

**TOWN OF MALABAR  
PLANNING AND ZONING ADVISORY BOARD  
REGULAR MEETING  
WEDNESDAY SEPTEMBER 25, 2013  
7:30 PM  
MALABAR COUNCIL CHAMBER  
2725 MALABAR ROAD  
MALABAR, FLORIDA**

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**AGENDA**

- A. CALL TO ORDER, PRAYER AND PLEDGE**
  - B. ROLL CALL**
  - C. ADDITIONS/DELETIONS/CHANGES**
  - D. CONSENT AGENDA :**
    - 1. Approval of Minutes**                      Planning and Zoning Meeting – 09/11/2013
      - Exhibit:**                                      Agenda Report No. 1
      - Recommendation:**                      Motion to Approve
  - E. PRESENTATION:**
  - F. ACTION:**
  - G. DISCUSSION:**
    - 2. Continued Discussion on Code Requirements for Assisted Living Facilities**
      - Exhibit:**                                      Agenda Report No. 2
      - Recommendation:**                      Discussion
- H. ADDITIONAL ITEMS FOR FUTURE MEETING**
- I. PUBLIC:**
- J. OLD BUSINESS/NEW BUSINESS:**
- K. ADJOURN**

**NOTE: THERE MAY BE ONE OR MORE MALABAR ELECTED OFFICIALS ATTENDING THIS MEETING.**

If an individual decides to appeal any decision made by this board with respect to any matter considered at this meeting, a verbatim transcript may be required, and the individual may need to insure that a verbatim transcript of the proceedings is made (Florida Statute 286.0105). The Town does not provide this service in compliance with the Americans with Disabilities Act (ADA), anyone who needs a special accommodation for this meeting should contact the Town's ADA Coordinator at 321-727-7764 at least 48 hours in advance of this meeting.

**TOWN OF MALABAR**  
**PLANNING AND ZONING**

**AGENDA ITEM REPORT**

**AGENDA ITEM NO: 1**  
**Meeting Date: September 25, 2013**

**Prepared By: Denine M. Sherear, Planning and Zoning Board Secretary**

**SUBJECT: Approval of Minutes**

**BACKGROUND/HISTORY:**

The minutes must reflect the actions taken by the Board:

- Who made the Motion
- What is the motion
- Who seconded the motion
- What was the vote

Malabar has historically included discussion to provide the reader the understanding of how the Board came to their vote. It is not verbatim and some editing is done to convey the thought. People do not speak the way they write.

**ATTACHMENTS:**

Draft minutes of P&Z Board Meeting of September 11, 2013

**ACTION OPTIONS:**

Secretary requests approval of the minutes.

"The following draft minutes are subject to changes and/or revisions by the Planning and Zoning Board and shall not be considered the official minutes until approved by the P&Z Board."

**MALABAR PLANNING AND ZONING BOARD REGULAR MEETING  
SEPTEMBER 11, 2013 7:30 PM**

This meeting of the Malabar Planning and Zoning was held at Town Hall at 2725 Malabar Road.

**A. CALL TO ORDER, PRAYER AND PLEDGE:**

Meeting called to order at 7:30 P.M. Prayer and Pledge led by Vice Chair Liz Ritter.

**B. ROLL CALL:**

CHAIR:	PAT REILLY, EXCUSED
VICE-CHAIR:	LIZ RITTER
BOARD MEMBERS:	BUD RYAN
	DON KRIEGER, EXCUSED
	GRANT BALL
ALTERNATE:	DICK KORN
ALTERNATE:	LEEANNE SAYLORS
BOARD SECRETARY:	DENINE SHEREAR

ADDITIONAL ATTENDEES:

**C. ADDITIONS/DELETIONS/CHANGES:**

**D. CONSENT AGENDA:**

1. **Approval of Minutes** Planning and Zoning Meeting – 08/28/2013

**MOTION:** Ryan/Grant to approve minutes of 08/28/13 as edited:

**VOTE:** All Ayes.

Corrections on minutes:

Grant:

Page 4/45 1<sup>st</sup> parag. 2<sup>nd</sup> to last sentence ... it is no the corner property it is just one north....

5<sup>th</sup> line vacant = vacate

2<sup>nd</sup> parag 2<sup>nd</sup> line Grant, "we presently lease the building" add quotations

4<sup>th</sup> parag 7<sup>th</sup> line so I do not know it there are any.....

