept on file, with a record of actions undertaken to comply with recommendations.

(h) A description of the role of the dietetic department in the hospital's internal and external disaster plans.

(i) Menus.

(j) The role of the dietetic department in the preparation, storage, distribution and administration of enteric feeding, tube feeding and total parenteral nutrition programs.

(k) Alterations in diets or diet schedules, including the provision of food service to patients who do not receive regular meal service.

(l) Ancillary dietetic services, as appropriate, including food storage and kitchens on patient care units, formula supply, cafeterias, vending operations and ice making.

(m) Personal hygiene and health of dietetic personnel.

(n) A description of dietetic department policies and procedures designed to provide for infection control including a monitoring system to assure that dietetic personnel are free from communicable infections and open skin lesions.

(o) A description of the identification system used for patient trays and other methods for assuring that each patient receives the appropriate diet as ordered,

(p) Safety practices, including the control of electrical, flammable, mechanical, and as appropriate, radiation hazards.

(10) The dietetic department shall be designed and equipped to facilitate the safe, sanitary, and timely provision of food service to meet the nutritional needs of patients.

(11) The dietetic department shall have adequate equipment and facilities to prepare and distribute food, protect food from contamination and spoilage, to store foods under sanitary and secure conditions, and to provide adequate lighting, ventilation and humidity control.

(12) The dietetic department shall thoroughly cleanse and sanitize food contact surfaces, utensils, dishes and equipment between periods of use, shall ensure that toilet, hand-washing and hand-drying facilities are conveniently available, and provide for dishwashing and utensil washing equipment that prevent recontamination and are apart from food preparation areas.

(13) The dietetic department shall ensure that all walk-in refrigerators and freezers can be opened from inside and that all food and nonfood supplies are clearly labeled. Where stored in the same refrigerator, all nonfood supplies and specimens shall be stored on separate shelves from food supplies.

(14) The dietetic department shall implement methods to prevent contamination in the making, storage, and dispensing of ice.

(15) The dietetic department shall ensure that disposable containers and utensils are discarded after one use, and that worn or damaged dishes and glassware are discarded.

(16) The dietetic department shall hold, transfer, and dispose of garbage in a manner which does not create a nuisance or breeding place for pests or otherwise permit the transmission of disease.

(17) Information on specifications, operation and maintenance of all major and fixed dietetic department equipment shall be maintained. A preventive and corrective maintenance program on such equipment shall be conducted and recorded.

(18) Dietetic services shall be provided in accordance with written orders by the health professional responsible for the patient and appropriate information shall be recorded in the patient's medical record. Such information shall include:

(a) A summary of the dietary history and a nutritional assessment when the past dietary pattern is known to have a bearing on the patient's condition;

(b) Timely and periodic assessments of the patient's nutrient intake and tolerance to the prescribed diet modification, including the effect of the patient's appetite and food habits on food intake and any substitutions made; and

(c) A description or copy of diet information forwarded to another organization when a patient is discharged.

(19) Within 24 hours of admission and within 24 hours of any subsequent orders for diet modification, the diet order shall be confirmed by the practitioner responsible for the patient receiving oral alimentation.

(20) Each hospital shall establish appropriate quality control mechanisms to assure that:

(a) All menus are evaluated for nutritional adequacy.

(b) There is a means for identifying those patients who are not receiving oral intake.

(c) Special diets are monitored.

(d) The nutritional intake of patients is assessed and recorded as appropriate.

(e) Effort is made to assure appetizing appearance, palatability, proper serving temperature, and retention of nutritional value of food.

(f) Whenever possible, patient food preferences are respected and appropriate dietary substitutions are made available.

(g) Surveys of patient acceptance of food are conducted, particularly for long-stay patients.

Rulemaking Authority 395.1055, FS. Law Implemented 395.1055, FS. History–New _____,

59A-3.241 Pharmacy Services.

Each Class I and Class II hospital shall have on the premises, and each Class III hospital shall have on the premises or by contract, a pharmacy, pharmaceutical department or service, or similarly titled unit, and, when applicable, shall present evidence that it holds a current institutional or community pharmacy permit under the provisions of the Florida Pharmacy Act, Chapter 465, F.S. The pharmacy department shall have a licensed pharmacist serve as pharmacy director on a full time or consulting basis. The director shall develop and monitor procedures to ensure the proper use of medications. Such procedures shall address prescription and ordering, preparation and dispensing, administration, and patient monitoring for medication effects.

(1) The director shall ensure a hospital formulary or drug list is developed, maintained, and regularly updated by authorized hospital staff. The formulary shall include the availability of non-legend medications, but does not preclude the use of unlisted drugs. Where unlisted drugs are used, there shall be a written policy and procedure for their prescription and procurement. Selection of medications for inclusion on the formulary shall be based on need, effectiveness, risks, and costs.

(2) The director shall ensure that individuals who prescribe or order medications are legally authorized through the granting of clinical privileges.

(3) All drugs shall be prepared and stored under proper conditions of sanitation, temperature, light, moisture, ventilation, security and segregation to promote patient safety and proper utilization and efficacy.

(4) All medications shall be appropriately labeled as to applicable accessory or cautionary statements and their expiration date, shall be dispensed in as ready-to-administer forms as possible, and in quantities consistent with the patient's needs which are designed to ensure minimization of errors and diversion.

(5) A pharmacist shall review each order before dispensing the medication, with the exception of situations in which a licensed independent practitioner with appropriate clinical privileges controls prescription ordering, preparation and administration of medicine. The pharmacist shall verify the order with the prescriber when there is a question.

(6) All medications shall be prepared and dispensed consistent with applicable law and rules governing professional licensure and pharmacy operation and in accordance with professional standards of pharmacy practice.

(7) A medication profile shall be developed and maintained by the pharmacy department for each patient and shall be available to staff responsible for the patient's care. The medication profile shall include the name, birth date, sex, pertinent health problems and diagnoses, current medication therapy, medication allergies or sensitivities, and potential drug or food interactions.

(8) The director shall develop and implement a process for providing medications when the pharmacy is closed that ensures control, accountability, and the appropriate use of medications.

(9) The director shall ensure there is an adequate and proper supply of emergency drugs within the pharmacy and in designated areas of the hospital.

(10) Receipt, distribution and administration of controlled drugs are documented by the pharmacy, nursing service and other personnel, to ensure control and accountability in accordance with state and federal law.

(11) The director shall ensure that the administration of drugs shall take place in accordance with written policies, approved by the professional staff and designed to ensure that all medications are administered safely and efficiently.

(12) The director may supervise satellite pharmacies. The director of the hospital pharmacy, or other licensed pharmacists who are properly designated, shall be available to the hospital at all times, whether on duty or on call.

(13) Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff, where the orders are verified before administration, the patient is identified, and the dosage and medication is noted in the patient's chart or medical record.

(14) Investigational medications shall be used only in accordance with specific hospital policy which addresses:

(a) Review and approval of hospital participation in investigational studies by the appropriate hospital committee;

(b) Requirements for informed consent by the patient;

(c) Administration in accordance with an approved protocol;

(d) Administration by personnel approved by the principal investigator after they have received information and demonstrated an understanding of the basic pharmacologic information about the medications; and

(e) Documentation of doses dispensed, administered and destroyed.

(15) Each hospital shall have a system for the ongoing monitoring of each patient for medication effectiveness and actual or potential adverse effects or toxicity which includes:

(a) A collaborative assessment of the effect of the medication on the patient based on observation and information gathered and maintained in the patient's medical record and medication profile;

(b) A process for the definition, identification, and review of significant medication errors and adverse drug reactions are reported in a timely manner in accordance with written procedures. Significant adverse drug reactions shall be reported promptly to the Food and Drug Administration;

(c) Information from the medication monitoring is used to assess the continued administration of the medication; and

(d) Conclusions and findings of the medication monitoring are communicated to the appropriate health care personnel involved in the patient's care.

(16) Each hospital shall have written policies and procedures governing the selection, procurement, distribution, administration, and record-keeping of all drugs, including provision for maintaining patient confidentiality. The policies and procedures shall be reviewed at least annually, dated to indicate time of last review, revised as necessary, and enforced.

(17) Parenteral nutrition services, when provided, shall be designed, implemented, and maintained to address assessment and reassessment of the patient, initial ordering and ongoing maintenance of medication orders, preparation and dispensing, administration, and assessing the effects on the patient.

Rulemaking Authority 395.1055, FS. Law Implemented 395.1055, FS. History–New _____.

59A-3.242 Laboratory, Radiology, and Respiratory Services.

(1) Clinical and Pathology Laboratory Services. Each hospital must provide on the premises or by contract with a laboratory licensed under Chapter 483, Part I, F.S., clinical and pathology laboratory services commensurate with the hospital's needs and which conforms to the provisions of Chapter 483, Part I, F.S., and Chapter 59A-7, F.A.C. The clinical and pathology laboratory department or similarly titled unit shall have a physician member of the organized medical staff serve as medical director.

(a) The medical director shall maintain and enforce policies and procedures for the provision of clinical and pathology laboratory examinations.

(b) Provisions shall be made for assuring the availability of emergency laboratory services. Such services shall be available 24 hours a day, seven days a week, including holidays.

(c) Reports of all examinations shall be filed with the patient's medical record.

(d) All specimens removed in operations shall be examined by a pathologist, except when another suitable means of verification of removal is routinely employed, when there is an authenticated report to document the removal, and when quality of care will not be compromised by the exception. Hospitals may establish a policy for excepting certain categories of specimens from examination when it determines quality of care will not be compromised or examination will yield no useful

information. Signed reports on all specimens removed in an operation, whether documented by a pathologist or through an alternative means, shall be filed with the patient's medical record.

(e) All hospitals utilizing blood and blood products, shall:

1. Maintain facilities for procurement, safekeeping and transfusion of blood and blood products, or have them readily available;

2. Maintain a temperature alarm system for blood storage facilities, where applicable, which is tested and inspected quarterly and is otherwise safe.

3. The alarm system must be audible, and must monitor proper blood and blood product storage temperature over a 24-hour period.

4. Tests of the alarm system must be documented.

5. If blood is stored or maintained for transfusion outside of a monitored refrigerator, the hospital must ensure and document that storage conditions, including temperature, are appropriate to prevent deterioration of the blood or blood product.

6. Promptly dispose of blood which has exceeded its expiration date.

7. Keep records on file indicating the receipt and disposition of all blood provided to patients in the facility.

(f) Hospitals not utilizing blood and blood products need not maintain blood storage facilities.

(2) Radiology Services. Each Class I and Class II hospital shall provide on the premises, and each Class III hospital shall provide on the premises or by contract, diagnostic imaging facilities commensurate with the hospital's needs and conform to Chapter 404, F.S., Chapter 64E-5, F.A.C., Chapter 468, Part IV, F.S., and Chapter 64E-3, F.A.C. The radiology department or similarly titled unit shall have a radiologist to serve as medical director on a full time or part time consulting basis to discharge professional radiology services.

(a) The radiology department or other similarly titled part shall be maintained free of hazards for patients and personnel.

(b) Each hospital shall have certified radiologic technologists or basic x-ray machine operators in hospitals of 150 beds or less, and shall be on duty or on call at all times, pursuant to Chapter 468, Part IV, F.S.; and Chapter 64E-3, F.A.C.

(c) The use of all diagnostic imaging apparatus shall be limited to personnel designated as specified in Chapter 468, Part IV, F.S., and Chapter 64E-3, F.A.C.

(d) The credentials of each person providing diagnostic and therapeutic radiation, imaging and nuclear medicine services, including formal training, on-the-job experience, and certification or licensure where applicable, shall be maintained on file at all times.

(e) The medical director shall maintain and enforce policies and procedures for the provision of all diagnostic and therapeutic radiation, imaging, and nuclear medicine services, and ensure compliance with the requirements of Chapter 64E-5, F.A.C. Such policies and procedures shall be written, reviewed annually, and revised as necessary in conformance with Chapter 64E-5, F.A.C., and shall be dated as to time of last review.

(f) The medical director shall require that all radiology, imaging or nuclear medicine services be performed only upon written order of a licensed physician or by another licensed health professional if that health professional is acting within their scope of practice as defined by applicable laws and rules of the licensing board. Nothing herein shall be construed to expand or restrict such laws and rules pertaining to the practice of various health professions. The request and all results must be recorded in the patient's medical record;

(g) The medical director shall ensure documentation, and reporting to the Bureau of Radiation Control of the Department of Health of all misadministration of radioactive materials, as those terms are defined by Chapter 64E-5, F.A.C.

(h) The medical director shall maintain and document in writing a quality control program designed to minimize the unnecessary duplication of radiographic studies, to minimize exposure time of patients and personnel, and to maximize the quality of diagnostic information and therapy provided.

(3) Respiratory Therapy. Each hospital shall have written policies and procedures describing the scope of respiratory services provided to patients of the hospital. This document shall contain written guidelines for the transfer or referral of patients requiring respiratory care services not provided at the hospital.

(a) When respiratory care services are provided outside the hospital, the hospital shall ensure by contract or other enforceable mechanism that such services meet all safety requirements and quality control measures required by the hospital.

(b) Respiratory care services provided within a hospital shall have medical direction provided by a physician member of the organized medical staff with special interest and knowledge in the management of acute and chronic respiratory problems. The physician director shall be responsible for the overall direction of respiratory services, for conducting a review of the quality, safety and appropriateness of respiratory care services quarterly, and shall be available for any required respiratory care consultation.

(c) Respiratory care services in a hospital may be supervised by a technical director who is registered or certified by the National Board of Respiratory Care Inc., or has the documented equivalent education, training and experience. Other respiratory care personnel shall provide respiratory care

commensurate with their documented training, experience, and competence.

(d) The formal training of respiratory therapy students shall be carried out only in programs accredited by appropriate professional educational organizations. Individuals in student status shall be directly supervised when engaged in patient care activities.

(e) The education, training and experience of personnel who provide respiratory care services shall be documented, and shall be related to each individual's level of participation in the provision of respiratory care services.

(f) Nonphysician respiratory care personnel shall not perform patient procedures associated with a potential hazard, including arterial puncture for obtaining blood samples, unless authorized in writing by the physician director of the respiratory care service acting in accordance with professional staff policy.

(g) The physician director shall be responsible for ensuring all personnel providing respiratory care services participate in education programs designed to augment the personnel's knowledge of pertinent new developments in respiratory care services and maintain current competency. Such participation shall occur annually, and shall include instruction in safety, infection control, and cardiopulmonary resuscitation.

(h) There shall be written policies and procedures specifying the scope and conduct of patient care rendered in the provision of respiratory care services. All policies and procedures must be approved by the physician director, reviewed annually, revised as necessary, dated to indicate the time of last review, and enforced. Respiratory care policies shall include the following:

1. Specification as to who may perform specific procedures and provide instruction, under what circumstances, and under what degree of supervision.

2. Assembly and sequential operation of equipment and accessories to implement therapeutic regimens.

3. Steps to be taken in the event of adverse reactions, and other emergencies.

4. Procurement, handling, storage and dispensing of therapeutic gases.

5. Infection control measures, including specifics as to changing and cleansing of equipment.

6. Administration of medications in accordance with the physician's order.

(i) The respiratory care service shall have equipment and facilities to assure the safe, effective and timely provision of respiratory care service to patients.

1. All equipment shall be calibrated and operated according to manufacturer's specifications, and shall be periodically inspected and maintained.

2. Where piped-in gas is used, an evaluation shall be made prior to use to assure identification of the gas and its delivery within an established safe pressure range.

3. Ventilators used for continuous assistance or controlled breathing shall have operative alarm systems at all times.

(j) Prescriptions for respiratory care shall specify the type, frequency and duration of treatment and, as appropriate, the type and dose of medication, the type of dilutent, and the oxygen concentration, and shall be incorporated into the patient's medical record.

Rulemaking Authority 395.1055, FS. Law Implemented 395.1055, FS. History–New _____.

59A-3.243 Nursing Services.

Each hospital shall have a nursing department organized and staffed to provide quality nursing care to each patient. The relationship of the nursing department to other units of the hospital shall be documented by an organizational chart.

(1) The nursing department shall have a written organizational plan that delineates lines of authority, accountability and communication, and shall assure that the following nursing management functions are fulfilled:

(a) Review and approval of policies and procedures that relate to qualifications and employment of nurses.

(b) Establishment of standards for nursing care and mechanisms for evaluating such care.

(c) Implementing approved policies of the nursing department.

(d) Assuring that a written evaluation is made of the performance of registered nurses and ancillary nursing personnel at the end of any probationary period and at a defined interval thereafter.

(2) The nursing department shall have written standards of nursing practice and related policies and procedures to define and describe the scope and conduct of patient care provided by the nursing staff. These policies and procedures shall be reviewed annually, revised as necessary, dated to indicate the time of the last review, signed by the responsible reviewing authority, and enforced.

(3) The nursing department shall maintain a list of licensed personnel, including private duty and per diem nurses, with each individual's current license number, and documentation of the nurses' hours of employment, and unit of employment within the hospital.

(4) Each hospital shall employ a registered nurse on a full time basis who shall have the authority and responsibility for managing nursing services and taking all reasonable steps to assure that a uniformly optimal level of nursing care is provided throughout the hospital.