Bud:

Page 4/45 4<sup>th</sup> parag 7<sup>th</sup> line, My only concern is the-that property

Liz:

Page 5/45 1<sup>st</sup> parag 3<sup>rd</sup> line 25% less then than

Bud page 5 /45 1<sup>st</sup> parag 4<sup>th</sup> line intense-intensity

2<sup>nd</sup> parag. 6<sup>th</sup> line down trick should be trip

3<sup>rd</sup> parag., 1<sup>st</sup> sentence with = without

Grant:

Page 6/45 1<sup>st</sup> sentence care = card

7<sup>th</sup> line down with = without

9<sup>th</sup> line have = has

14<sup>th</sup> line with out= without, (Liz)

10<sup>th</sup> line from bottom of big parag in to = into

4<sup>th</sup> line up from bottom of big parag individual = individuals

2<sup>nd</sup> parag. Last sentence does= is

2<sup>nd</sup> parag 2<sup>nd</sup> line for not more for more than (Liz)

Grant:

Page 7/45 2<sup>nd</sup> line Florida Statues= Statutes

4<sup>th</sup> parag. that we will be (Liz)

Page 8/45 1<sup>st</sup> line take ef-out of sentence

3<sup>rd</sup> parag melt= will meld

Last parag. 1<sup>st</sup> sentence Statues= Statutes

4<sup>th</sup> line up from bottom.... We should not be

Grant:

Page 9/45 3<sup>rd</sup> parag Statues= Statutes

4<sup>th</sup> parag 1<sup>st</sup> sentence... he wants to do and ALF.

Grant:

Page 10/45

1<sup>st</sup> parag. 4<sup>th</sup> line in middle then = than

6<sup>th</sup> line you're= you are & your = you are

2<sup>nd</sup> parag 2<sup>nd</sup> line of = to (Liz), 7<sup>th</sup> line it = it's, 8<sup>th</sup> line so = how (Liz)

2<sup>nd</sup> parag. 2<sup>nd</sup> sentence from bottom I =I've (Liz)

3<sup>rd</sup> parag. 7<sup>th</sup> line my club house and did not

3<sup>rd</sup> parag. 3<sup>rd</sup> to last line add with before me and only before 114 and if after because

Liz:

Page 11/45 2<sup>nd</sup> parag. 3<sup>rd</sup> line try = trying

4<sup>th</sup> line correctly = correct

Page 12/45 under "J" 2<sup>nd</sup> parag. middle are= our

**E. PRESENTATION:**

**F. ACTION: NONE**

**G. DISCUSSION:**

**2. Code Requirements for Assisted Living Facilities**

**Exhibit:** Agenda Report No. 2

**Recommendation:** Discussion

Ritter is explaining that she handed two (2) handouts at this meeting of 9/11/2013, (will be attached to these minutes of 9/11/13) Liz is discussing the sheet about formulas for ALF's "units" and "occupancy maximums". This is in the RM6 & RM4 zoning per acre. Ryan is understanding these numbers are per acre in RM6 is 18 people and per acre in RM4 is 12 people.

Korn is discussing about that we need to come up with a relationship that relates "units" to "people" and this formula seems to provide this information, Ritter is discussing Table 1-3.2 and explaining to get the formula for the units and use also for the density of people, we have to have a formula to plug in. Ritter says the problem is that they are talking "beds" and "units" and we are talking people. A "unit" can be a 1 bedroom, 2 bedrooms, or 3 bedrooms. Ritter explains that we are re working all this because we don't have anything in our code for any of this. Ritter explains we need to figure a formula to get it in our codes to work for these facilities and "homes" that aren't traditional family homes.

Ritter is discussing the Table 1-3.2 and moving "Community Residential" Home under Social Welfare. Ritter is discussing with the Board about the one to two people in the RR65 with asterisk for a conditional use referencing just FS Ch 419 & 429. Also, under RM4 & RM6 as conditional

use. Ritter is referring to the ALF book page 35 & 36/160, also page 88 & 89/160. Our responsibility is the proper zoning. Ritter explains that in the FS "Adult Day Care Centers" is title instead of Facilities. Also take out (3+) and add "n" to level 3 in "persons".

Ritter invites Mr. Paladin to podium for discussion on this item:

Mr. Paladin comments that you are almost there we are not too far off. I am Joseph Paladin, President of Black Swan and Malmac Corp. Realistically, how many people do you allow me to have in RM6 zoning? Ritter responds in RM6 is 18 per acre, so for your project it will be 285 units and 342 people. Paladin is explaining right now I have RM6, forget ALF for a second. How many people am I allowed to have in an RM6 zoning, in regular residential, Ritter responds 6 units per acre. Paladin asks how many people? Ritter responds, that is the problem. Paladin says we don't designate how many people I can have in RM6 zoning. We don't designate how many people in RM4 zoning or RS3 zoning, we don't designate how many people we can have in any zoning there is, period. Paladin made a statement at last meeting that you can't zone people per acre; it's not going to work. Mr. Paladin provides a couple examples:

These numbers are probably not going to be far off as far as people because that is the way it works out. I just don't want the wording that way. The wording becomes a problem if I have a man & a woman, a couple in ALF, do I have to put them in a 2 bedroom unit?

The scenario works because of the way the ALF sets it up through the state regulations because of the sq footage, the beds, and the formula. Everything you have here works with the formula except nowhere do they have the 1.2 per people because they don't zone people. You cannot zone people, you can zone "units" and you can control your density through "units". For example, you can have 150 more people in RM6 facility with your current zoning, than I can have in my ALF with your zoning. The 2.5 works it is perfect I need 15 units per acre, everything works. You can't tell me I can have so many people per acre, it's just not going to work, and you're not going to have 10,000 people it is physically impossible you're only going to have 500 sq ft units, you can't have 6 people per unit it is impossible. Ritter comments that a normal family has 6 units per acre. We are rural residential area that is part of what we do, we want to keep it rural residential. Paladin responds if you have 6 units per acre and 1 person per unit and you had 3 bedroom units, why you feel a necessity to zone how many people you are allowed to have per acre. Ritter responds because we are rural residential. Leeanne adds what prohibits you from saying ok I have 6 units; I can have 100 people per unit that would be 600. Ritter responds that I worked the ALF formulas up from Paladins comment that 75% of units are single units, and 25% at double which would be 125 people. Ritter explains that some people are never going to be happy with whatever we do, but for us as a rural residential in an RM6, you are not building a family home where you can have 2 people or 10 people it is not the same.

Paladin is discussing roof space, a/c space that is normally the way you judge sq ft. What I am asking for is half the space under air that you have in the facility that got approve 6 years ago, under RM6, 260,000 sq ft was approved. Now I am asking for an ALF facility because that is what the market calls for and I am going to build 145,000 sq ft under air it is almost half, Ritter says this does not have anything to do with sq ft. Paladins says if I am taking up only 1/2 of sq ft and giving you twice the green space that really relates to a rural area, open space. Ritter responds that I am not sure what you are asking for. Paladin responds, what I am asking for is everything you have here up to what your zoning people per acre. I don't agree with your formula. Ritter explains it is not in the code yet, we are going to have to find some way to control the density because that is what we do in a rural residential area. Paladin says that is what you are doing with your units. Ritter explains that a unit does not specify exactly how many people. Leeanne adds that unit does not specify density. Paladin explains that the way you control your density in your rural community now is with units, you don't control your density with people. Korn asks if we were to do that, RM6 if we were to stay with strictly units like we do in all the other zoning, then we would limit you to 6 units. We have made an exception there to where in an RM6 you can put 15 units that gives us

that license to also look at the density of people within those units. If we are going to multiply the number of units allowed on an acre of land that is designated for no more than 6 units, we are going to have to for the sake of the Town and the Council that will be voting on that, the point is the protection of the Town and the interest of the Town maintaining the rural character.

Paladin responds with that I agree with Korn and Ritter so far, maybe we need a different type of wording to control the density of people like you want. Leeanne comments that you do not want to see "people" on the paper. Grant adds that he does not want anything tagged, if we say "units" that is fine he is afraid if it is tagged with people than his financing is going to be difficult to get. Paladin says we are not far off from what Ritter has proposed; she is giving me my 285 units. Here is where I run into a problem, Paladin explains the people that finance these projects, in order to go forward to accommodate these numbers, I got to tell Mr. & Mrs. Smith that they can't live in a single unit. Korn asks who said that. The Board asks collectively where he is getting this information. Korn explains that Ritter has done on this chart has doubled what you yourself said about your prediction. Leeanne said we are not talking beds, you are talking beds. Paladin I can understand units and beds but I don't agree with people. Paladin said beside unit's maybe we can control density with beds. The Board is discussing density and beds all at once.