(a) The registered nurse shall be responsible for ensuring that a review and evaluation of the quality and appropriateness

of nursing care is accomplished. The review and evaluation shall be based on written criteria, shall be performed quarterly, and shall examine the provision of nursing care and its effect on patients.

(b) The registered nurse shall ensure that education and training programs for nursing personnel are available and are designed to augment nurses' knowledge of pertinent new developments in patient care and maintain current competence. Cardiopulmonary resuscitation training shall be conducted as often as necessary, but not less than annually, for all nursing staff members who cannot otherwise document their competence.

(c) The registered nurse shall be responsible for determining the number of qualified registered nurses to be on duty at all times. The number of qualified nurses shall be sufficient to ensure immediate availability of a registered nurse for bedside care of any patient when needed, to assure prompt recognition of an untoward change in a patient's condition, and to facilitate appropriate intervention by nursing, medical or other hospital staff members.

(5) The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge.

(a) Each patient's nursing needs shall be assessed by a registered nurse at the time of admission or within the period established by each hospital's policy.

(b) Nursing goals shall be consistent with the therapy prescribed by the responsible member of the organized medical staff.

(c) Nursing intervention and patient response, and patient status on discharge from the hospital, must be noted on the medical record.

(6) Each Class I and Class II hospital shall have a minimum of one licensed registered nurse on duty at all times on each nursing unit or similarly titled part of the hospital for rendering patient care services.

Rulemaking Authority 395.1055, FS. Law Implemented 395.1055, FS. History–New _____.

59A-3.244 Ambulatory, Obstetrical, and Special Care Units.

(1) Ambulatory Care Services. Each hospital offering ambulatory care services under its hospital license shall establish policies and procedures to ensure that quality care based on the needs of the patient will be delivered at all times.

(a) Ambulatory care services shall be under the direction of a licensed physician(s) responsible for the clinical direction of patient care and treatment services, and whose qualifications, authority, and responsibilities are defined in writing as approved by the governing board.

(b) Ambulatory care services shall be staffed with appropriately trained and qualified individuals to provide the scope of services anticipated to meet the needs of the patients.

(c) Each patient's general medical condition shall be managed by a member of the organized medical staff with appropriate clinical privileges, as determined by medical staff bylaws.

(d) When any ambulatory care services are provided by non-hospital employees, the provider shall meet all safety requirements, abide by all pertinent rules and regulations of the hospital and medical staff, and document the quality improvement measures to be implemented.

(e) The provisions of ambulatory nursing care shall be supervised by a registered nurse who is qualified by relevant training and experience in ambulatory care.

(f) Sufficient personnel shall be on duty to provide efficient and effective patient care services.

(g) The scope of services offered, and the relationship of the ambulatory services program to other hospital units, as well as all supervisory relationships within the program, shall be defined in writing, and must be provided in accordance with the standards set by the governing board's bylaws and the rules and regulations of the medical staff.

(h) Written policies and procedures to guide the operation of the ambulatory services program shall be developed, reviewed, and revised as necessary, dated to indicate the time of last revision, and enforced.

(i) A medical record must be maintained on every patient who receives ambulatory care services. Medical records shall be managed and maintained in accordance with acceptable professional standards and practices. Confidentiality and disclosure of patient information contained in the medical record must be maintained in accordance with hospital policy and state and federal law. Each patient's medical record must include the following information, and be updated as necessary:

1. Patient identification;

2. Relevant history of the illness or injury and of physical findings;

3. Diagnostic and therapeutic orders;

4. Clinical observations, including the results of treatment;

5. Reports of procedures and tests, and their results;

6. Diagnosis or impression;

7. Allergies;

8. Referrals to practitioners or providers of services internal or external to the hospital;

9. Communications to and from practitioners or providers of service external to the hospital;

10. Growth charts for children and adolescents as needed when the service is the source of primary care; and

11. Immunization status of children and adolescents and others as determined by law and/or hospital policy.

(j) To facilitate the ongoing provision of care, a problem list of known significant diagnoses, conditions, procedures, drug allergies and medications shall be maintained for each patient who receives ambulatory services. The problem list shall be initiated no later than the third visit and include items based on any initial medical history and physical examination, and updated on subsequent visits with additional information as necessary. The problem list shall include the following items:

1. Known significant medical diagnoses and conditions;

2. Known significant surgical and invasive procedures;

3. Known adverse and allergic reactions to drugs; and

4. Medications known to be prescribed for and/or used by the patient.

(2) Obstetrical Department. If provided, obstetrical services shall include labor, delivery, and nursery facilities, and be formally organized and operated to provide complete and effective care for each patient.

(a) Except in hospitals licensed for 75 beds or less, the obstetrical service shall be separated from other patient care rooms and shall have separate nursing staff. When obstetrical services are provided in hospitals of 75 beds or less, there shall be:

1. A written and enforced policy concerning the placement of obstetrical patients in a manner most conducive to meet their special needs, and

2. Nursing staff who possess specialized skills in obstetrics and neonatal care, whether by training or experience, and can provide service to obstetrical patients and their infants on a 24 hour basis, whether on duty, on call, or on a consultative basis.

(b) In those hospitals with a formally organized obstetrical department, clean gynecological and surgical patients may be admitted to the unit under specific written controls approved by the medical staff and governing board when there is a written demonstrated need in each case.

(c) Every infant born in a hospital shall be properly identified immediately at the time of birth. Identification of the infant shall be done in the delivery room, birthing room, or other place of birth within the hospital, before either the mother or the infant is transferred to another part of the facility.

(3) Special Care Units. The hospital shall ensure that a special care unit is a physically and functionally distinct entity within the hospital, has controlled access, and has an effective means of isolation for patients suffering from communicable or infectious disease or acute mental disorder.

(a) Special care units shall provide:

1. Direct or indirect visual observation by unit staff of all patients from one or more vantage points;

2. A direct intercommunication or alarm system between the nurse's station and the bedside; and

3. Beds that are adjustable to positions required by the patient, that are easily movable, and that have a locking or stabilizing mechanism to attain a secure, stationary position. Headboards, when present, shall be removable or adjustable to permit ready access to the patient's head.

(b) Each special care unit shall be advised by a physician who is a member of the organized medical staff.

(c) Each special care unit shall have its relationship to other departments and units of the hospital specified in writing (organizational chart).

(d) All staff shall participate in annual in-service education programs concerning cardiopulmonary resuscitation and safety and infection control requirements.

(e) Written policies and procedures shall be developed concerning the scope and provision of care in each special care unit. Such policies and procedures shall be reviewed annually, revised as necessary, dated to indicate the time of last review, enforced, and include the following:

1. Specific criteria for the admission and discharge of patients;

2. A system for informing the responsible member of the organized medical staff of changes in the patient's condition;

3. Methods for procurement of equipment and drugs at all times;

4. Specific procedures relating to infection and traffic control;

5. Specification as to who may perform special procedures, under what circumstances, and under what degree of supervision; and specific policies as to the use of standing orders; and

6. A protocol for handling emergency conditions related to the breakdown of essential equipment.

(f) No hospital shall hold itself out as a Trauma Center unless it has been verified by the Department of Health in accordance with the Trauma Center provisions of Section 395.401, F.S., and Chapter 64J-2, F.A.C. Any violation of the Trauma Center provisions shall subject any violator to appropriate remedies provided by Section 395.1065, F.S.

Rulemaking Authority 395.1055, 395.401, 408.036, FS. Law Implemented 395.1055, 395.401, 408.036, FS. History–New _____,

59A-3.245 Surgical and Anesthesia Departments.

(1) Surgical Department. Each Class I and Class II hospital, and each Class III hospital providing operative and other invasive procedures, shall have a functionally and physically distinct surgical department within the hospital, organized under written policies and procedures regarding surgical privileges, maintenance of the operating rooms, and evaluation and recording of treatment of the patient. The surgical department shall have a physician member of the organized medical staff serve as medical advisor to the surgical department and a registered nurse to direct nursing services within the operating rooms of a surgical department. All

surgical department policies and procedures shall be available to the Agency, shall be reviewed annually, dated to indicate time of last review, revised as necessary, and enforced.

(a) The determination of the appropriateness of the procedure for a patient shall be based on:

1. The patient's medical, anesthetic, and drug history;

2. The patient's physical status;

3. Diagnostic data;

4. The risks and benefits of the procedure; and,

5. The need to administer blood or blood components.

(b) The risks and benefits of the procedure shall be discussed with the patient prior to documenting informed consent and include:

1. Other treatment options, if they exist;

2. The need and risk of blood transfusions and available alternatives; and

3. Anesthesia options and risks.

(c) A preanesthesia evaluation of the patient shall be performed prior to surgery, except in the case of extreme emergency.

(d) Plans of care for the patient shall be formulated and documented in the medical record prior to the performance of surgery and shall include a plan for anesthesia, nursing care, the operative or invasive procedure, and the level of post-procedure care.

(e) The measurement of the patient's physiological status shall be assessed during the administration of anesthesia and the surgical procedure.

(f) The post-procedure status of the patient shall be assessed on admission to the recovery area and prior to discharge from the recovery area.

(g) The patient shall be discharged from the recovery area by a member of the organized medical staff.

(h) The operating room and accessory services shall be located in a manner to prevent through traffic, control traffic in and out, and maximize infection control.

(i) All infections of clean surgical cases shall be recorded and reported to the appropriate infections control authority, and a procedure shall exist for the investigation of such cases.

(j) The registered nurse shall document that all surgical nursing staff have received annual continuing education in safety, infection control and cardiopulmonary resuscitation.

(k) A roster of members of the organized medical staff specifying the surgical privileges of each, shall be maintained, reviewed annually and revised as necessary.

(l) A roster of "on-call" surgeons shall be promptly available at the operating room nursing stations. An on-call surgeon must be available to the hospital when a call for services has been placed.

(m) A record shall be maintained on a current basis that contains the following information:

1. Patient's name;

2. Hospital number;

3. Preoperative diagnosis;

4. Post-operative diagnosis;

5. Procedure;

6. Names of surgeon, first assistant, and anesthetist;

7. Type of anesthetic; and,

8. Complications, if any.

(n) Regardless of whether surgery is classified as major or minor, the surgical department shall ensure, prior to any surgery being performed, except in emergency situations:

1. That there is a complete history and physical workup in the chart of every patient or, if such has been transcribed, but not yet recorded in the patient's chart, that there is a statement to that effect in the chart; and,

2. That there is evidence of informed consent for the operation in the patient's chart.

(o) The surgical department shall ensure that immediately following each surgery, there is an operative report describing techniques and findings that is written or dictated and signed by the surgeon.

(p) The following equipment shall be in each operating room suite:

1. Call-in system;

2. Oxygen, and means of administration;

3. Mechanical ventilatory assistance equipment, including airways, manual breathing bag, and ventilator and respirator;

4. Cardiac defibrillator with synchronization capability;

5. Respiratory and cardiac monitoring equipment;

6. Thoracentesis and closed thoracostomy sets;

7. Tracheostomy set, tourniquets, vascular cutdown sets, infusion pumps, laryngoscopes and endotracheal tubes;

8. Tracheobronchial and gastric suction equipment; and

9. A portable x-ray which shall be available, but need not be physically present in the operating suite.

(2) Anesthesia Department. Each Class I and Class II hospital, and each Class III hospital providing surgical or obstetrical services, shall have an anesthesia department, service or similarly titled unit directed by a physician member of the organized professional staff.

(a) The anesthesia department of each hospital shall have written policies and procedures that are approved by the organized medical staff, are reviewed annually, dated at time of last review, revised, and enforced as necessary. Such written policies and procedures shall include the following requirements:

1. A preanesthesia evaluation of the patient by the physician, or qualified oral surgeon in the case of patients without medical problems admitted for dental procedures, or certified registered nurse anesthetist where authorized by

established protocol approved by the medical staff, except in the case of emergencies.

2. A review of the patient's condition immediately prior to induction of anesthesia.

3. A mechanism for release of patients from postanesthesia care.

4. A recording of all pertinent events taking place during the induction of, maintenance of, and emergence from anesthesia.

5. Guidelines for the safe use of all general anesthetic agents used in the hospital.

(b) The responsibilities and qualifications of all anesthesia personnel, including physician, nurse and dentist anesthetists and all trainees, must be defined in a policy statement, job description, or other appropriate document.

(c) Anesthetic safety regulations shall be developed, posted, and enforced. Such regulations shall include the following:

1. A requirement that all operating room electrical and anesthesia equipment be inspected on an annual basis and at intervals not exceeding the manufacturer's recommendations. A written record of the inspection results and corrective action shall be maintained by the hospital.

2. A requirement that flammable anesthetic agents be employed only in areas in which a conductive pathway can be maintained between the patient and a conductive floor.

3. A requirement that each anesthetic gas machine have a pin-index or equivalent safety system.

4. A requirement that all reusable anesthesia equipment coming in direct contact with the patient be cleaned or sterilized in the manner prescribed by current medical standards.

Rulemaking Authority 395.1055, FS. Law Implemented 395.1055, FS. History–New ,

59A-3.246 Licensed Programs.

(1) Adult Diagnostic Cardiac Catheterization Program. All licensed hospitals that establish adult diagnostic cardiac catheterization laboratory services under Section 408.0361, F.S., shall operate in compliance with the most recent guidelines of the American College of Cardiology/American Heart Association regarding the operation of diagnostic cardiac catheterization laboratories. Hospitals are considered to be in compliance with American College of Cardiology/American Heart Association guidelines when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. The applicable guideline is the *2012 American College of Cardiology Foundation/Society for Cardiovascular Angiography and Interventions Expert Consensus Document on Cardiac Catheterization Laboratory Standards Update. J Am Coll Cardiol 2012; 59:2221–305* (2012 ACC/SCAI Guidelines) which is hereby incorporated by reference, effective at adoption, and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX. Aspects of the guideline related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule. All such licensed hospitals shall have a department, service or other similarly titled unit which shall be organized, directed and staffed, and integrated with other units and departments of the hospitals in a manner designed to assure the provision of quality patient care.

(a) Licensure.

1. A hospital may apply for a license for an adult diagnostic cardiac catheterization laboratory services program by submitting a hospital licensure application as specified in subsection 59A-3.066(2), Florida Administrative Code, indicating the addition of an adult diagnostic cardiac catheterization laboratory services program, and attaching AHCA Form 3130-5003, January 2018, License Application Adult Inpatient Diagnostic Cardiac Catheterization, incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX. Both of these forms are available at: http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml. The license application form must be signed by the hospital's Chief Executive Officer, confirming the hospital's intent and ability to comply with Section 408.0361(1), F.S.

2. Hospitals with adult diagnostic cardiac catheterization services programs must renew their licenses at the time of the hospital licensure renewal, providing the information in Section 408.0361(1), F.S. Failure to renew the hospital's license or failure to update the information in Section 408.0361(1), F.S., shall cause the license to expire.

(b) Definitions. The following definitions shall apply specifically to all adult diagnostic cardiac catheterization programs, as described in this subsection:

1. "Diagnostic Cardiac Catheterization" means a procedure requiring the passage of a catheter into one or more cardiac chambers of the left and right heart, with or without coronary arteriograms, for the purpose of diagnosing congenital or acquired cardiovascular diseases, or for determining measurement of blood pressure flow; and also includes the selective catheterization of the coronary ostia with injection of contrast medium into the coronary arteries.

2. "Adult" means a person fifteen years of age or older.

(c) Therapeutic Procedures. An adult diagnostic cardiac catheterization program established pursuant to Section 408.0361, F.S., shall not provide therapeutic services, such as percutaneous coronary intervention or stent insertion, intended to treat an identified condition or the administering of intra-coronary drugs, such as thrombolytic agents.

(d) Diagnostic Procedures. Procedures performed in the adult diagnostic cardiac catheterization laboratory shall include the following:

1. Left heart catheterization with coronary angiography and left ventriculography;

2. Right heart catheterization;

3. Hemodynamic monitoring line insertion;

4. Aortogram;

5. Emergency temporary pacemaker insertion;

6. Myocardial biopsy;

7. Diagnostic trans-septal procedures;

8. Intra-coronary ultrasound (CVIS);

9. Fluoroscopy; and

10. Hemodynamic stress testing.

(e) Support Equipment. A crash cart containing the necessary medication and equipment for ventilatory support shall be located in each cardiac catheterization procedure room. A listing of all crash cart contents shall be readily available. At the beginning of each shift, the crash cart shall be checked for intact lock; the defribrillator and corresponding equipment shall be checked for function and operational capacity. A log shall be maintained indicating review.

(f) Radiographic Cardiac Imaging Systems. A quality improvement program for radiographic imaging systems shall include measures of image quality, dynamic range and modulation transfer function. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

(g) Physical Plant Requirements. The Florida Building Code contains the physical plant requirements for cardiac catheterization facilities.

(h) Personnel Requirements. There shall be trained personnel available to meet the needs of the patient. At a minimum, a team involved in cardiac catheterization shall consist of a physician, one registered nurse, and one technician.