Ritter explains that every 5<sup>th</sup> unit is double occupancy. Paladin explains that he wants to be able, like everywhere else, to control the density and intensity through units and beds, not through people, nowhere in the state of Florida where zone is so many people per acre it doesn't work. Korn says if we were going with units we would come in with less than 285 units. Paladin explains that he needs his "2.5" that is my formula. I need 2.5 times the density.

Korn in the minds of the leaders of this community, 285 units on 19 acres is about the max. but it does not limit you to 342 people if you average 2 people per unit, it can be more. Ritter asks, how can you regulate that a bed is for 1 person or 2 people? Paladin responds, that only 25% double units, 75% single units and a percentage of those single units to protective ourselves have to be single occupancy. Ritter, Korn, Leeanne all talking and explaining that a 500 sq ft can have a couple. Leeanne says that if you have 750 sq ft unit with 2 bedrooms you can put a caregiver. Ritter explains we are not thinking of just your project, we are thinking of other ALF's that come in and they want to max. out sq ft.

Paladin comments that I like everything you have done but I was very strong about zoning people per acre. If we can control that number with wording another way I would support it, I would agree with you and help you work on it. Ritter explains that we don't want to have 200 people in 15 units. Paladin asks that the 342 people is not offensive to your rural community because it is less than what we can have in a RM6 zoning. Is there some way we can word this and protect ourselves so you don't have 1,000 people on this property, is there some way we can eliminate "people" and we can use units and beds, and further say that so many single units can be double occupancy. Ritter and Leeanne are responding to Paladin about pushing the numbers, Ritter says 75% single occupancy came from you and 25% double occupancy which equal 125 people in these 15 units. If we change that you can have 200 people in these units. We are not restricting the size, or the beds we are going to have to find a way to make your project a profitable organization but to not make us over run with all the things that go with it, post office, fire department, paving, and hospitals.

Korn asks Paladin how many different size units you will have. Paladin responds that he will have two sizes 500 sq ft and 900 sq ft. Ritter is discussing the ALF Formula Sheet she did, if you change people to beds and 1 in 5 unit can be a double unit then the occupancy comes up to that. Ritter explains that our business is to keep the rural atmosphere of the Town. Paladin says by me building that project there you are going to have less intensity on the 20 acre parcel then you are ever going to have with my 114 units. Korn asks Paladin that in your units no matter what size you will not have no more than two occupants? Paladin responds "that is absolutely for sure".

Korn is talking about 2.5 people per units, which is the national average when you doing zoning and intensity, every planner uses the number that there is "2.5" per unit. Paladin is talking about what Ritter did for formula to get proper units per acre. Paladin says that when you go to 1.2 people per unit, Ritter adds to call it beds not people. Ritter says 1.2 beds and Leeanne says 1 bed = 1 person.

Ritter is discussing that what we have given the units that are applicable; we have to have some way to control how many people are going to be in those units. This is not just for your development this is not just for ALF it is also for the rest of homes and facilities we are working on. We have to have some way we feel comfortable with how many potential residents can be living in these facilities.

Paladin asks, "what wording would we agree on that would make you and me both happy instead of people, that we can both agree on?" Ritter responds, "beds".

Paladin is reviewing, the 285 units in which I am happy with and the 18 people per acre, I am not happy with. You're happy with 342 people you know realistically that is less people that you have per acre in our rural community, Ritter replies that there are not too many family homes where there are 18 people.

Paladin and Board are discussing how many people. Leeanne asks Paladin, "How many people do you want?" Paladin responds, I am not trying to get more people. I got what I want 285 units. Give me something to use beside people. Ritter responds, use 15 units and 1 in 5 can have double beds, it will come out the same basically. Leeanne says if we can eliminate the people totally and we say 15 units per acre times 19 acre = 285 and you decide to make them double that is 570. Paladin understands why you are looking at this way because the goal is to get as many people as possible for more money, but that is not the case here. Leeanne and Board is explaining that this is not just for your project but for whoever comes in here to build an ALF.