(i) Quality Improvement Program. A quality improvement program for the adult diagnostic cardiac catheterization program laboratory shall include an assessment of proficiency in diagnostic coronary procedures, as described in the 2012 ACC/SCAI Guidelines. Essential data elements for the quality improvement program include the individual physician procedural volume and major complication rate; the institutional procedural complication rate; patient clinical and demographic information; verification of data accuracy; and procedures for patient, physician and staff confidentiality. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

(j) Emergency Services.

1. All hospitals providing adult diagnostic cardiac catheterization program services, except hospitals licensed as a Level II adult cardiovascular services provider, shall have written transfer agreements developed specifically for diagnostic cardiac catheterization patients with one or more hospitals licensed as a Level II adult cardiovascular services provider. Written agreements must be in place with a ground ambulance service capable of advanced life support and Intra-Aortic Balloon Pump (IABP) transfer. Agreements may include air ambulance service, but must have ground ambulance backup. A transport vehicle must be on-site to begin transport within 20 minutes of a request and have a transfer time within 60 minutes. Transfer time is defined as the number of minutes between the recognition of an emergency as noted in the hospital's internal log and the patient's arrival at the receiving hospital. Transfer and transport agreements must be reviewed and tested once every 6 months, with appropriate documentation maintained, including the hospital's internal log or emergency medical services data.

2. Patients at high risk for diagnostic catheterization complications shall be referred for diagnostic catheterization services to hospitals licensed as a Level II adult cardiovascular services provider. Hospitals not licensed as a Level II adult cardiovascular services provider must have documented patient selection and exclusion criteria and provision for identification of emergency situations requiring transfer to a hospital with a Level II adult cardiovascular services program. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

(k) Policy and Procedure Manual for Medicaid and Charity Care.

1. Each provider of adult diagnostic cardiac catheterization services shall maintain a policy and procedure manual, available for review by the Agency, which documents a plan to provide services to Medicaid and charity care patients.

2. The policy and procedure manual shall document specific outreach programs directed at Medicaid and charity care patients for adult diagnostic cardiac catheterization services.

(l) Enforcement. Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C.

(m) In case of conflict between the provisions of this rule and the 2012 ACC/SCAI Guidelines, the provisions of this part shall prevail.

(2) Level I Adult Cardiovascular Services.

(a) Licensure.

1. A hospital may apply for a license for a Level I adult cardiovascular services program by submitting a hospital licensure application as specified in subsection 59A-3.066(2), Florida Administrative Code, indicating the addition of a Level I adult diagnostic cardiac catheterization services program, and attaching AHCA Form 3130-8010, January 2018, License Application Level I Adult Cardiovascular Services, incorporated herein by reference and available at

http://www.flruless.org/Gateway/reference.asp?No=Ref-XXXXX. Both of these forms are available at: http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml. The hospital licensure application and AHCA Form 3130-8010, January 2018, must be signed by the hospital's Chief Executive Officer, confirming that for the most recent 12-month period, the hospital has provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has discharged or transferred a minimum of 300 inpatients with the principal diagnosis of ischemic heart disease (defined by ICD-10-CM codes I20-I25).

a. Reportable cardiac catheterization procedures are defined as single sessions with a patient in the hospital's cardiac catheterization procedure room(s), irrespective of the number of specific procedures performed during the session.

b. Reportable cardiac catheterization procedures shall be limited to those provided and billed for by the Level I licensure applicant and shall not include procedures performed at the hospital by physicians who have entered into block leases or joint venture agreements with the applicant.

2. The request shall confirm the hospital's intent and ability to comply with the 2012 ACC/SCAI Guidelines and *the 2014 Update on Percutaneous Coronary Intervention Without Onsite Surgical Backup: Dehmer et al, SCAI/ACC/AHA Expert Consensus Document, Circulation. 2014; 129:2610-2626* (2014 SCAI/ACC/AHA Update), which is hereby incorporated by reference, effective at adoption, and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX. Requests shall confirm the hospital's intent and ability to comply with the guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.

3. The request shall confirm the hospital's intent and ability to comply with physical plant requirements regarding cardiac catheterization laboratories and operating rooms found in the Florida Building Code.

4. The request shall confirm the hospital has one or more written transfer agreements with hospitals that operate a Level II adult cardiovascular services program, including written transport protocols to ensure safe and efficient transfer of an emergency patient within 60 minutes. Transfer time is defined as the number of minutes between the recognition of an emergency as noted in the hospital's internal log and the patient's arrival at the receiving hospital.

5. All providers of Level I adult cardiovascular services programs shall operate in compliance with subsection 59A-3.246(1), F.A.C., the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update regarding the operation of adult diagnostic cardiac catheterization laboratories and the provision of percutaneous coronary intervention.

6. The applicable guidelines are the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update. Aspects of the guideline related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule. Aspects of the guideline related to the provision of elective percutaneous coronary intervention only in hospitals authorized to provide open heart surgery are not applicable to this rule.

7. Hospitals are considered to be in compliance with the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. Hospitals must also document an ongoing quality improvement plan to ensure that the cardiac catheterization program and the percutaneous coronary intervention program meet or exceed national quality and outcome benchmarks reported by the American College of Cardiology-National Cardiovascular Data Registry.

8. Level I adult cardiovascular service providers shall report to the American College of Cardiology-National Cardiovascular Data Registry in accordance with the timetables and procedures established by the Registry. All data shall be reported using the specific data elements, definitions and transmission format as set forth by the American College of Cardiology-National Cardiovascular Data Registry. By submitting data to the American College of Cardiology-National Cardiovascular Data Registry in the manner set forth herein, each hospital shall be deemed to have certified that the data submitted for each time period is accurate, complete and verifiable. The licensee of each hospital licensed to provide Level I adult cardiovascular services shall:

a. Execute the required agreements with the American College of Cardiology-National Cardiovascular Data Registry to participate in the data registry;

b. Stay current with the payment of all fees necessary to continue participation in the American College of Cardiology-National Cardiovascular Data Registry;

c. Release the data reported by the American College of Cardiology-National Cardiovascular Data Registry to the Agency;

d. Use the American College of Cardiology-National Cardiovascular Data Registry data sets and use software approved by the American College of Cardiology for data reporting;

e. Ensure that software formats are established and maintained in a manner that meets American College of Cardiology-National Cardiovascular Data Registry transmission specifications and encryption requirements. If

necessary, each hospital shall contract with a vendor approved by the American College of Cardiology-National Cardiovascular Data Registry for software and hardware required for data collection and reporting;

f. Implement procedures to transmit data via a secure website or other means necessary to protect patient privacy to the extent required by the American College of Cardiology-National Cardiovascular Data Registry;

g. Ensure that all appropriate data is submitted on every patient that receives medical care and is eligible for inclusion in the American College of Cardiology-National Cardiovascular Data Registry;

h. Maintain an updated and current institutional profile with the American College of Cardiology-National Cardiovascular Data Registry;

i. Ensure that data collection and reporting will only be performed by trained, competent staff and that such staff shall adhere to the American College of Cardiology-National Cardiovascular Data Registry standards;

j. Submit corrections to any data submitted to the American College of Cardiology-National Cardiovascular Data Registry as discovered by the hospital or by the American College of Cardiology-National Cardiovascular Data Registry. Such corrections shall be submitted within thirty days of discovery of the need for a correction or within such other time frame as set forth by the American College of Cardiology-National Cardiovascular Data Registry. Data submitted must be at a level that the American College of Cardiology-National Cardiovascular Data Registry will include the data in national benchmark reporting; and

k. Designate an American College of Cardiology-National Cardiovascular Data Registry site manager that will serve as a primary contact between the hospital and the American College of Cardiology-National Cardiovascular Data Registry with regard to data reporting.

9. Notwithstanding guidelines to the contrary in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update all providers of Level I adult cardiovascular services programs may provide emergency and elective percutaneous coronary intervention procedures. Aspects of the guidelines related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule.

10. Hospitals with Level I adult cardiovascular services programs are prohibited from providing the following procedures:

a. Any therapeutic procedure requiring transseptal puncture,

b. Any lead extraction for a pacemaker, biventricular pacer or implanted cardioverter defibrillator.

c. Any rotational or other atherectomy devices, or

d. Treatment of chronic total occlusions

11. Hospitals with Level I adult cardiovascular services programs must renew their licenses at the time of the hospital licensure renewal, providing the information in two through five above. Failure to renew the hospital's license or failure to update the information in two through five above shall cause the license to expire.

(b) Staffing. All staff participating as members of the catheterization team, including physicians, nurses, and technical cathererization laboratory staff shall maintain Advanced Cardiac Life Support certification, and must participate in a 24-hour-per-day, 365 day-per-year call schedule.

1. At initial licensure, each cardiologist shall be an experienced physician who has performed a minimum of 50 interventional cardiology procedures, including at least 11 primary cardiology interventional procedures, exclusive of fellowship training, and within the previous 12 months from the date of the Level I adult cardiovascular licensure application.

2. At licensure renewal, interventional cardiologists shall perform a minimum of 50 interventional cardiology procedures per year averaged over a 2-year period or be confirmed by the review process described in 59A-3.246(3)(b)3.

3. The providers of Level I adult cardiovascular services shall develop internal review processes to assess interventional cardiologists performing less than the required annual volume. Low volume operators must be evaluated and confirmed by an independent institutional committee consisting of physicians and other healthcare personnel as selected by the hospital, or an external review organization. Factors that shall be considered in assessing operator competence include operator volume, lifetime experience, institutional volume, individual operator's other cardiovascular interventions and quality assessment of the operator's ongoing performance.

4. Technical catheterization laboratory staff shall be credentialed as Registered Cardiovascular Invasive Specialist or shall complete a hospital based education and training program at a hospital providing Level I or Level II adult cardiovascular services. This training program shall include a minimum of 500 hours proctored clinical experience, including participation in a minimum of 120 interventional cardiology procedures and didactic education components of hemodynamics, pharmacology, arrhythmia recognition, radiation safety, and interventional equipment.

5. Coronary care unit nursing staff must be trained and experienced with invasive hemodynamic monitoring, operation of temporary pacemaker, management of Intra-Aortic Balloon Pump (IABP), management of in-dwelling arterial/venous sheaths and identifying potential complications such as abrupt closure, recurrent ischemia and access site complications.

(c) Emergency Services. All providers of Level I adult cardiovascular program services shall have written transfer

agreements developed specifically for emergency transfer of interventional cardiology patients with one or more hospitals licensed as a Level II adult cardiovascular services provider. Written agreements must be in place with a ground ambulance service capable of advanced life support and IABP transfer. Agreements may include air ambulance service, but must have ground ambulance backup. A transport vehicle must be on-site to begin transport within 20 minutes of a request and have a transfer time within 60 minutes. Transfer time is defined as the number of minutes between the recognition of an emergency as noted in the hospital's internal log and the patient's arrival at the receiving hospital. Transfer and transport agreements must be reviewed and tested once every 6 months, with appropriate documentation maintained, including the hospital's internal log or emergency medical services data.

(d) Policy and Procedure Manual for Medicaid and Charity Care.

1. Each provider of Level I adult cardiovascular services shall maintain a policy and procedure manual, available for review by the Agency, which documents a plan to provide services to Medicaid and charity care patients.

2. The policy and procedure manual shall document specific outreach programs directed at Medicaid and charity care patients for Level I adult cardiovascular services.

(e) Physical Plant Requirements. The Florida Building Code contains the physical plant requirements for cardiac catheterization laboratories operated by a licensed hospital.

(f) Enforcement.

1. Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C.

2. Unless in the view of the Agency there is a threat to the health, safety or welfare of patients, Level I adult cardiovascular services programs that fail to meet provisions of this rule shall be given 15 days to develop a plan of correction that must be accepted by the Agency.

3. Failure of the hospital with a Level I adult cardiovascular services program to make improvements specified in the plan of correction shall result in the revocation of the program license. The hospital may offer evidence of mitigation and such evidence could result in a lesser sanction.

(g) In case of conflict between the provisions of this rule and the guidelines in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update the provisions of this part shall prevail.

(3) Level II Adult Cardiovascular Services.

(a) Licensure.

1. A hospital may apply for a license for a Level II adult cardiovascular services program by submitting a hospital licensure application as specified in subsection 59A-3.066(2), Florida Administrative Code, indicating the addition of a Level II adult cardiac catheterization services program, and attaching AHCA Form 3130-8011, January 2018, License Application Level II Adult Cardiovascular Services, incorporated herein by reference and available at http://www.rules.org/Gateway/reference.asp?No=Ref-XXXX. Both of these forms are available at: http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml. The hospital licensure application and AHCA Form 3130-8011, January 2018, and must be signed by the hospital's Chief Executive Officer, confirming that for the most recent 12-month period, the hospital has provided a minimum of 1,100 adult inpatient and outpatient cardiac catheterizations, of which at least 400 must be therapeutic cardiac catheterizations, or, for the most recent 12-month period, has discharged at least 800 patients with the principal diagnosis of ischemic heart disease (defined by ICD-10-CM codes I20-I25). Reportable cardiac catheterization procedures shall be limited to those provided and billed for by the Level II licensure applicant and shall not include procedures performed at the hospital by physicians who have entered into block leases or joint venture agreements with the applicant.

2. The request shall confirm to the hospital's intent and ability to comply with applicable guidelines in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update including guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.

3. The request shall confirm to the hospital's intent and ability to comply with physical plant requirements regarding cardiac catheterization laboratories and operating rooms found in the Florida Building Code.

4. All providers of Level II adult cardiovascular services programs shall operate in compliance with subparagraphs (1) and (2) of this rule and the applicable guidelines of the American College of Cardiology/American Heart Association regarding the operation of diagnostic cardiac catheterization laboratories, the provision of percutaneous coronary intervention and the provision of coronary artery bypass graft surgery.

a. The applicable guidelines are the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update; and

b. Aspects of the guidelines related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule.

5. Hospitals are considered to be in compliance with the guidelines in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. Hospitals must also document an ongoing quality improvement plan to ensure that

the cardiac catheterization program, the percutaneous coronary intervention program and the cardiac surgical program meet or exceed national quality and outcome benchmarks reported by the American College of Cardiology-National Cardiovascular Data Registry and the Society of Thoracic Surgeons.

6. In addition to the requirements set forth in subparagraph (2)(a)7. of this rule, each hospital licensed to provide Level II adult cardiovascular services programs shall participate in the Society of Thoracic Surgeons National Database. By submitting data to the Society of Thoracic Surgeons National Database and the American College of Cardiology-National Cardiovascular Data Registry in the manner set forth herein, each hospital shall be deemed to have certified that the data submitted for each time period is accurate, complete and verifiable. The licensee of each hospital licensed to provide Level II adult cardiovascular services shall:

a. Report to the Society of Thoracic Surgeons National Database in accordance with the timetables and procedures established by the Database. All data shall be reported using the specific data elements, definitions and transmission format as set forth by the Society of Thoracic Surgeons;

b. Stay current with the payment of all fees necessary to continue participation in the Society of Thoracic Surgeons National Database;

c. Release the data reported by the Society of Thoracic Surgeons National Database to the Agency;

d. Use the the Society of Thoracic Surgeons National Database and use software approved by the Society of Thoracic Surgeons for data reporting;

e. Ensure that software formats are established and maintained in a manner that meets Society of Thoracic Surgeons transmission specifications and encryption requirements. If necessary, each hospital shall contract with a vendor approved by the Society of Thoracic Surgeons National Database for software and hardware required for data collection and reporting;

f. Implement procedures to transmit data via a secure website or other means necessary to protect patient privacy.To the extent required by the Society of Thoracic Surgeons National Database;

g. Ensure that all appropriate data is submitted on every patient who receives medical care and is eligible for inclusion in the Society of Thoracic Surgeons National Database;

h. Each hospital licensed to provide Level II adult cardiovascular services shall maintain an updated and current institutional profile with the Society of Thoracic Surgeons National Database;

i. Each hospital licensed to provide Level II adult cardiovascular services shall ensure that data collection and reporting will only be performed by trained, competent staff and that such staff shall adhere to Society of Thoracic Surgeons National Database standards;

j. Submit corrections to any data submitted to the Society of Thoracic Surgeons National Database as discovered by the hospital or by the Society of Thoracic Surgeons National Database. Such corrections shall be submitted within thirty days of discovery of the need for a correction or within such other time frame as set forth by the Society of Thoracic Surgeons National Database. Data submitted must be at a level that the Society of Thoracic Surgeons National Database will include the data in national benchmark reporting; and

k. Designate a Society of Thoracic Surgeons National Database site manager that will serve as a primary contact between the hospital and the Society of Thoracic Surgeons National Database with regard to data reporting.

7. Hospitals with Level II adult cardiovascular services programs must renew their licenses at the time of the hospital licensure renewal, providing the information in two through four above. Failure to renew the hospital's license or failure to update the information in two through four above shall cause the license to expire.

(b) Staffing. All staff participating as members of the catheterization team, including physicians, nurses, and technical cathererization laboratory staff shall maintain Advanced Cardiac Life Support certification, and must participate in a 24-hour-per-day, 365 day-per-year call schedule.

1. Each cardiac surgeon shall be Board certified.

a. New surgeons shall be Board certified within 4 years after completion of their fellowship.

b. Experienced surgeons with greater than 10 years experience shall document that their training and experience preceded the availability of Board certification.

2. At initial licensure and licensure renewal, interventional cardiologists shall perform a minimum of 50 coronary interventional procedures per year averaged over a 2-year period which includes at least 11 primary cardiology interventional procedures per year or be confirmed by the review process described in 59A-3.246(4)(b)3.

3. The providers of Level II adult cardiovascular services shall develop internal review processes to assess interventional cardiologists performing less than the required annual volume. Low volume operators must be evaluated and confirmed by an independent institutional committee consisting of physicians and other healthcare personnel as selected by the hospital, or an external review organization. Factors that shall be considered in assessing operator competence include operator volume, lifetime experience, institutional volume, individual operator's other cardiovascular interventions and quality assessment of the operator's ongoing performance.

4. Technical catheterization laboratory staff shall be credentialed as Registered Cardiovascular Invasive Specialist or shall complete a hospital based education and training program at a hospital providing Level I or Level II adult cardiovascular services. This training program shall include a minimum of 500 hours proctored clinical experience, including participation in a minimum of 120 interventional cardiology procedures and didactic education components of hemodynamics, pharmacology, arrhythmia recognition, radiation safety, and interventional equipment.

5. Coronary care unit nursing staff must be trained and experienced with invasive hemodynamic monitoring, operation of temporary pacemaker, management of IABP, management of in-dwelling arterial/venous sheaths and identifying potential complications such as abrupt closure, recurrent ischemia and access site complications.

(c) Policy and Procedure Manual for Medicaid and Charity Care.

1. Each provider of Level II adult cardiovascular services shall maintain a policy and procedure manual, available for review by the Agency, which documents a plan to provide services to Medicaid and charity care patients.

2. The policy and procedure manual shall document specific outreach programs directed at Medicaid and charity care patients for Level II adult cardiovascular services.

(d) Physical Plant Requirements.

The Florida Building Code contains the physical plant requirements for cardiac catheterization laboratories and operating rooms for cardiac surgery operated by a licensed hospital.

(e) Enforcement.

1. Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C.

2. Unless in the view of the Agency there is a threat to the health, safety or welfare of patients, Level II adult cardiovascular services programs that fail to meet provisions of this rule shall be given 15 days to develop a plan of correction that must be accepted by the Agency.

3. Failure of the hospital with a Level II adult cardiovascular services program to make improvements specified in the plan of correction shall result in the revocation of the program license. The hospital may offer evidence of mitigation and such evidence could result in a lesser sanction.

(f) In case of conflict between the provisions of this rule and the guidelines in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update, the provisions of this part shall prevail.

(4) Stroke centers.

(a) Licensure. A hospital may apply for designation as an acute stroke ready center, primary stroke center, or comprehensive stroke center by submitting a hospital licensure application as specified in subsection 59A-3.066(2), Florida Administrative Code, and attaching AHCA Form 3130-8009, January 2018, License Application Stroke Center Affidavit, incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX. The application and affidavit are available at: http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml and must be signed by the hospital's Chief Executive Officer, attesting that the stroke program meets:

1. The criteria for one of the designations as specified in this rule, or

2. Is certified as a stroke center by The Joint Commission, the Health Facilities Accreditation Program, or DNV GL.

(b) Screening. Organized medical staff shall establish specific procedures for screening patients that recognize that numerous conditions, including cardiac disorders, often mimic stroke in children. Organized medical staff shall ensure that transfer to an appropriate facility for specialized care is provided to children and young adults with known childhood diagnoses.

(c) Acute Stroke Ready Centers (ASR). An ASR shall have an acute stroke team available 24 hours per day, 7 days per week, capable of responding to patients who are in the emergency department or an inpatient unit within 15 minutes of being called.

1. An ASR team shall consist of a physician and one or more of the following:

a. a registered professional nurse;

b. an advanced registered nurse practitioner; or

c. a physician assistant.

2. Each ASR team member must receive 4 or more hours of education related to cerebrovascular disease annually.

3. An ASR shall fulfill the educational needs of its acute stroke team members, emergency department staff, and prehospital personnel by offering ongoing professional education at least twice per year.

4. An ASR shall designate a physician with knowledge of cerebrovascular disease to serve as the ASR medical director. The medical director shall be responsible for implementing the stroke services protocols. The qualifications for the medical director shall be determined by the hospital's governing board.

5. An ASR shall have the following services available 24 hours per day, 7 days per week:

a. A dedicated emergency department;

b. Clinical laboratory services as specified in subsection 59A-3.255(6)(g), Florida Administrative Code;

c. Diagnostic imaging to include head computed tomography (CT) and magnetic resonance imaging (MRI);

d. Administration of intravenous thrombolytic;

e. Reversal of anticoagulation;

f. Neurologist services, available in person or via telemedicine; and

g. A transfer agreement with a primary stroke center or comprehensive stroke center.

(d) Primary Stroke Centers (PSC). A PSC shall have an acute stroke team available 24 hours per day, 7 days per week, capable of responding to patients who are in the emergency department or an inpatient unit within 15 minutes of being called.

1. A PSC team shall consist of a physician and one or more of the following:

a. a registered professional nurse;

b. an advanced registered nurse practitioner; or

c. a physician assistant.

2. Each acute stroke team member must receive 8 or more hours of education related to cerebrovascular disease annually.

3. A PSC shall fulfill the educational needs of its acute stroke team members, emergency department staff, and prehospital personnel by offering ongoing professional education at least twice per year.

4. A PSC shall designate a physician with knowledge of cerebrovascular disease to serve as the PSC medical director. The medical director shall be responsible for implementing the stroke services protocols. The qualifications for the medical director shall be determined by the hospital's governing board.

5. A PSC shall have the following services available 24 hours per day, 7 days per week:

a. A dedicated emergency department;

b. Clinical laboratory services as specified in subsection 59A-3.255(6)(g), Florida Administrative Code;

c. Diagnostic imaging to include head computed tomography (CT), CT angiography (CTA), brain and cardiac magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), and transthoracic and/or transesophageal echocardiography;

d. Administration of intravenous thrombolytic;

e. Reversal of anticoagulation; and

f. Neurologist services, available in person or via telemedicine.

6. The following services may be available on-site or via a transfer agreement:

a. Neurosurgical services within 2 hours of being deemed clinically necessary;

b. Physical, occupational, or speech therapy; and

c. Neurovascular interventions for aneurysms, stenting of carotid arteries, carotid endartectomy, and endovascular therapy.

7. Quality Improvement and Clinical Outcomes Measurement.

a. The PSC shall develop a quality improvement program designed to analyze data, correct errors, identify system improvements and ongoing improvement in patient care and delivery of services.

b. A multidisciplinary institutional Quality Improvement Committee shall meet on a regular basis to monitor quality benchmarks and review clinical complications.

c. Specific benchmarks, outcomes, and indicators shall be defined, monitored, and reviewed by the Quality Improvement Committee on a regular basis for quality assurance purposes.

(e) Comprehensive Stroke Center (CSC). A comprehensive stroke center shall have health care personnel with clinical expertise in a number of disciplines available.

1. Health care personnel disciplines in a CSC shall include:

a. A designated comprehensive stroke center medical director;

b. Neurologists, neurosurgeons, surgeons with expertise performing carotid endartrectomy, diagnostic neuroradiologist(s), and physician(s) with expertise in endovascular neuroInterventional procedures and other pertinent physicians;

c. Emergency department (ED) physician(s) and nurses trained in the care of stroke patients;

d. Nursing staff in the stroke unit with particular neurologic expertise who are trained in the overall care of stroke patients;

e. Nursing staff in intensive care unit (ICU) with specialized training in care of patients with complex and/or severe neurological/neurosurgical conditions;

f. Advanced Practice Nurse(s) with particular expertise in neurological and/or neurosurgical evaluation and treatment, physician(s) with specialized expertise in critical care for patients with severe and/or complex neurological/neurosurgical conditions;

g. Physician(s) with specialized expertise in critical care for patients with severe and/or complex neurological/neurosurgical conditions;

h. Physician(s) with expertise in performing and interpreting trans-thoracic echocardiography, transesophageal echocardiography, carotid duplex ultrasound and transcranial Doppler;

i. Physician(s) and therapist(s) with training in rehabilitation, including physical, occupational and speech therapy; and

j. A multidisciplinary team of health care professionals with expertise or experience in stroke, representing clinical or neuropsychology, nutrition services, pharmacy (including a Pharmacy Doctorate (Pharm D) with stroke expertise), case management and social workers.

2. A CSC shall have the following availability of medical personnel:

a. Neurosurgical expertise must be available in a CSC on a 24 hours per day, 7 days per week basis and in-house within 2

hours. The attending neurosurgeon(s) at a CSC shall have expertise in cerebrovascular surgery.

b. Neurologist(s) with special expertise in the management of stroke patients shall be available 24 hours per day, 7 days per week.

c. Endovascular/Neurointerventionist(s) shall be on active full-time staff. However, when this service is temporarily unavailable, pre-arranged transfer agreements must be in place for the rapid transfer of patients needing these treatments to an appropriate facility.

3. A CSC shall have the following advanced diagnostic capabilities:

a. Magnetic resonance imaging (MRI) and related technologies;

b. Catheter angiography;

c. Computed Tomography (CT) angiography;

d. Extracranial ultrasonography;

e. Carotid duplex;

f. Transcranial Doppler;

g. Transthoracic and transesophageal echocardiography;

h. Tests of cerebral blood flow and metabolism;

i. Comprehensive hematological and hypercoagulability profile testing;

3. Neurological Surgery and Endovascular Interventions;

a. Angioplasty and stenting of intracranial and extracranial arterial stenosis;

b. Endovascular therapy of acute stroke;

c. Endovascular treatment (coiling) of intracranial aneurysms;

d. Endovascular and surgical repair of arteriovenous malformations (AVM) and arteriovenous fistulae (AVF);

e. Surgical clipping of intracranial aneurysms;

f. Intracranial angioplasty for vasospasm;

g. Surgical resection of AVMs and AVFs;

h. Placement of ventriculostomies and ventriculoperitoneal shunts;

i. Evacuation of intracranial;.

j. Carotid endarterectomy; and

k. Decompressive craniectomy.

4. A CSC shall have the following specialized infrastructure:

a. Emergency Medical Services (EMS) Link – The CSC collaborates with EMS leadership:

(I) To ensure that EMS assessment and management at the scene includes the use of a stroke triage assessment tool (consistent with the Florida Department of Health sample);

(II) To ensure that EMS assessment/management at the scene is consistent with evidence-based practice.

(III) To facilitate inter-facility transfers; and

(IV) To maintain an on-going communication system with EMS providers regarding availability of services.

b. Referral and Triage – A CSC shall maintain:

(I) An acute stroke team available 24 hours per day, 7 days per week, including: ED physician(s), nurses for ED patients, neurologist, neurospecialist RNs, radiologist with additional staffing/technology including: 24 hours per day, 7 days per week CT availability, STAT lab testing/pharmacy and registration;

(II) A system for facilitating inter-facility transfers; and

(III) Defined access telephone numbers in a system for accepting appropriate transfer.

c. Inpatient Units – These specialized units must have a subspecialty Medical Director with particular expertise in stroke (intensivist, pulmonologist, neurologist, neurosurgeon or neuro-intensivist) who demonstrates ongoing professional growth by obtaining at least 6 CME credits in cerebrovascular care annually. A CSC shall provide:

(I) An Intensive Care Unit with medical and nursing personnel who have special training, skills and knowledge in the management of patients with all forms of neurological/neurosurgical conditions that require intensive care; and

(II) An Acute Stroke Unit with medical and nursing personnel who have training, skills and knowledge sufficient to care for patients with neurological conditions, particularly acute stroke patients, and who are trained in neurological assessment and management.

d. Rehabilitation and Post Stroke Continuum of Care –

(I) A CSC shall provide inpatient post-stroke rehabilitation.

(II) A CSC shall utilize healthcare professionals who can assess and treat cognitive, behavioral, and emotional changes related to stroke (i.e., clinical psychologists or clinical neuropsychologists).

(III) A CSC shall ensure discharge planning that is appropriate to the level of post-acute care required.

(IV) A CSC shall ensure continuing arrangements post-discharge for rehabilitation needs and medical management.

(V) A CSC shall ensure that patients meeting acute care rehabilitation admission criteria are transferred to a CARF/JCAHO accredited acute rehabilitation facility.

e. Education –

(I) The CSC shall fulfill the educational needs of its medical and paramedical professionals by offering ongoing professional education for all disciplines.

(II) The CSC shall provide education to the public as well as to inpatients and families on risk factor reduction/management, primary and secondary prevention of stroke, the warning signs and symptoms of stroke, and the medical management and rehabilitation for stroke patients.

(III) The CSC shall supplement community resources for stroke and stroke support groups.

f. Professional standards for nursing – The CSC shall provide a career development track to develop neuroscience nursing, particularly in the area of cerebrovascular disease.

(I) ICU and neuroscience/stroke unit nursing staff will be familiar with stroke specific neurological assessment tools such as the National Institute for Health (NIH) Stroke Scale.

(II) ICU nursing staff must be trained to assess neurologic function and be trained to provide all aspects of neuro critical care.

(III) Nurses in the ICU caring for stroke patients, and nurses in neuroscience units must obtain at least 8 hours of continuing education credits (4 hours continuing education in the formalized CEU credits and 4 hours of continuing education related to their specialty that can be verified through documentation of participation).

g. Research – A CSC shall have the professional and administrative infrastructure necessary to conduct clinical trials, have participated in stroke clinical trials within the last year, and be actively participating in ongoing clinical stroke trials.

5. A CSC will have a quality improvement program for the analysis of data, correction of errors, systems improvements, and ongoing improvement in patient care and delivery of services that include:

a. A multidisciplinary institutional Quality Improvement Committee that meets on a regular basis to monitor quality benchmarks and review clinical complications;

b. Specific benchmarks, outcomes, and indicators defined, monitored, and reviewed on a regular basis for quality assurance purposes. Outcomes for procedures such as carotid endarterectomy, carotid stenting, intravenous tissue plasminogen activator (IVtPA), endovascular/interventional stroke therapy, intracerebral aneurysm coiling, and intracerebral aneurysm clipping will be monitored;

c. An established database and/or registry that allows for tracking of parameters such as length of stay, treatments received, discharge destination and status, incidence of complications (such as aspiration pneumonia, urinary tract infection, deep venous thrombosis), and discharge medications and comparing to institutions across the United States; and

d. Participation in a national and/or state registry (or registries) for acute stroke therapy clinical outcomes, including IVtPA and endovascular/interventional stroke therapy.

(5) Burn Units.

(a) All licensed hospitals that operate burn units under Section 408.0361(2), F.S., shall comply with the guidelines published by the American College of Surgeons, Committee on Trauma. Hospitals are considered to comply with the American College of Surgeons guidelines when they adhere to guidelines regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. The applicable guidelines, herein incorporated by reference, are "Guidelines for the Operation of Burn Centers," in *Resources for Optimal Care of the Injured Patient*, Committee on Trauma, American College of Surgeons, (2014); Chapter 14, pages 100 through 106. These guidelines are available at: http://ameriburn.org/wp-content/uploads/2017/05/acs-resources-burn-chapter-14.pdf. The determination of compliance with the guidelines is based on the burn unit providing evidence of verification from the American Burn Association.

(b) A hospital may apply for the initial licensure of a burn unit by submitting a hospital licensure application as specified in subsection 59A-3.066(2), Florida Administrative Code, indicating the addition of burn unit services, and attaching License Application Burn Unit Services, AHCA Form 3130-8012, January 2018, herein incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX. Both of these forms are available at: http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml. The Burn Unit Services Application must be signed by the hospital's Chief Executive Officer. The applicant shall complete this form indicating the date that burn unit services will begin and that the hospital is in compliance with "Guidelines for the Operation of Burn Centers" but has not received initial verification as a burn unit. During this initial licensure period, the hospital license will indicate that the burn unit is "provisional". The provisional status will be lifted upon completion of the verification process with the American Burn Association, and the burn unit will be fully licensed with the service listed on the hospital license.

(c) At the time of licensure renewal, burn unit operators shall submit current documentation from the American Burn Association that verifies the hospital's adherence to the guidelines incorporated in paragraph (5)(b).

(d) Each provider of burn unit services shall maintain a policy and procedure manual, available for review by the Agency, which documents a plan to provide services to Medicaid and charity care patients.

(e) Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C.

Rulemaking Authority 395.1055, 395.3038, 408.036, 408.0361, FS. Law Implemented 395.1055, 395.1065, 395.3038, 408.036, 408.0361, FS. History–New, _____.

59A-3.247 Housekeeping Services.

Each hospital shall have an organized housekeeping department with a qualified person designated as responsible for all housekeeping functions. The designated supervisor of housekeeping shall be responsible for developing written policies and procedures for coordinating housekeeping services

with other departments, developing a work plan and assignments for housekeeping staff, and developing a plan for obtaining relief housekeeping personnel.

(1) A sufficient number of housekeeping personnel shall be employed to fulfill the responsibilities of the housekeeping department seven days a week.

(2) When housekeeping services are provided by a third party, the hospital shall have a formal written agreement with the third party provider on file.