Korn explains that obviously we have not had a whole lot of experience with this type of facility; in your experience is there a facility you are familiar with or aware of that has 250 to 285 units what is the total citizenship of that facility? Paladin responds, for example I have 12 different ALF facilities on my desk, I have a lady that works in the nursing industry and does the surveys for me. The information that I have been giving you is based on all the information I have been taking in for the last 2 years. The ALF that I am building in Indian River County is 125 beds and 98 units, the same formula that Ritter used but, the only zoning criteria in the LDR's and comp plan that we wrote is 125 beds and 98 acres. I can't have more than 125 beds on this 6.75 acre parcel and I can't have more than 98 units.

Korn suggests that this Board should set the number for RM6 x 2.5 and 15 units per acre and then on an individual project basis look at how you're going to breakdown those 285 units. Ritter bring back to Board. Ryan asks in RM6 the definition of "unit"; whatever you do room size or number of staff verse number of people it is all established in the FS. Ryan says you have 19 acres to work with and you know the foot print the building can be verses the amount of spaces so using that amount of spaces you are going to have for building footprint and fitting in with FS you can come up with how many rooms you can have, is that what your proposal equates to. Ryan asks Paladin your only problem is what? Paladin responds you can't zone people per acre, Grant adds that it is already determined if the FS already tells you how many people you can have for the sq ft he has, we don't have to say how many people are there because it is already described there can only be a maximum per sq footage by FS. Ryan adds to realize 3 stories in the foot print. Grant comments that there is a Statute that sets the maximum person density. If you do the sq ft it is 250 sq ft per person. If you took size of facility and gave everybody 250 sq ft you would have the maximum density. There is going to be a maximum amount of people. Paladin says you take 6.7 acres which is a third of my sq ft of my 19.7 acres, if you take 98 units and multiply it by 3 and 125 beds and

multiply it by 3, you're within 20 beds. The only thing is you're approved for 125 units and 98 beds, in Indian River Cty. Mr. Paladin is looking for this Board to say, you are approved to build on that facility 285 units no more than 285 units and 342 beds. Then when I bring in my floor plan, which you have to show in the floor plan when you get the state certification and when you get certified drawings. You have to show layouts of the rooms, beds, and everything. That is when you approve you like the sq ft, you like the layout, not in the zoning. Your formula works, your wording does not work. Korn asks if that bottom word in ALF formula box was changed from people to beds would that work. Paladin said yes he would be happy and go home, Ritter explains there is a difference, a person is 1, and a bed can have 1 or 2. Grant explains that we are limited by the Statutes that say how many people you can have per 500 ft unit. If we look at the requirements he is going to be under, than this question may already be answered without us needing to use the word people. Paladin says that is exactly correct. Paladin explains that realistically I can only have so many people on that 19.7 acres. Ritter asks according to FS what would be the maximum number of people they would allow you. Paladin responds, what you have 342 beds. Paladin is explaining in their certification and LDR's and legal writings because they know they can't zone people, they zone it by density by the wording and zone beds instead of people. Leeanne asks if they said here is the number of units and here is the number of beds so maximum, how much occupancy would that represent? Ritter adds the 342 would be single bed units. Paladin explains when you layout plan you have to show beds in the units. Leeanne asks what the occupancy would be. Paladin responds your occupancy and beds would still be the same 342. Once I am approved for so many units and so many beds that's all I can have, I can't go back and move beds around.

Ritter comments what we are not together on is definition of "bed" and "people". Paladin says they are in an ALF zoning and a facility per acre. Ritter says to show her that somewhere. Julian comments that this is how it is regulated by beds. Paladin says a double unit is 900 sq ft. Korn says you can put 2 beds in a 500 sq ft unit. Paladin responds it will take away from overall density. Paladin explains the people that run the ALF facility have to follow the laws. Ritter clarifies, when you say a single unit they are talking about people, and a double unit is 2 people not beds. Paladin I can't add to over all density. Ritter clarifying 1 unit = 1 person and a double unit is 2 people that was the confusion. Paladin says you are talking over all zoning. Leeanne adds that they are talking about density. Paladin is talking about ALF's. Ritter comments that we are not just talking about ALF's. Paladin says under the current zonings we are not allowed to do what you are afraid of us doing we are not allowed. You do not have to police us we have to have a certified management company run this place. Ryan asks Paladin, what do you think we are afraid of you doing? Paladin responds, once we have this built and we have 342 people that live there, we are going to make more money and go out and buy 50 beds and add them. Grant says we see what you want to do but we need to craft the language for everyone. Paladin responds, a person can only do what you let them do. Ritter clarifying the wording that a bed is a person. Paladin clarifies to Korn that a 500 ft unit would only occupy 1 person; a 900 sq ft unit would occupy 2 persons. Paladin explains by zoning by people you confuse your whole format on zoning. That is how you need to control your density; by saying you can have 285 units and 342 beds that is how you control your density. Korn asks is there a document that states bed = person. Paladin responds that it doesn't say it like that you go to the gray area where your zoning people, what it does say is that on a 6.75 parcel you cannot have over 98 units & 125 beds. Ritter says that is what we need to see.