(3) The designated supervisor of housekeeping shall develop, implement, and maintain an effective housekeeping plan to ensure that the facility is maintained in compliance with the following:

(a) The facility and its contents shall be kept free from dust, dirt, debris, and noxious odors;

(b) All rooms and corridors shall be maintained in a clean, safe, and orderly condition, and shall be properly ventilated to prevent condensation, mold growth, and noxious odors;

(c) All walls and ceilings, including doors, windows, skylights, screens, and similar closures shall be kept clean;

(d) All mattresses, pillows, and other bedding; window coverings, including curtains, blinds, and shades, cubicle curtains and privacy screens; and furniture shall be kept clean;

(e) Floors shall be kept clean and free from spillage, and non-skid wax shall be used on all waxed floors;

(f) Articles in storage shall be elevated from the floor;

(g) Aisles in storage areas shall be kept unobstructed;

(h) All garbage and refuse from patient areas shall be collected daily and stored in a manner to make it inaccessible to insects and rodents;

(i) Garbage or refuse storage rooms, if used, shall be kept clean, shall be vermin-proof, and shall be large enough to store the garbage and refuse containers that accumulate. Outside garbage or refuse storage areas or enclosures shall be large enough to store the garbage and refuse containers that accumulate, and shall be kept clean. Outside storage of unprotected plastic bags, wet strength paper bags, or baled units containing garbage or refuse is prohibited. Garbage and refuse containers, dumpsters, and compactor systems located outside shall be stored on or above a smooth surface of non-absorbent material, such as concrete or machine-laid asphalt, that is kept clean and maintained in good repair; and

(j) Garbage and refuse shall be removed from both interior and outside storage areas as often as necessary to prevent sanitary nuisance conditions. If garbage and refuse are disposed of on the facility premises, the method of disposal shall not create a sanitary nuisance and shall comply with the provisions of Chapter 62-701, F.A.C.

(4) The designated supervisor of housekeeping shall ensure that:

(a) There is a sufficient quantity of linen, including at least sheets, pillow cases, drawsheets or their alternative, blankets, towels and washcloths to provide comfortable, clean and sanitary conditions for each patient at all times;

(b) Written policies and procedures for linen and laundry services, including methods of collection, storage, and transportation are developed, implemented, and maintained in conjunction with the policies and procedures developed by the infection control committee;

(c) Soiled linen and laundry are collected in a way that minimizes microbial dissemination into the environment;

(d) Separate containers are used for transporting clean linen and laundry, and soiled linen and laundry;

(e) Soiled linen and laundry are stored in a ventilated area separate from any other supplies, and are not stored, sorted, rinsed, or laundered in patient rooms, bathrooms, areas of food preparation or storage, or areas in which clean material and equipment are stored; and

(f) When linen and laundry services are provided by a third party, the third party provider shall be required to maintain the standards contained herein, and shall ensure that clean linen is packaged and protected from contamination until received by the facility.

(5) Effective control methods shall be employed to protect against the entrance into the facility and the breeding or presence on the premises of flies, roaches, rodents, and other vermin. Use of pesticides shall be in accordance with Chapter 5E-14, Part No. 1, F.A.C.

(6) The designated supervisor of housekeeping shall develop and implement, in coordination with the infection control committee, written procedures for the cleaning of the physical plant, equipment, and reusable supplies. Such procedures shall include:

(a) Special written procedures for cleaning all infectious disease areas;

(b) Special written procedures for cleaning all operating room suites, delivery suites, nurseries, intensive and other critical care units, the emergency suite, and other areas performing similar functions; and

(c) Special written procedures for the separate handling and storage of both clean and dirty linen, with special attention being given to identification, separation and handling of linens from isolation or infectious disease areas.

Rulemaking Authority 395.1055, FS. Law Implemented 395.1055, FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jessica Munn

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Justin M. Senior

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 22, 2018
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: November 4, 2015

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Drugs, Devices and Cosmetics

RULE NO.: RULE TITLE:
61N-2.019 Application for Restricted Rx Drug Distributor – Charitable Organization Permit

PURPOSE AND EFFECT: To create a new rule to provide language and incorporate by reference, the Application for Restricted Prescription Drug Distributor – Charitable Organization permit.
SUMMARY: The proposed rulemaking creates and incorporates by reference the Division of Drugs, Devices, and Cosmetics' Application for Restricted Prescription Drug Distributor – Charitable Organization permit
within the text of Proposed Rule 61N-2.019, F.A.C.
SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:
The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.
The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: the economic review conducted by the agency.
Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.
RULEMAKING AUTHORITY: 499.01, 499.05, 499.012, FS.
LAW IMPLEMENTED: 499.01, 499.05, 499.012, 599.79, FS.
IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Dinah Greene, Operations Review Specialist, Division of Drugs, Devices and Cosmetics, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047; (850)717-1802; Dinah.Greene@myfloridalicense.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

61N-2.019 Application for Restricted Prescription Drug Distributor – Charitable Organization permit.
A Restricted Prescription Drug Distributor – Charitable Organization permit is required for a charitable organization to authorize the possession or transfer of prescription drugs, including prescription drug samples, as set forth in rule 61N-1.023(1), F.A.C. An applicant wishing to obtain a Restricted Prescription Drug Distributor – Charitable Organization permit as required under section 499.01(2)(h), Florida Statutes, shall submit a complete application to the department on Form DBPR-DDC-208, Application for Restricted Prescription Drug Distributor – Charitable Organization Permit, effective April 2018, incorporated herein by reference, http://www.flrules.org/Gateway/reference.asp?No=Ref-09280 , together with the appropriate fees. A copy of Form DBPR-DDC-208, Application for Restricted Prescription Drug Distributor – Charitable Organization Permit, can be obtained at https://www.myfloridalicense.com or by contacting the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics at 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, (850)717-1800.
Rulemaking Authority 499.01, 499.012, 499.05 FS. Law Implemented 499.01, 499.012, 499.05, 559.79 FS. –New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Drew Winters, Division Director
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jonathan Zachem, Secretary
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 19, 2018
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 26, 2016

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Drugs, Devices and Cosmetics

RULE NO.: RULE TITLE:
61N-2.020 Application for Restricted Rx Drug Distributor – Destruction Permit

PURPOSE AND EFFECT: To create a new rule to provide language and incorporate by reference, the Application for Restricted Prescription Drug Distributor- Destruction Permit
SUMMARY: The proposed rulemaking creates and incorporates by reference the Division of Drugs, Devices, and Cosmetics' Application for Restricted Prescription Drug Distributor- Destruction Permit within the text of Proposed Rule 61N-2.020, F.A.C.
SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:
The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly

regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: the economic review conducted by the agency.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 499.01, 499.012, 499.05, 559.79 FS.

LAW IMPLEMENTED: 499.01(2)(h), 499.012, 499.05, 559.79 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Dinah Greene, Operations Review Specialist, Division of Drugs, Devices and Cosmetics, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047; (850)717-1802; Dinah.Greene@myfloridalicense.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

61N-2.020 Application for Restricted Prescription Drug Distributor – Destruction Permit

A Restricted Prescription Drug Distributor – Destruction Permit is required for a person to take possession in Florida of a prescription drug for the purpose of arranging for its destruction, including persons transporting prescription drugs to a destruction facility or warehousing prescription drugs awaiting destruction, but does not include the manufacturer of that drug or a permitted Restricted Prescription Drug Distributor – Reverse Distributor. Applicants wishing to obtain a Restricted Prescription Drug Distributor – Destruction permit shall submit a complete application to the department on form DBPR-DDC-210, Application for Restricted Prescription Drug Distributor – Destruction permit, effective April 2018, incorporated herein by reference, http://www.flrules.org/Gateway/reference.asp?No=Ref-09281, together with the appropriate fees. A copy of Form DBPR-DDC-210, Application for Restricted Prescription Drug Distributor-Destruction permit, can be obtained at https://www.myfloridalicense.com or by contacting the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics at 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, (850) 717-1800.

Rulemaking Authority 499.01, 499.012, 499.05, 559.79 FS. Law Implemented 499.01(2)(h), 499.012, 499.05, 559.79 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Drew Winters, Division Director

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jonathan Zachem, Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 19, 2018

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 26, 2016

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Drugs, Devices and Cosmetics

RULE NO.:	RULE TITLE:
61N-2.024	Application for Restricted Rx Drug distributor – Reverse Distributor

PURPOSE AND EFFECT: To create a new rule to provide language and incorporate by reference, the Application for Restricted Prescription Drug Distributor – Reverse Distributor Permit.

SUMMARY: The proposed rulemaking creates and incorporates by reference the Division of Drugs, Devices, and Cosmetics' Application for Restricted Prescription Drug Distributor – Reverse Distributor Permit within the text of Proposed Rule 61N-2.024, F.A.C.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: the economic review conducted by the agency.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 499.01, 499.012, 499.05, 559.79 FS.

LAW IMPLEMENTED: 499.01(2)(h), 499.012, 499.03(48)(6), 499.05, 559.79, FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Dinah Greene, Operations Review Specialist, Division of Drugs, Devices and Cosmetics, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047; (850)717-1802; Dinah.Greene@myfloridalicense.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

61N-2.024 Application for Restricted Prescription Drug Distributor – Reverse Distributor Permit.

A Restricted Prescription Drug Distributor – Reverse Distributor permit is required for any person located in this state who engages in the handling, processing and removal of expired or otherwise adulterated or unsuitable prescription drugs on behalf of licensed pharmacies, practitioners, wholesalers, or other persons authorized to possess prescription drugs, for return to the manufacturer or source of the prescription drug or for destruction. An applicant wishing to obtain a Restricted Prescription Drug Distributor – Reverse Distributor permit shall file a complete application with the department on form DBPR-DDC-209, Application for Restricted Prescription Drug Distributor – Reverse Distributor permit, effective April 2018, incorporated herein by reference, http://www.flrules.org/Gateway/reference.asp?No=Ref-09283, together with the appropriate fees. A copy of Form DBPR-DDC-209, Application for Restricted Prescription Drug Distributor-Reverse Distributor permit, can be obtained at https://www.myfloridalicense.com or by contacting the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics at 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, (850) 717-1800.

Rulemaking Authority 499.01, 499.012, 499.05, 559.79 FS. Law Implemented 499.01(2)(h), 499.012,499.003(48)(6), 499.05, 559.79, FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Drew Winters, Division Director

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jonathan Zachem, Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 19, 2018

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 26, 2016

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Drugs, Devices and Cosmetics

RULE NO.: RULE TITLE:
61N-2.026 Application for Third Party Logistics Provider Permit

PURPOSE AND EFFECT: To create a new rule to provide language and incorporate by reference, the Application for Third Party Logistics Provider Permit.

SUMMARY: The proposed rulemaking creates and incorporates by reference the Division of Drugs, Devices, and Cosmetics' Application for Third Party Logistics Provider Permit within the text of Proposed Rule 61N-2.026, F.A.C.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: the economic review conducted by the agency.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 499.01, 499.05, 499.012, F.S.

LAW IMPLEMENTED: 499.01, 499.012, 499.05, 559.79, F.S.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Dinah Greene, Operations Review Specialist, Division of Drugs, Devices and Cosmetics, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047; (850)717-1802; Dinah.Greene@myfloridalicense.com

THE FULL TEXT OF THE PROPOSED RULE IS:

61N-2.026 Application for Third Party Logistics Provider permit.

A Third Party Logistics Provider permit is required for any person that contracts with a prescription drug wholesale distributor or prescription drug manufacturer to provide warehousing, distribution, or other logistics services on behalf of a manufacturer, wholesale distributor, or dispenser, but who does not take title to the prescription drug or have responsibility to direct the sale or disposition of the prescription drug. An applicant wishing to obtain a Third Party Logistics Provider permit as required under section 499.01(1)(q), Florida Statutes, shall submit a complete application to the department on Form DBPR-DDC-220, Application for Third Party Logistics Provider permit, effective April 2018, incorporated herein by reference, http://www.flrules.org/Gateway/reference.asp?No=Ref-09282, together with the appropriate fees. A copy of Form DBPR-DDC-220, Application for Third Party Logistics Provider permit, can be obtained at https://www.myfloridalicense.com or by contacting the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics at 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, (850) 717-1800.

Rulemaking Authority 499.01, 499.012, 499.05 FS. Law Implemented 499.01, 499.012, 499.05, 559.79 FS. –New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Drew Winters, Division Director

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jonathan Zachem, Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 19, 2018

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 26, 2016

FISH AND WILDLIFE CONSERVATION COMMISSION

Marine Fisheries

RULE NO.: RULE TITLE:

68B-14.009 Reporting Requirement

PURPOSE AND EFFECT: The Florida Fish and Wildlife Conservation Commission (Commission) is considering changes to state regulations that would require charter, headboat, and saltwater fishing guide operations that target or harvest certain reef fish in Gulf of Mexico state waters (excluding Monroe County) to report their intention to harvest or attempt to harvest the following species: red snapper, vermilion snapper, gag grouper, red grouper, black grouper, gray triggerfish, greater amberjack, lesser amberjack, banded rudderfish, or almaco jack. This proposed final rule would apply for the years 2018 and 2019 only, which coincides with a proposed pilot program in which the Commission would set recreational regulations for the Gulf of Mexico red snapper fishery in both state and federal waters off Florida. Section 379.354(7)(e), Florida Statutes, requires that for-hire operations licensed by the Commission must maintain and report data as required by Commission rules. The purpose of this rule amendment is to establish a mechanism for identifying which for-hire operations are targeting Gulf red snapper and other Gulf reef fish. This requirement would not apply to vessels fishing under a valid federal Gulf of Mexico Charter/Headboat Permit for Reef Fish. This federal for-hire population of Gulf for-hire operations has a separate for-hire season and quota for federal waters and would not be affected by the Commission's proposed pilot program. For-hire operations that harvest or target reef fish in waters off Monroe County are excluded from this regulation because red snapper are rarely landed recreationally in Monroe County, and some waters off Monroe County follow Atlantic regulations for red snapper and other reef fish.

The effect of this rule amendment will be the identification of for-hire operations targeting Gulf red snapper and other Gulf reef fish in state waters via the Gulf Reef Fish State For-Hire Pilot Program. As a condition of the Commission's proposed pilot program, the Commission must provide NOAA Fisheries with a list of entities that are eligible to harvest red snapper in the pilot program. To meet this condition, Commission staff will provide NOAA Fisheries with a list of for-hire operations that sign up for the Gulf Reef Fish State For-Hire Pilot Program. Anglers fishing for reef fish in the Gulf of Mexico commonly catch red snapper when they are targeting other reef fish. For this reason, this reporting requirement would be applied to for-hire operations that harvest or intend to harvest the reef fish listed above. This will allow legal-sized red snapper that are caught incidentally on reef fish trips during red snapper season to be harvested.

SUMMARY: The proposed final rule would require charter, headboat, and saltwater fishing guide operations that target or harvest certain reef fish in Gulf of Mexico state waters (excluding Monroe County) to report their intention to harvest or attempt to harvest the following species: red snapper, vermilion snapper, gag grouper, red grouper, black grouper, gray triggerfish, greater amberjack, lesser amberjack, banded rudderfish, or almaco jack. This proposed final rule would apply for the years 2018 and 2019 only, and would exclude vessels fishing under a valid federal Gulf of Mexico Charter/Headboat Permit for Reef Fish.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within

one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The nature of the rule and the preliminary analysis conducted to determine whether a SERC was required.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: Article IV, Section 9, Florida Constitution

LAW IMPLEMENTED: Article IV, Section 9, Florida Constitution

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: During the Commission's regular meeting April 25-26, 2018; 8:30 a.m. to 5:00 p.m., each day.

PLACE: Marriott Fort Lauderdale North, 6650 North Andrews Avenue, Fort Lauderdale, Florida 33309

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: the ADA Coordinator, at (850)488-6411. 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).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jessica McCawley, Director, Division of Marine Fisheries Management, 2590 Executive Center Circle East, Suite 201, Tallahassee, Florida 32301, and (850) 487-0554.

THE FULL TEXT OF THE PROPOSED RULE IS:

68B-14.009 Reporting Requirement

The purpose and intent of this rule is to improve recreational harvest data collection capabilities for certain reef fish species by identifying the population of anglers and vessels for hire fishing for these species.

(1) From April 1, 2015 through June 30, 2020, recreational harvesters are required to report their intention to harvest or attempt to harvest certain reef fish species in the upcoming year. A recreational harvester may not harvest, attempt to harvest, or possess red snapper, vermilion snapper, gag grouper, red grouper, black grouper, gray triggerfish, greater amberjack, lesser amberjack, banded rudderfish, or almaco jack while aboard a vessel in or on Florida Waters of the Gulf of Mexico excluding Monroe County, unless that person has reported their intention to do so to the Gulf Reef Fish Survey. Under Section 379.401(1), F.S., failure to file reports required of persons who hold recreational licenses is a non-criminal infraction.

(a)~~(2)~~ Proof of submission of the report required in subsection (1), must be in the personal possession of the recreational harvester while the recreational harvester is harvesting, attempting to harvest or possessing these species aboard a vessel in Florida Waters of the Gulf of Mexico excluding Monroe County.

(b)~~(3)~~ Persons meeting the criteria outlined in paragraphs 379.353(2)(a), (i), (j), and (o), F.S. are exempt from the reporting requirement in subsection (1).

(2) In accordance with 379.354(7)(e) F.S., owners, operators, or custodians of vessels for hire are required to report their intention to harvest or attempt to harvest certain reef fish species during the years 2018 and 2019. A vessel for hire may not harvest, attempt to harvest, or possess red snapper, vermilion snapper, gag grouper, red grouper, black grouper, gray triggerfish, greater amberjack, lesser amberjack, banded rudderfish, or almaco jack in or on Florida Waters of the Gulf of Mexico excluding Monroe County, unless the owner, operator, or custodian for the vessel for hire has reported their intention to do so to the Gulf Reef Fish State For-Hire Pilot Program. Under Section 379.401(1), F.S., failure to file reports required of persons who hold recreational vessel licenses is a non-criminal infraction.

(a) Proof of submission of the report required in subsection (2), must be aboard the vessel for hire while the vessel for hire is harvesting, attempting to harvest, or possessing these species in Florida Waters of the Gulf of Mexico excluding Monroe County.

(b) Vessels for hire that possess aboard the vessel a valid federal Gulf of Mexico Charter/Headboat Permit for Reef Fish pursuant to 50 C.F.R. §622.20(b) are exempt from the reporting requirement in subsection (2).

Rulemaking Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New 8-26-14, _____.

PROPOSED EFFECTIVE DATE: May 25, 2018

BE ADVISED THAT THESE PROPOSED RULES MAY BE FILED FOR ADOPTION AS SOON AS POSSIBLE FOLLOWING THE COMMISSION MEETING AT WHICH THEY ARE CONSIDERED IF THE RULES ARE NOT CHANGED. IF CHANGED, THE RULES MAY BE FILED AS SOON AS POSSIBLE AFTER PUBLICATION OF A NOTICE OF CHANGE IN THE F.A.R.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jessica McCawley, Director, Division of Marine Fisheries

Management, 2590 Executive Center Circle East, Suite 201, Tallahassee, Florida 32301, and (850)487-0554.

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Florida Fish and Wildlife Conservation Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 8, 2018

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 16, 2018

Section III
Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE NOS.:	RULE TITLES:
5E-2.039	Worker Protection Standard
5E-2.041	Materials Incorporated by Reference

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. 44 No. 21, January 31, 2018 issue of the Florida Administrative Register.

5E-2.039 Worker Protection Standard.

The worker protection standard for agricultural pesticides as specified in 40 CFR 170, revised as of July 1, 2017 ~~November 2, 2015~~, is hereby adopted by reference. Copies of this regulation may be obtained from the Superintendent of Documents, P. O. Box 979050, St. Louis, MO 63197-9000 or by phone at (202) 512-1800; or by contacting the Division of Agricultural Environmental Services, 3125 Conner Blvd., Suite E, Tallahassee, FL 32399, or online at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX.

Rulemaking Authority 487.051, 570.07(23) FS. Law Implemented 487.051(2), 487.2041 FS. History–New 4-5-94, Amended 7-18-95, _____.

5E-2.041 Materials Incorporated by Reference.

No change.

Rulemaking Authority 570.07(23) FS. Law Implemented 487.031, 487.048, 487.071, 487.081, 487.159, 487.2041, 504.14, 570.07(22), 576.051, 578.11, 580.036 FS. History–New 4-18-13, Amended ____.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE NOS.:	RULE TITLES:
5E-2.039	Worker Protection Standard
5E-2.041	Materials Incorporated by Reference

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 44 No. 21, January 31, 2018 issue of the Florida Administrative Register.

The SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION should have included the following:

The Agency has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or, if no SERC is required, the information expressly relied upon and described herein:

There is no anticipated regulatory impact in implementing these rules as they serve only to reference existing federal pesticide regulatory requirements; update relevant federal and state agency contact information; reference revised Inspection Form 13240 and remove other obsolete form references. All agricultural employers using pesticides with federally approved labels referencing the Worker Protection Standard regulation, are as of January 2, 2018, required by federal law to follow the updated Worker Protection Standard, 40 CFR Part 170, revised July 1, 2017, in their use of said pesticides. Updating the reference in 5E-2.039, F.A.C., will provide consistency with federal law in accordance with Section 487.2041, F.S.

Any person who wishes to provide information regarding the statement of estimated regulatory costs or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

Additional contact information should have been included as follows:

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kelly Friend, Assistant Director, Division of Agricultural Environmental Services, 3125 Conner Blvd., Tallahassee, FL 32399. Phone: (850)617-7851; Email: Kelly.Friend@freshfromflorida.com

DEPARTMENT OF LAW ENFORCEMENT

Division of Criminal Justice Information Systems

RULE NO.: RULE TITLE:
11C-6.010 Retention of Applicant Fingerprints
NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 44 No. 57, March 22, 2018 issue of the Florida Administrative Register has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Drugs, Devices and Cosmetics

RULE NO.: RULE TITLE:
61N-2.031 Application for Change of Physical Location
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. 44 No. 22, February 1, 2018 issue of the Florida Administrative Register.

Summaries of Substantive Changes to Form DBPR-DDC-109 and Rule 61N-2.031 are as follows:

Form DBPR-DDC-109:

On page 1, the department has revised the Application Requirements section to add "Drug" between "Pharmacy" and "Wholesale" to reflect the complete proper permit name of the "Retail Pharmacy Drug Wholesale Distributor" permit as set forth in subparagraph 499.01(2)(g), F.S.

61N-2.031 Application for Change of Physical Location

A current permit holder wishing to change their physical location shall submit a complete application to the department on Form DBPR-DDC-109, Application for Change of Physical Location, effective January 2018, incorporated herein by reference,http://www.flrules.org/Gateway/reference.asp?No=Ref-09284, together with the appropriate fees. A copy of Form DBPR-DDC-109, Application for Change of Physical Location, can be obtained at https://www.myfloridalicense.com or by contacting the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics at 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, (850) 717-1800.

Rulemaking Authority 499.01, 499.012, 499.05, 499.833 FS. Law Implemented 499.003(18), 499.01, 499.012, 499.05, 499.833, 559.79 FS. –New_____.

Section IV
Emergency Rules

NONE

Section V
Petitions and Dispositions Regarding Rule Variance or Waiver

DEPARTMENT OF HEALTH
Board of Clinical Laboratory Personnel
RULE NO.: RULE TITLE:
64B3-5.003 Technologist

NOTICE IS HEREBY GIVEN that on March 28, 2018, the Board of Clinical Laboratory Personnel, received a petition for variance or waiver filed by Carmen Muniz. Petitioner is seeking a variance or waiver of paragraph 64B3-5.003(3)(a), Florida Administrative Code, which sets forth the education, training/experience and examination requirements for licensure as a medical technologist.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Anthony B. Spivey, Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin # C07, Tallahassee, Florida 32399-3257. Comments on the petition should be filed with the Board of Clinical Laboratory Personnel within 14 days of publication of this notice.

FLORIDA HOUSING FINANCE CORPORATION
RULE NO.: RULE TITLE:
67-48.004 Selection Procedures for Developments

NOTICE IS HEREBY GIVEN that on March 28, 2018, the Florida Housing Finance Corporation, received a petition for waiver from Parramore Oaks, LLC, requesting a permanent waiver of paragraph 67-48.004(3)(g), F.A.C. to amend the Development Type in the Addenda section of its Application.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Ana McGlamory, Corporation Clerk, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, FL 32301-1329. The Petition has also been posted on Florida Housing's website at floridahousing.org. Florida Housing will accept comments concerning the Petition for 14 days from the date of publication of this notice. To be considered, comments must be received on or before 5:00 p.m., Eastern Time, on the 14th day after publication of this notice at Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329.

Section VI
Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF EDUCATION
Education Practices Commission
The Education Practices Commission announces a hearing to which all persons are invited.
DATES AND TIMES: April 10, 2018, 10:00 a.m. or as soon thereafter, A New Member Training session will begin
April 11, 2018, 9:00 a.m. or as soon thereafter as can be heard, A Teacher Hearing Panel will begin
April 11, 2018, 1:30 p.m. or as soon thereafter as can be heard, A Teacher Hearing Panel will begin
April 11, 2018, immediately following the Teacher Hearing Panels, A Commission Member Training Session is being conducted
April 12, 2018, 9:00 a.m. or as soon thereafter as can be heard, A Teacher Hearing Panel will begin
April 12, 2018, 1:30 p.m. or as soon thereafter as can be heard, A Teacher Hearing Panel will begin
April 12, 2018, immediately following the Teacher Hearing Panels, A Commission Member Training Session is being conducted
PLACE: Embassy Suites, 1100 Southeast 17th Street Causeway, Fort Lauderdale, Florida 33316, (954)527-2700
GENERAL SUBJECT MATTER TO BE CONSIDERED: The New Member Training Session is to train new members of the Commission. The Hearing Panels of the Education Practices Commission will consider final agency action in matters dealing with the disciplining of certified educators. The Commission Member Training is being held to train members of the Commission.
A copy of the agenda may be obtained by contacting: Gretchen Kelley Brantley at (850)245-0455.
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: Gretchen Kelley Brantley at (850)245-0455. 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: Lisa Forbess or Gretchen Kelley Brantley at (850)245-0455.

DEPARTMENT OF EDUCATION
Florida School for the Deaf and the Blind
RULE NO.: RULE TITLE:
6D-7.007 Code of Student Conduct
The Florida School for the Deaf and the Blind announces a public meeting to which all persons are invited.
DATE AND TIME: April 13, 2018, 9:00 a.m.
PLACE: Center for Leadership Development, Moore Hall, Florida School for the Deaf and the Blind, 207 N. San Marco Avenue, St. Augustine, FL 32084
GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion regarding r. 6D-7.007, F.A.C., Code of Student Conduct.
A copy of the agenda may be obtained by contacting: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us.
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: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us. 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: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us.

DEPARTMENT OF EDUCATION
Florida School for the Deaf and the Blind
RULE NO.: RULE TITLE:
6D-7.0071 Student Rights and Responsibilities
The Florida School for the Deaf and the Blind announces a public meeting to which all persons are invited.
DATE AND TIME: April 13, 2018, 9:00 a.m.
PLACE: Center for Leadership Development, Moore Hall, Florida School for the Deaf and the Blind, 207 N. San Marco Avenue, St. Augustine, FL 32084.
GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion regarding r. 6D-7.0071, F.A.C., Student Rights and Responsibilities.
A copy of the agenda may be obtained by contacting: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us.
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: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us.

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: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us.

DEPARTMENT OF EDUCATION

Florida School for the Deaf and the Blind

RULE NO.: RULE TITLE:

6D-7.0073 Disciplinary Procedures and Disposition

The Florida School for the Deaf and the Blind announces a public meeting to which all persons are invited.

DATE AND TIME: April 13, 2018, 9:00 a.m.

PLACE: Center for Leadership Development, Moore Hall, Florida School for the Deaf and the Blind, 207 N. San Marco Avenue, St. Augustine, FL 32084.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion regarding r. 6D-7.0073, F.A.C., Disciplinary Procedures and Discipline.

A copy of the agenda may be obtained by contacting: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us.

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: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us. 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: Cindy Day, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2200 or dayc@fsdb.k12.fl.us.

DEPARTMENT OF EDUCATION

Florida School for the Deaf and the Blind

RULE NO.: RULE TITLE:

6D-6.020 Discrimination Complaint Procedures for Employment

The Florida School for the Deaf and the Blind announces a public meeting to which all persons are invited.

DATE AND TIME: April 13, 2018, 9:00 a.m.

PLACE: Center for Leadership Development, Moore Hall, Florida School for the Deaf and the Blind, 207 N. San Marco Avenue, St. Augustine, FL 32084

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion regarding r. 6D-6.020 Discrimination Complaint Procedures for Employment.

A copy of the agenda may be obtained by contacting: Julia Mintzer, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2301 or mintzerj@fsdb.k12.fl.us.

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: Julia Mintzer, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2301 or mintzerj@fsdb.k12.fl.us. 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: Julia Mintzer, FSDB, 207 N. San Marco Avenue, St. Augustine, FL 32084, (904)827-2301 or mintzerj@fsdb.k12.fl.us.

DEPARTMENT OF LAW ENFORCEMENT

The Criminal and Juvenile Justice Information Systems (CJJIS) Council announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, April 17, 2018, 2:00 p.m.

PLACE: Florida Department of Law Enforcement Headquarters, 2331 Phillips Road, Tallahassee, FL 32308

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Federal Funding Work Group (FFWG) is meeting to discuss and approve concept papers for inclusion in the state's federal grant applications.

A copy of the agenda may be obtained by contacting: PetrinaHerring@fdle.state.fl.us

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: PetrinaHerring@fdle.state.fl.us. 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: PetrinaHerring@fdle.state.fl.us.

DEPARTMENT OF LAW ENFORCEMENT

Criminal Justice Standards and Training Commission

The Region XIV Trust Fund Advisory Training Council announces a public meeting to which all persons are invited.

DATE AND TIME: April 5, 2018, 10:00 a.m.

PLACE: Miami Dade College, North Campus, Room 9118

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion of Region XIV reports and other Region XIV business matters.

A copy of the agenda may be obtained by contacting: Maevis Pierre at (305)237-1329 or mpierre6@mdc.edu.

DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation announces a public meeting to which all persons are invited.

DATES AND TIMES: March 29, 2018, 8:00 a.m. – 5:00 p.m.; March 30, 2018, 8:00 a.m. – 12:00 p.m.

PLACE: Florida's Turnpike Orlando Headquarters, Auditorium A, Turkey Lake Service Plaza, Milepost 263, Ocoee, FL 34761

GENERAL SUBJECT MATTER TO BE CONSIDERED: FLORIDA GREENBOOK ADVISORY COMMITTEE MEETING

A copy of the agenda may be obtained by contacting: Mary Anne Koos, (850)414-4321, maryanne.koos@dot.state.fl.us.

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: Mary Anne Koos, (850)414-4321, maryanne.koos@dot.state.fl.us. 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: Mary Anne Koos, (850)414-4321, maryanne.koos@dot.state.fl.us.

REGIONAL PLANNING COUNCILS

Central Florida Regional Planning Council

The Central Florida Regional Planning Council (CFRPC) announces a public meeting to which all persons are invited.

DATE AND TIME: April 25, 2018, 9:30 a.m.

PLACE: DeSoto County Administration Building, Commission Board Room, 201 East Oak Street, Suite 201, Arcadia, FL 34266

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular quarterly meeting and/or public hearing of the Transportation Disadvantaged (TD) DeSoto County Local Coordinating Board (LCB).

A copy of the agenda may be obtained by contacting: Marcia Staszko, Program Manager at (863)534-7130, ext. 128 or mstaszko@cfrpc.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 3 days before the workshop/meeting by contacting: Marcia Staszko, Program Manager at (863)534-7130, ext. 128 or mstaszko@cfrpc.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.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

The Board of Architecture and Interior Design announces a public meeting to which all persons are invited.

DATE AND TIME: April 12, 2018, 9:00 a.m.

PLACE: Hilton Garden Inn, Sarasota-Bradenton Airport, 8270 N. Tamiami Trail, Sarasota, Florida 34243

GENERAL SUBJECT MATTER TO BE CONSIDERED: AAA Construction Restoration Services 2017-042375
Dustin Drake Anderson 2017-042425

Susana Corria Arias 2017-048633

Hernan Arriaga 2017-009053

Bruce A. Arthur 2015-036228
WHA Design, Inc. 2015-036230

Ashmore & Associates, LLC 2017-047357

BP & Associates Architecture & Engineering 2017-001690
Bruce Poland 2017-001700

BRG International, LLC 2017-048654
Beyond Realty Group, Inc. 2017-048661

Hugo Bueno 2016-023894
Bueno Construction Company 2016-023897

C95 Creative 2017-042374

Rodrigo H. Cadavid 2015-037503

Campbell & Van Dusen Design Studio, LLC 2017-035844

Carlos Castilla 2017-028725

Anthony J. Chiocca 2016-009478

Adriana Cifuentes, Case No. 2017-058051
Marquis Design Corporation, Case No. 2017-058058

Community Design Alliance, Inc. 2017-046237

Theresa Cutrara 2017-048970
Interior Fusion, LLC 2017-048966

Miguel L. Diaz-Perna 2017-033766
International Master Designs, Inc. 2017-033771

ECO Design and Construction Consultants, Inc., 2017-046235

Epicouture 2017-048278, 2017-048282, 2017-056668, 2017-056675
Sismai Roman

Danny Samuel Estrada Salazar 2017-044153
ARQDECO Development 2017-044158

Linda Figg 2017-043154

Group 3 Contractors 2017-011747
Gaston Corradi

JC Marshall Construction 2017-020210
James C. Marshall

Robert Klob 2017-030610
Robert Klob Designs, Inc. 2017-030616

Joseph C. Kosinski 2017-047347
JC Kosinski Engineering, Inc.

Khanh Quoc Le 2017-011047
KL Engineering, Inc.