Juliana Hirsh 1035 Malabar Road, I think "people" can be substituted for single or double occupancy. The word "people" is offensive and is not necessary. It is so regulated by the state.

Grant comments that we should drop "people" and pick up "beds". Leeanne reminds Paladin to supply us with verbiage.

Ritter is discussing verbiage on page 17/45 and reading to the Board. All this information to be included in the Code and find a way to incorporate the FS and updates automatically. The Table 1-6.1 for Conditional Land Use Requirements we should change to map the other things we do.

Ritter suggests adding the following to pg 22/45 #9 Add to verbiage add "or any existing business similar to itself" because a lot of them have a stipulation that they cannot be within 1,000 sq ft from another similar business.

The Board is discussing about the bed is = 1 person, Ritter says there is no problem with this, just understanding the words from what he is working with and what we are working with. We are not just dealing with him we have to do it for anyone that comes in. Grant comment that there is some reason specifically he wants that word out of there. As long as we have a good feeling that we have a handle on it from the regulations that he is under and the way we describe it, if "people" does not show up because it is a red flag. Ritter suggests that we add it to our definitions, in all these community residential homes & ALF a bed is = to 1 person.

Ryan says we have to decide if the infrastructure has to be in place first for the (Paladin Project). Ritter responds we don't have to worry about that because he would not be able to function his business if he did not have it. That is his problem. Leeanne adds that he had said he was already talking to Palm Bay trying to work it with them.

**H. ADDITIONAL ITEMS FOR FUTURE MEETINGS:**

Future Land Use Maps as a discussion and defining R/LC (Land Use Change) for FLUM

**I. PUBLIC:**

**J. OLD BUSINESS/NEW BUSINESS:**

Korn, I have been very grateful for the openness and friendliness you people treated me with. I appreciate all that, I learned things that I will need to know after November. The other thing I have learned is all the paper there is, I am amazed the amount of work she (Denine) does. I want to say to Denine thank you for being you. I will be on the Board until the 7<sup>th</sup> of November unless there is an applicant to this Board. I want to suggest passing a Resolution of Commendation to Denine for the work she has done, she has gone the extra mile. Sherear thanks the Board.

**K. ADJOURN**

There being no further business to discuss, **MOTION: Ryan/Grant to adjourn this meeting. Vote: All Ayes.** The meeting adjourned 9:41P.M.

BY:

\_\_\_\_\_  
Liz Ritter, Vice Chair

\_\_\_\_\_  
Denine Sherear, P&Z Board Secretary

9/25/2013  
Date Approved: as corrected

**NOTES**

(Title XXIX Public Health)

**Table 1-3.2**

Chapter		RR-65	RS-21	RS-15	RS-10	RM-4	RM-6	R-MH	OI	CL	CG	R/LC	IND	INS	CP
395	Hospitals and Extensive Care Facilities								C					C	
	Nursing Homes (Including Rest Homes & Conv. Homes)					C	C		C					C	
400															
(Title XXX Social Welfare)															
Chapter 419	Community Residential Home	RR-65	RS-21	RS-15	RS-10	RM-4	RM-6	R-MH	OI	CL	CG	R/LC	IND	INS	CP
	Level 1 (1-6 persons)														
	Level 2 (7-14 persons)					C	C							C	
429	Assisted Care Communities														
	Assisted Living Facilities														
Part I	Level 1 (1-5 persons)		C	C	C	C	C	C				C			
	Level 2 (6-15 persons)					C	C	C							
	Level 3 (16+ persos)					C	C	C							
Part II	Adult Family Care Homes														
	Level 1 (1-5 persons)	C*	C	C	C	C	C	C				C			
	Level 2 (6-15 persons)		C	C		C	C	C							
	Level 3 (16+ persos)					C	C								
Part III	Adult Day Care Centers (3+)					C	C		C			C		C	