Marzipan ID 2017-043905
2018-000891, 2018-000895

Hilton T. Meadows 2017-007520
Diversified Environmental Planning 2017-007523

Leonard Nobrega 2017-032400

Maria Matilde Rodriguez 2017-011062

Lourdes Urquiola 2018-002504
LU Drafting 2018-002559

Tulio Jose Zuloaga 2017-013525
Tulio Zuloaga Designer 2017-013542

A copy of the agenda may be obtained by contacting: David K. Minacci, Smith, Thompson, Shaw, Minacci, Colón & Power, PA, 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309, (850)402-1570.

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: David K. Minacci, Smith, Thompson, Shaw, Minacci, Colón & Power, PA, 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309, (850)402-1570. 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: David K. Minacci, Smith, Thompson, Shaw, Minacci, Colón & Power, PA, 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309, (850)402-1570.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

The Construction Industry Licensing Board announces a telephone conference call to which all persons are invited.

DATE AND TIME: Tuesday, May 8, 2018, 10:00 a.m.

PLACE: Telephone conference number: 1(888)670-3525, participant code: 293 872 3619

GENERAL SUBJECT MATTER TO BE CONSIDERED: CE/Exams/Public Awareness Committee 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 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, May 9, 2018, 12:00 Noon; Thursday, May 10, 2018, 8:30 a.m.; Friday, May 11, 2018, 8:30 a.m.

PLACE: Hilton St. Augustine Historic Bayfront, 32 Avenida Menendez, St. Augustine, FL 32084, (904)829-2277

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 BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Geologists

The Board of Professional Geologists announces a public meeting to which all persons are invited.

DATES AND TIMES: Wednesday, April 25, 2018, 9:00 a.m.; Thursday, April 26, 2018, 9:00 a.m.

PLACE: Doubletree by Hilton Hotel, 116 San Marco Avenue, St. Augustine, FL 32084

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business Meeting.

A copy of the agenda may be obtained by contacting: Lina Hurtado, Division of Professions, 2601 Blair Stone Road, Tallahassee, FL 32399, (850)717-1984.

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: Lina Hurtado, Division of Professions, 2601 Blair Stone Road, Tallahassee, FL 32399, (850)717-1984. 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: Lina Hurtado, Division of Professions, 2601 Blair Stone Road, Tallahassee, FL 32399, (850)717-1984.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

The Probable Cause Panel of the Florida Real Estate Commission announces a hearing to which all persons are invited.

DATE AND TIME: Monday, April 16, 2018, 2:30 p.m. or soonest thereafter

PLACE: Zora Neale Hurston Building, North Tower, Suite N901, 400 West Robinson Street, Orlando, Florida 32801

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Probable Cause Panel will meet to conduct a private meeting to review cases to determine probable cause and to conduct a public meeting to review cases where probable cause was previously found. All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of the Probable Cause Panel or its counsel.

A copy of the agenda may be obtained by contacting: Mike Davis at michael.davis@myfloridalicense.com. Only public portions of the agenda are available upon request.

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: Mike Davis at michael.davis@myfloridalicense.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 HEALTH

Board of Pharmacy

The Florida Department of Health, Board of Pharmacy Probable Cause Panel announces a public meeting to which all persons are invited.

DATE AND TIME: May 24, 2018, 9:00 a.m.

PLACE: Telephone Conference: 1(888)670-3525, Participant code: 5134896685

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review those cases on which a determination of existence of probable cause has already been made.

A copy of the agenda may be obtained by contacting: The Board of Pharmacy at (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: The Board of Pharmacy at (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: The Board of Pharmacy at (850)245-4292.

DEPARTMENT OF HEALTH

Board of Speech-Language Pathology and Audiology

The Board of Speech-Language, Pathology and Audiology announces a public meeting to which all persons are invited.

DATE AND TIME: April 18, 2018, 9:00 a.m.

PLACE: Four Points Tallahassee Downtown, 316 West Tennessee Street, Tallahassee, Florida 32301

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

Division of Children's Medical Services

The Child Abuse Death Review Circuit 19 Committee announces a public meeting to which all persons are invited.

DATE AND TIME: The March 29, 2018 meeting published in Volume 44/58 on 03/23/2018 has been canceled.

PLACE: To be determined

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting will be rescheduled on a later date.

For more information, you may contact: Miranda Hawker: Miranda.Hawker@flhealth.gov.

DEPARTMENT OF HEALTH

Division of Health Access and Tobacco

The Division of Community Health Promotion, Bureau of Tobacco Free Florida announces a telephone conference call to which all persons are invited.

DATE AND TIME: April 6, 2018, 1:00 p.m., Eastern time

PLACE: Call 1(888)670-3525, enter participant code: 5720848571 then #

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a meeting of Policy Subcommittee of the Tobacco Advisory Council, an Advisory Council required by Section 381.84 Florida Statutes. The council provides advice to the Department of Health relating to the Comprehensive Tobacco Education and Use Prevention Program

A copy of the agenda may be obtained by contacting: Jana Shamburger at (850)617-1949, Jana.Shamburger@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 72 hours before the workshop/meeting by contacting: Jana Shamburger at (850)617-1949, Jana.Shamburger@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: Jana Shamburger at (850)617-1949, Jana.Shamburger@flhealth.gov.

DEPARTMENT OF CHILDREN AND FAMILIES

The Department of Children and Families announces a public meeting to which all persons are invited.

DATE AND TIME: April 10, 2018, 9:00 a.m.

PLACE: 1002 E. Palm Avenue, Tampa, FL
GENERAL SUBJECT MATTER TO BE CONSIDERED: Ongoing Hillsborough County Alliance business.
A copy of the agenda may be obtained by contacting: Gabriela Reece, (813) 337-5805.
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: Gabriela Reece, (813)337-5805. 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
Office on Homelessness
The Office on Homelessness announces a telephone conference call to which all persons are invited.
DATE AND TIME: Wednesday, April 4, 2018, 10:00 a.m.
PLACE: Toll free: 1(888)670-3525 / Enter participant code: 701-539-8451#
GENERAL SUBJECT MATTER TO BE CONSIDERED: CONTINUUM OF CARE and VETERANS COMMITTEE: This conference call will address the committees' continued development of policy recommendations and work tasks to address the Council's Annual Report on recommendations from continuum of care lead agencies to end homelessness in Florida.
A copy of the agenda may be obtained by contacting: Erik Braun, Director, Office on Homelessness, (850)922-9850, erik.braun@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 48 hours before the workshop/meeting by contacting: Erik Braun, Director, Office on Homelessness, (850)922-9850, erik.braun@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).
For more information, you may contact: Erik Braun, Director, Office on Homelessness, (850)922-9850, erik.braun@myflfamilies.com.

DEPARTMENT OF CHILDREN AND FAMILIES
Office on Homelessness
The Office on Homelessness announces a telephone conference call to which all persons are invited.
DATE AND TIME: Wednesday, April 11, 2018, 10:00 a.m.
PLACE: Toll free: 1(888)670-3525, Enter participant code: 701-539-8451#
GENERAL SUBJECT MATTER TO BE CONSIDERED: EXECUTIVE COMMITTEE and AFFORDABLE HOUSING COMMITTEE call. This conference call will address the committees' continued development of policy recommendations and work tasks to address the Council's Annual Report on recommendations to end homelessness in Florida.
A copy of the agenda may be obtained by contacting: Erik Braun, Director, Office on Homelessness, (850)922-9850, erik.braun@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 48 hours before the workshop/meeting by contacting: Erik Braun, Director, Office on Homelessness, (850)922-9850, erik.braun@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).
For more information, you may contact: Erik Braun, Director, Office on Homelessness, (850)922-9850, erik.braun@myflfamilies.com.

NAVIGATION DISTRICTS
West Coast Inland Navigation District
The West Coast Inland Navigation District announces a public meeting to which all persons are invited.
DATE AND TIME: April 6, 2018, 10:00 a.m.
PLACE: Venice City Hall, 401 W. Venice Avenue, Venice, FL 34285
GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Navigation District.
A copy of the agenda may be obtained by contacting: WCIND, 200 E. Miami Avenue, Venice, FL 34285
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.

DEPARTMENT OF ECONOMIC OPPORTUNITY
The Department of Economic Opportunity announces a public meeting to which all persons are invited.
DATES AND TIMES: April 19, 2018, 3:00 p.m., ET (Reply Opening); May 18, 2018, 10:00 a.m., ET (Intent to Award Recommendation)
PLACE: Caldwell Building, 107 East Madison Street, Tallahassee, FL 32399-0950
GENERAL SUBJECT MATTER TO BE CONSIDERED: DEPARTMENT OF ECONOMIC OPPORTUNITY (DEO) announces public meetings to which all persons are invited, related to 18-ITN-003-BM for Management of the Florida Community Development Block Grant Disaster Recovery (CDBG-DR) Program. DEO will hold Negotiation Team

Meetings at a date and time to be determined later, and advertised in the Vendor Bid System, as set forth below. The Negotiation Team Meetings will not be open to the public, but each Negotiation Team Meeting will be recorded and released in accordance with section 286.0113, Florida Statutes.

PUBLIC MEETINGS

LOCATION: Caldwell Building, 107 East Madison Street, Tallahassee, FL 32399-0950

DATE and TIME: Thursday, April 19, 2018, 3:00 p.m., ET

PURPOSE: Reply Opening

DATE and TIME: Friday, May 18, 2018, 10:00 a.m., ET

PURPOSE: Intent to Award Recommendation

In accordance with section 120.525 Florida Statutes, public meetings for Invitation to Negotiate 18-ITN-003-BM, Management of the Florida Community Development Block Grant Disaster Recovery (CDBG-DR) Program are hereby noticed. DEO's Invitation to Negotiate seeks replies for a full-service Contractor to provide program and contract administration services for Florida's Community Development Block Grant Disaster Recovery (CDBG-DR) program for Hurricane Irma. The Contractor shall assist with the implementation and administration of CDBG-DR, provide assistance to Florida's units of general local governments (UGLGs) and ensure adherence to state and federal regulations. The Contractor is responsible to the state for establishing and maintaining a first-rate training program enabling continuity of service throughout the state, providing face to face intake operations aimed at providing services to those citizens deemed most vulnerable and executing a construction program, including all aspects of environmental compliance, capable of withstanding a series of complex audits. The Department reserves the right to issue amendments, addenda, and changes to this timeline and specifically to the meeting notices listed above. Notice of any change will be posted within the Vendor Bid System (VBS) in accordance with Section 287.042(3), Florida Statutes, and will not be re-advertised in the Florida Administrative Register (F.A.R.). The VBS can be accessed at: http://vbs.dms.state.fl.us/vbs/main_menu.

A copy of the agenda may be obtained by contacting: Blake McGough at (850)245-7443, blake.mcgough@deo.myflorida.com or Vince McKenzie at (850)245-7463, vincent.mckenzie@deo.myflorida.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 48 hours before the workshop/meeting by contacting: Blake McGough at (850) 245-7443, blake.mcgough@deo.myflorida.com or Vince McKenzie at (850)245-7463, vincent.mckenzie@deo.myflorida.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).

FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION

The Florida Automobile Joint Underwriting Association announces a public meeting to which all persons are invited.

DATES AND TIMES: Monday, April 16, 2018, 3:30 p.m., Audit/Budget/Finance Committee Meeting; Tuesday, April 17, 2018, 8:30 a.m., Annual/Board of Governors Meetings

PLACE: AC Marriott Hotel, 4020 West Boy Scout Boulevard, Tampa, Florida 33607

GENERAL SUBJECT MATTER TO BE CONSIDERED: Audit/Budget/Finance Committee Meeting: To review and discuss matters relating to FAJUA Financial/Audit Reporting and any other matters that may come before the Committee.

Annual Meeting of the Members: To approve Annual Meeting Minutes of April 18, 2017, receive Association's Annual Report and any other matters that may come before the Members.

Board of Governors Meeting: To receive reports of the General Manager, Committees and General Counsel; to consider and take actions based on those reports and consider any other matters that may come before the Board.

A copy of the agenda may be obtained by contacting: Sharon Neal, 1425 Piedmont Drive East, Suite 201A, Tallahassee, Florida 32308, (850)681-2003, sneal@fajua.org

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FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION

The Florida Automobile Joint Underwriting Association announces a telephone conference call to which all persons are invited.

DATE AND TIME: Monday, April 9, 2018, 10:30 a.m.

PLACE: WebEx and Conference Call - Please contact FAJUA for information

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Operating Committee will review the proposed changes to the FAJUA Manual for recommendation to the Board of Governors and any other matters that may come before the Committee.

A copy of the agenda may be obtained by contacting: Sharon Neal, 1425 Piedmont Drive East, Suite 201A, Tallahassee, Florida 32308, (850)681-2003, sneal@fajua.org.

FLORIDA INDEPENDENT LIVING COUNCIL

The Florida Independent Living Council, Inc. announces a telephone conference call to which all persons are invited.

DATE AND TIME: Wednesday, April 4, 2018, 10:00 a.m. – 11:00 a.m.

MEETING: Emergency Full Council Meeting

PLACE: Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/164878005
You can also dial in using your phone.
United States (Toll Free): 1(877)568-4106
United States: +1(571)317-3129
Access Code: 164-878-005
First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check
GENERAL SUBJECT MATTER TO BE CONSIDERED: Business of the Full Council.
Persons who want to be notified of such meetings may request to be put on the mailing list for such notices by writing to Jenny Bopp at jenny@floridasilc.org.
A copy of the agenda may be obtained by contacting: Florida Independent Living Council, 1882 Capital Circle NE, Suite 202, Tallahassee, Florida 32308 (850)488-5624 or Toll Free: 1(877)822-1993.
Any person who needs an accommodation to participate in this meeting because of a disability, including alternative formats, should submit a request for such accommodation in writing at least one week before the meeting date.

FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC
The FWCJUA Producers Appeal Committee immediately followed by Producer Committee announces a public meeting to which all persons are invited.
DATE AND TIME: April 10, 2018, 10:00 a.m.
PLACE: Tampa Airport Marriott, Tampa International Airport, 4200 George J Bean Parkway, Tampa, FL
GENERAL SUBJECT MATTER TO BE CONSIDERED: Agenda topics may include an appeal from an Agency and its Designated Producer in response to the revocation of their privileges to submit business to the FWCJUA; agency authorization process; agency producer agreement; agency producer termination, suspension or revocation to include the appeal process; agency producer fees; online application process; certificate of insurance issuance system; and a report on agency producer activities.
A copy of the agenda may be obtained by contacting: Kathy Coyne or at www.fwcjua.com.

FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC
The FWCJUA MAP Committee announces a telephone conference call to which all persons are invited.
DATE AND TIME: April 11, 2018, 10:00 a.m. (Eastern Time)
PLACE: Contact Kathy Coyne at (941)378-7408 to participate
GENERAL SUBJECT MATTER TO BE CONSIDERED: The agenda topic will be the market assistance plan.
A copy of the agenda may be obtained by contacting: Kathy Coyne or at www.fwcjua.com.

Section VII
Notice of Petitions and Dispositions Regarding Declaratory Statements

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Florida Building Commission
RULE NO.: RULE TITLE:
61G20-1.001 Florida Building Code Adopted
NOTICE IS HEREBY GIVEN that the Florida Building Commission has received the petition for declaratory statement from Diversified Window Solutions, Inc. The petition seeks the agency's opinion as to the applicability of section 2406, Florida Building Code, Building (2017) as it applies to the petitioner.
Petitioner seeks clarification about whether the hazardous location designation described in section 2406 applies to exterior doors only adjacent to exterior windows, and whether it applies to interior doors adjacent to exterior windows.
A copy of the Petition for Declaratory Statement may be obtained by contacting: Agency Clerk's Office, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399, (850)921-0342, AGC.Filing@myfloridalicense.com.
Please refer all comments to: Mo Madani, Building Codes and Standards Office, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399, (850)487-1824, mo.madani@myfloridalicense.com, or W. Justin Vogel, Office of the General Counsel, Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, Florida 32399, (850)717-1795, wjustin.vogel@myfloridalicense.com.
RESPONSES, MOTIONS TO INTERVENE, OR REQUESTS FOR A HEARING MUST BE FILED WITHIN 21 DAYS OF THIS NOTICE.

DEPARTMENT OF FINANCIAL SERVICES
Finance
NOTICE IS HEREBY GIVEN that the Florida Office of Financial Regulation has received the petition for declaratory statement from Doctor's Associates Inc. The petition seeks the agency's opinion as to the applicability of Chapter 559, Florida Statutes, as it applies to the petitioner.
On March 26, 2018 the Florida Office of Financial Regulation

(Consumer Finance) received a Petition for Declaratory Statement from Doctor's Associates Inc. The petition seeks a declaratory statement from the Office on whether Section 559.544(5)(e) of the Florida Commercial Collections Practices Act apply to Petitioner, and therefore exclude Petitioner from the requirement to register as a commercial collection agency, considering that none of the revenue of Petitioner arises from the collection of commercial claims.