\* Allowed in RR-65 (1-2 persons) ad defined in FS 429.65 (2)

## ALF Formula for Units & Occupancy Maximums

Zoning		Units	Max People
RM6	6	$\boxed{x 2.5 = 15}$	$\boxed{x 1.2 = 18}$
15 Units = 12 Singles & 3 Doubles			

**Only 1 in 5 Units may be Double Occupancy**

Zoning		Units	Max People
RM4	4	$\boxed{x 2.5 = 10}$	$\boxed{x 1.2 = 12}$
10 Units = 8 Singles & 2 Doubles			

<b>Was stated that 75% of units are SINGLES</b>			
$(1 \times 75)$	$(2 \times 25)$	100	Units
$75 +$	$50 =$	125	People

<b>Note:</b>	$15 \text{ Units/Acre} \times 19 = 285$
	$18 \text{ People/Acre} \times 19 = 342$

Submitted by Liz Ritter for 9-11-13 P&Z Mtg

*(GREEN SHEET)*

# TOWN OF MALABAR

## PLANNING AND ZONING

### AGENDA ITEM REPORT

AGENDA ITEM NO: 2  
Meeting Date: September 25, 2013

Prepared By: Denine M. Sherear Planning & Zoning Secretary

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**SUBJECT: Code Requirements for Assisted Living Facilities (ALF)**

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**BACKGROUND/HISTORY:**

At the 9/11/13 Meeting the Board reviewed the Tables 1-3.2 and 1-6.1(B) and further discussed density and what the Town will allow in certain zoning areas.

Included in this Agenda Item is information from Attorney Bohne, including some definitions and guidelines along with Ordinance (version #6) with changes for your review. I had also emailed out to everyone when I received it.

There was much discussion on the verbiage of "beds" vs "people". Staff did research on the Florida state web site for ALF's Agency for Health Care Administration (AHCA) and included the proper application criteria for this Board to review concerning ALF facilities. Mr. Paladin and staff sent an email on September 12, 2013 to include verbiage and information concerning "beds" not "people", in which I sent out to this Board by email. (Included in this packet).

Chair Pat Reilly, of this Board would like to make presentation to Council in October to update the progress of the suggested Code Requirements.

Article III & Article VI will need to be updated to include changes for the ALF requirements.

**ATTACHMENTS: (Please bring 3-Ring Binder from June 26<sup>th</sup> Meeting)**

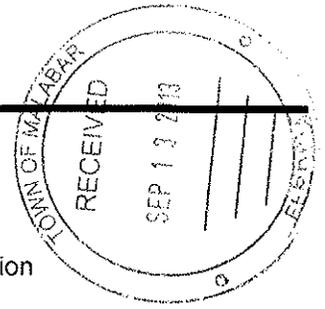
- Attorney Bohne Draft Ordinance #6 update 9/13/13 & Definitions
- Paladin Information on verbiage on ALF's "beds" vs "people"
- Portion of Brevard County Codes ALF's
- Application Check List for FL Agency for Health Care Admin. (AHCA) for ALF's
- AHCA Licensing Application for ALF's
- Misc Requires forms for ALF's from AHCA
- Revised Tables 1-3.2 & 1-6.1(B)
- Article II Section 1-2.6 B. submitted by Pat Reilly
- Article II Section 1-2.6 B. by Liz Ritter

**ACTION OPTIONS:**

Board Discussion.

**Attorney Bohne**  
***Draft Ordinance***  
**(9/13/13) version #6**  
**And definitions**

**Denine Sherear**



**From:** Karl Bohne [REDACTED]  
**Sent:** Friday, September 13, 2013 10:17 AM  
**To:** Denine Sherear  
**Cc:** Town Clerk / Treasurer; Bonilyn Wilbanks  
**Subject:** RE: Request for definitions for Assisted Living Facility (ALF) Discussion  
**Attachments:** Adult Care Facilities 6.doc

As the P&Z may recall I drafted an ordinance addressing "Adult Care Facilities". I am attaching a version 6 which incorporates a couple of changes. That phrase "Adult Care Facilities" was used intentionally because too many want to just say "Adult Living Facilities" which is only one type of an adult care type place. In my draft I refer to the following statutes:

Any facility regulated by the State of Florida Agency for Health Care Administration *and* meeting the criteria and requirements of the provisions of Chapter 400 Parts I and II and Chapter 429, Parts I – III, Florida Statutes, as amended from time to time.