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)410-9784, Agency.Clerk@flofr.com

Please refer all comments to: Agency Clerk, Office of Financial Regulation, P.O. Box 8050, Tallahassee, Florida 32314-8050, (850)410-9784, 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 ENVIRONMENTAL PROTECTION

Notice of Application Period for Advanced Cleanup Program (ACP)

The Department of Environmental Protection announces, in accordance with Section 376.30713, F.S., that it will accept Advanced Cleanup Program (ACP) applications submitted between May 1, 2018 and on or before 5:00 p.m. on June 29, 2018. Public opening of timely submitted ACP applications shall be on July 6, 2018, beginning at 10:00 a.m. at the Department of Environmental Protection, 2600 Blair Stone Road, Conference Room 603, Tallahassee, Florida. The Spring 2018 bid application forms and instructions for both the individual and bundled ACP applications are available at the following internet site:

https://floridadep.gov/waste/petroleum-restoration/content/advanced-cleanup-program-ac

Grant Willis, AC Coordinator, is the point of contact for the ACP. Please direct mail inquiries to: Grant Willis, Department of Environmental Protection, Petroleum Restoration Program, 2600 Blair Stone Road, MS 4530, Tallahassee, Florida 32399-2400, phone: (850)245-8886, email: Grant.Willis@floridadep.gov.

AJAX BUILDING CORPORATION

FSU Student Union Building

FSU STUDENT UNION BUILDING-NOTICE TO BIDDERS

NOTICE TO BIDDERS

Date: 3/28/2018

Sealed bids for furnishing all labor and material and performing all work necessary and incidental to the completion of

Bid Group	Bid Package Number – Description	Pre-Bid Conference Date – Time	Bid Date – Time
A	2.1 – Abatement	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	2.2 – Demolition	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	9.1 – Temporary Drywall and Framing	4/17/18 – 3:00PM	5/1/18 – 2:00PM

A	8.1 – Temporary Doors Frames and Hardware	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	7.1 – Temporary Roofing	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	6.1 – Temporary Wood Loading Dock	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	3.1 – Temporary Concrete	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	4.1 – Temporary Masonry	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	21.1 – Temporary Fire Protection	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	22.1 – Temporary Plumbing	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	23.1 – Site and Temporary HVAC	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	26.1 – Site & Temporary Electrical	4/17/18 – 3:00PM	5/1/18 – 2:00PM
A	31.1 – Sitework Utilities	4/17/18 – 3:00PM	5/1/18 – 2:00PM
B	2.3 – Auger Cast Piles	TBD	TBD
B	2.4 – Retaining Walls	TBD	TBD
B	3.2 – Concrete Foundations	TBD	TBD
B	31.2 – Sitework Earthwork	TBD	TBD
C	3.3 – Cast-in Place Concrete	TBD	TBD
C	4.2 – Masonry	TBD	TBD
C	5.1 – Structural and Miscellaneous Steel	TBD	TBD
C	5.2 – Specialty Handrails	TBD	TBD
C	7.2 - Roofing	TBD	TBD
C	8.2 – Exterior Doors Frames & hardware	TBD	TBD
C	8.3 – Glass, Glazing, Storefronts & Curtainwalls	TBD	TBD
C	9.6 – Paint, Coatings & Sealants	TBD	TBD
C	10.1 – Decorative Metal Canopy	TBD	TBD
C	11.1 – Loading Dock Equipment	TBD	TBD
C	32.1 – Fencing	TBD	TBD
C	32.2 - Landscaping	TBD	TBD
D	6.2 – Casework and Millwork	TBD	TBD
D	8.4 – Interior Doors, Frames & Hardware	TBD	TBD
D	8.5 – Overhead Doors	TBD	TBD
D	8.6 – Interior Storefronts	TBD	TBD
D	9.2 – Metal Framing & Drywall	TBD	TBD
D	9.3 – Hard Tile	TBD	TBD
D	9.4 – Terrazzo	TBD	TBD
D	9.5 – Acoustical Treatments	TBD	TBD
D	9.7 – Wood Flooring	TBD	TBD
D	9.8 – Polished and Epoxy Concrete Floors	TBD	TBD
D	9.9 – Carpet and Resilient Base	TBD	TBD
D	9.10 – Interior Paint	TBD	TBD
D	10.2 – Miscellaneous Specialties	TBD	TBD
D	10.3 – Exterior Signage	TBD	TBD
D	10.4 – Operable Partitions	TBD	TBD
D	11.2 – Foodservice Equipment	TBD	TBD

D	11.3 – Athletic Equipment	TBD	TBD
D	14.1 – Elevators	TBD	TBD
D	21.2 – Fire Protection	TBD	TBD
D	22.2 – Plumbing	TBD	TBD
D	23.2 – HVAC	TBD	TBD
D	26.2 – Electrical, Fire Alarm & Data	TBD	TBD

Bids for the FSU Student Union Building (FS-263) will be received by Ajax Building Corporation, 1080 Commerce Boulevard, Midway, FL 32343 until 2:00 pm Local Time, on the above referenced dates.

Each bid must be accompanied by a Bid Bond on the form enclosed in this package, certified check or cashier's check in an amount no less than five percent (5%) of the total amount of the base bid as guarantee that the bidder will, if awarded the contract, enter into a written contract, satisfactory in form, containing a penalty clause and requiring workers' compensation and public liability insurance and approval of subcontractor by Ajax Building Corporation and shall be prepared to provide Payment and Performance Bonds on the forms enclosed in this bid package to Ajax Building Corporation in the full amount of the contract price within seven (7) days after acceptance. Bidder must be a licensed Florida Contractor.

The Contract Documents, as defined in Subcontract Agreement form, may be examined at the office of Ajax Building Corporation, 1080 Commerce Boulevard, Midway, FL 32343. In addition, prequalified bidders may obtain a set of Contract Documents by downloading from Ajax Building Corporation's project-specific FTP site. Access information will be made available through validation of the prequalification process.

The Bid Documents are anticipated to be available to prequalified bidders on the following dates: Bid Group A - 4/13/18

Bid Group B – TBD

Bid Group C – TBD

Bid Group D – TBD

Interested bidders may obtain pre-qualification forms by contacting Ajax Building Corporation's office. Only bidders meeting pre-qualification criteria may bid. Bidders must submit a completed experience questionnaire and financial statement on the form entitled "Bidder Qualifications Questionnaire", incorporated herein by reference. The subcontractor's financial condition must demonstrate that adequate fixed and liquid assets and equipment are available to properly perform the Subcontract.

No bids may be withdrawn after the scheduled closing time for receipt of same for a period of one hundred thirty (130) days.

Proposals shall be sealed and plainly marked, "Bid", with name of project, bid package number and description, name and address of bidder, time and date due.

The Construction Manager reserves the right to reject any and all bids received and to waive any and all informalities or irregularities in regard thereto.

Pre-Bid Conferences will be held at the above listed dates, times, and locations (TBD). Dates are subject to change. Notice will be given to Prequalified bidders.

For additional information, contact Michael Jenkins, Project Manager, at (850)224-9571 or mjenkins@ajaxbuilding.com.

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., Thursday, March 22, 2018 and 3:00 p.m., Wednesday, March 28, 2018.

Rule No.	**File Date**	**Effective Date**
5B-57.013	3/23/2018	4/12/2018
12-18.008	3/27/2018	4/16/2018
12-21.203	3/27/2018	4/16/2018
12-26.003	3/27/2018	4/16/2018
12-26.004	3/27/2018	4/16/2018
12-26.008	3/27/2018	4/16/2018
12-26.009	3/27/2018	4/16/2018
12A-1.012	3/27/2018	4/16/2018
12A-1.0144	3/27/2018	4/16/2018
12A-1.097	3/27/2018	4/16/2018
12A-1.097	3/27/2018	4/16/2018
12A-1.108	3/27/2018	4/16/2018
12A-16.008	3/27/2018	4/16/2018

40A-1.1002	3/27/2018	4/16/2018
40A-1.207	3/27/2018	4/16/2018
40A-6.041	3/27/2018	4/16/2018
40A-6.201	3/27/2018	4/16/2018
40A-6.301	3/27/2018	4/16/2018
40A-6.451	3/27/2018	4/16/2018
61G1-11.013	3/27/2018	4/16/2018
61N-2.032	3/23/2018	4/12/2018
61N-2.033	3/23/2018	4/12/2018
62-160.110	3/27/2018	4/16/2018
62-160.120	3/27/2018	4/16/2018
62-160.210	3/27/2018	4/16/2018
62-160.220	3/27/2018	4/16/2018
62-160.300	3/27/2018	4/16/2018
62-160.330	3/27/2018	4/16/2018
62-160.340	3/27/2018	4/16/2018
62-160.400	3/27/2018	4/16/2018
62-160.600	3/27/2018	4/16/2018
62-160.650	3/27/2018	4/16/2018
62-160.670	3/27/2018	4/16/2018
62-160.700	3/27/2018	4/16/2018
62-160.800	3/27/2018	4/16/2018
64B7-30.004	3/27/2018	4/16/2018
64B7-30.005	3/27/2018	4/16/2018
64B16-27.630	3/23/2018	4/12/2018
68E-18.002	3/28/2018	4/17/2018
68E-18.003	3/28/2018	4/17/2018
68E-18.006	3/28/2018	4/17/2018
68E-18.008	3/28/2018	4/17/2018

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
40C-2.101	8/2/2017	**/**/****
58A-5.036	2/13/2018	**/**/****
59A-4.1265	2/2/2018	**/**/****
60FF1-5.009	7/21/2016	**/**/****
64B8-10.003	12/9/2015	**/**/****
69L-7.020	12/15/2017	**/**/****
69L-7.501	12/15/2017	**/**/****

DEPARTMENT OF FINANCIAL SERVICES
FSC - Financial Institution Regulation
Financial Institutions
NOTICE OF FILINGS
Financial Services Commission
Office of Financial Regulation
March 29, 2018

Notice is hereby given that the Office of Financial Regulation, Division of Financial Institutions, has received the following application. Comments may be submitted to the Division Director, 200 East Gaines Street, Tallahassee, Florida 32399-0371, for inclusion in the official record without requesting a hearing. However, pursuant to provisions specified in Chapter 69U-105, Florida Administrative Code, any person may request a public hearing by filing a petition with the Agency Clerk as follows:

By Mail or Facsimile	OR	By Hand Delivery
Agency Clerk		Agency Clerk
Office of Financial Regulation		Office of Financial Regulation
P.O. Box 8050		The Fletcher Building, Suite 118
Tallahassee, Florida 32314-8050		101 East Gaines Street
Phone: (850)410-9800		Tallahassee, Florida 32399-0379
Fax: (850)410-9548		Phone: (850)410-9643

The Petition must be received by the Clerk within twenty-one (21) days of publication of this notice (by 5:00 P.M., April 19, 2018):

APPLICATION FOR CONVERSION OF A NATIONAL BANK
TO A STATE BANK
Applicant and Location: Peoples National Bank, 1020 John Sims Parkway E, Niceville, Okaloosa County, Florida 32578
With Title: PNB Community Bank
Received: March 26, 2018

APPLICATION FOR A QUALIFIED LIMITED SERVICE AFFILIATE
Applicant and Location: FH International Consultants, Inc.,

2645 Executive Park Drive, Suite 104, Fort Lauderdale, (Weston), Florida 33331
Received: March 23, 2018
Distribution: (Publication Not Required)
Federal Deposit Insurance Corporation, Atlanta, GA
Federal Reserve Bank of Atlanta, Atlanta, GA
Comptroller of the Currency, Atlanta, GA
Florida Bankers Association, Tallahassee, Florida
Billy L. Gann
George Levesque

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development
Final Order No. DEO-18-033
In re: A LAND DEVELOPMENT REGULATION ADOPTED BY CITY OF KEY WEST, FLORIDA, ORDINANCE NO. 17-15

FINAL ORDER
APPROVING CITY OF KEY WEST ORDINANCE NO. 17-15

The Department of Economic Opportunity ("Department") hereby issues its Final Order, pursuant to section 380.05(6), Florida Statutes, and rule 28-36.002, Florida Administrative Code, approving land development regulations adopted by the City of Key West, Florida ("the City"), Ordinance No. 17-15 (the "Ordinance").

FINDINGS OF FACT

1. The City is designated as an area of critical state concern by rule 28-36.002, Florida Administrative Code.

2. The Ordinance was adopted by the City on October 17, 2017, and rendered to the Department on November 28, 2017.

3. The Ordinance amends the City's Land Development Regulations ("LDRs") to amend a portion of the Official Zoning Map from Public Service (PS) to High Density Residential College Road (HDR-1) on property located at 5220, 5224, 5228, and 5330 College Road (RE # 00072082-002200, AK # 8757883; RE # 00072082-002100, AK # 8757875; RE # 00072080-002200, AK # 1076155; RE # 00072082-002400, AK # 8757905).

CONCLUSIONS OF LAW

4. The Department is required to approve or reject land development regulations that are adopted by any local government in an area of critical state concern. See Sections 380.05(6), and 380.0552(9), Florida Statutes; See also Chapter 28-36, Florida Administrative Code.

5. "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.

6. The Ordinance is consistent with the City's Comprehensive Plan generally, as required by section 163.3177(1), Florida Statutes, and specifically,
Table 1-1.1.5.

7. 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 Sections 380.05(6) and 380.0552(9), Florida Statutes. The Principles for Guiding Development for the Florida Keys Area of Critical State Concern are set forth in rule 28-36.003(1), Florida Administrative Code.

8. The Ordinance is consistent with the Principles for Guiding Development as a whole, and specifically furthers the following:

(a) Strengthen local government capabilities for managing land use and development;

(h) Protection of the public health, safety, welfare and economy of the City of Key West, and the maintenance of Key West as a unique Florida resource.

WHEREFORE, IT IS ORDERED that the Department finds that City Ordinance No. 17-15 is consistent with the City's Comprehensive Plan and Principles for Guiding Development for the City of Key West 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 in Tallahassee, Florida.

/s/
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.

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 28th day of March, 2018.
/s/
Agency Clerk
Department of Economic Opportunity
107 East Madison Street, MSC 110
Tallahassee, FL 32399-4128

By Certified U.S. Mail:
The Honorable Craig Cates
Mayor, City of Key West
P.O. Box 1409
Key West, Florida 33041-1409

Cheri Smith, City Clerk
City of Key West
P.O. Box 1409
Key West, Florida 33041-1409

Patrick Wright, Director
Planning and Environmental Resources
City of Key West
P.O. Box 1409
Key West, Florida 33041-1409

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development
Final Order No. DEO-18-031
In re: A LAND DEVELOPMENT REGULATION ADOPTED BY MONROE COUNTY, FLORIDA, ORDINANCE NO. 004-2018

FINAL ORDER
APPROVING MONROE COUNTY ORDINANCE NO. 004-2018
The Department of Economic Opportunity ("Department") hereby issues its Final Order, pursuant to sections 380.05(6) and 380.0552(9), Florida Statutes, approving land development regulations adopted by Monroe County, Florida, Ordinance No. 004-2018 (the "Ordinance").
FINDINGS OF FACT
1. The Florida Keys Area is designated by Section 380.0552, Florida Statutes, as an area of critical state concern. Monroe County is a local government within the Florida Keys Area.
2. The Ordinance was adopted by Monroe County on January 17, 2018, and rendered to the Department on February 21, 2018.
3. The Ordinance amends the Monroe County Land Development Code ("Code") to amend the zoning district from Urban Residential-Mobile Home (URM) to Mixed Use (MU) for property located at 5713 First Avenue, South Stock Island, Mile Marker 5, legally described as Block 34, Lots 11, 12, 13, 14, and 15, McDonald's plat of Stock Island (Plat Book 1, Page 55), Stock Island, Monroe County, Florida, having real estate number 00124700.000000.
CONCLUSIONS OF LAW
4. The Department is required to approve or reject land development regulations that are adopted by any local government in an area of critical state concern. See Sections 380.05(6), and 380.0552(9), Florida Statutes.
5. "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.
6. The Ordinance is consistent with the Monroe County Comprehensive Plan generally, as required by Section 163.3177(1), Florida Statutes and specifically, Goal 101, and Objectives 101.5 and 101.8.
7. 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. Sections 380.05(6) and 380.0552(9), Florida Statutes. The Principles for Guiding Development for the Florida Keys Area of Critical State Concern are set forth in Section 380.0552(7), Florida Statutes.
8. The Ordinance is consistent with the Principles for Guiding Development as a whole, and specifically complies with the following:
(a) Strengthening local government capabilities for managing land use and development so that local government is able to achieve these objectives without continuing the area of critical state concern designation.

(m) Providing adequate alternatives for the protection of public safety and welfare in the event of a natural or manmade disaster and for a post disaster reconstruction plan.

WHEREFORE, IT IS ORDERED that the Department finds that Monroe County Ordinance No. 004-2018 is consistent with the Monroe County Comprehensive Plan and Principles for Guiding Development for the Florida Keys 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 in Tallahassee, Florida.

/s/

James D. Stansbury, 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.

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 28th day of March, 2018.

/s/

Agency Clerk
Department of Economic Opportunity
107 East Madison Street, MSC 110
Tallahassee, FL 32399-4128

By U.S. Mail:
The Honorable George Neugent
Mayor, Monroe County
PO Box 1980
Key West, Florida 33041

Kevin Madok, Clerk
Monroe County
Board of County Commissioners
PO Box 1980
Key West, Florida 33041

Section XIII
Index to Rules Filed During Preceding Week

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.