None of these statutes define "unit", "residency", "occupancy" but some of them define "resident". When looking at the statutes; however, here are some guidelines:

Long Term Care Facilities, FS 400.0060 Definitions:

"Long-term care facility" means a nursing home facility, assisted living facility, adult family-care home, board and care facility, or any other similar residential adult care facility.

"Resident" means an individual 60 years of age or older who resides in a long-term care facility.

Nursing homes, FS 400.021 Definitions:

"Nursing home facility" means any facility which provides nursing services as defined in part I of chapter 464 and which is licensed according to this part.

"Facility" means any institution, building, residence, private home, or other place, whether operated for profit or not, including a place operated by a county or municipality, which undertakes through its ownership or management to provide for a period exceeding 24-hour nursing care, personal care, or custodial care for three or more persons not related to the owner or manager by blood or marriage, who by reason of illness, physical infirmity, or advanced age require such services, but does not include any place providing care and treatment primarily for the acutely ill. A facility offering services for fewer than three persons is within the meaning of this definition if it holds itself out to the public to be an establishment which regularly provides such services.

"Nursing home bed" means an accommodation which is ready for immediate occupancy, or is capable of being made ready for occupancy within 48 hours, excluding provision of staffing; and which conforms to minimum space requirements, including the availability of appropriate equipment and furnishings within the 48 hours, as specified by rule of the agency, for the provision of services specified in this part to a single resident.

Assisted Living Facility, FS 429.02 Definitions:

"Assisted living facility" means any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.

"Resident" means a person 18 years of age or older, residing in and receiving care from a facility.

Adult Family Care Homes, FS 429.63 Definitions:

"Adult family-care home" means a full-time, family-type living arrangement, in a private home, under which a person who owns or rents the home provides room, board, and personal care, on a 24-hour basis, for no more than five disabled

adults or frail elders who are not relatives. The following family-type living arrangements are not required to be licensed as an adult family-care home:

(a) An arrangement whereby the person who owns or rents the home provides room, board, and personal services for not more than two adults who do not receive optional state supplementation under s. 409.212. The person who provides the housing, meals, and personal care must own or rent the home and reside therein.

(b) An arrangement whereby the person who owns or rents the home provides room, board, and personal services only to his or her relatives.

(c) An establishment that is licensed as an assisted living facility under this chapter.

"Resident" means a person receiving room, board, and personal care in an adult family-care home.

Adult Day Care Centers, FS 429.901 Definitions:

"Adult day care center" or "center" means any building, buildings, or part of a building, whether operated for profit or not, in which is provided through its ownership or management, for a part of a day, basic services to three or more persons who are 18 years of age or older, who are not related to the owner or operator by blood or marriage, and who require such services.

From the above it is quite possible for the term "unit" to be defined as any part of a facility which houses a person who is receiving care at the particular facility. Also, a unit could be "occupied" by multiple persons. A definition of "Occupancy" could be as simple as any person housed in a unit or facility.

As seen above some of those statutes define "resident". However, even though the term "resident" is defined as generally a person who is staying at a facility and receiving care, that does not mean they have established residency in the Town.

Residency and becoming a resident is purely a matter of intent. Being that it is a matter of intent one can only establish residency voluntarily. The essential element in determining residency is the intention of remaining. The concept of "residency" or "domicile" is a subjective one. This intent coupled with an actual moving into a facility would accomplish the establishment of residency. Permanent residence is wherever a person mentally intends it to be and which can be factually supported. Such factual support **may be** voter registration, driver's license, tax receipts, receipt of mail, carrying on of activities normally indicative of home life.

So if a person who becomes housed in any of the above facilities and expresses and intent to permanently reside in a facility coupled with facts supporting that intent then a person housed in such a facility can become a resident of the Town. It is possible that some may qualify as residents. But only those who intend to do so will qualify.

Any person who meets the requirements to establish residency would therefore be afforded all the rights and privileges of any other resident of the Town.

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**From:** Denine Sherear [mailto:dsherear@townofmalabar.org]  
**Sent:** Thursday, September 12, 2013 5:22 PM  
**To:** Karl Bohne  
**Cc:** Town Clerk / Treasurer  
**Subject:** Request for definitions for Assisted Living Facility (ALF) Discussion

Dear Karl,  
I would like to request definitions to clarify the verbiage that P&Z is currently discussing.

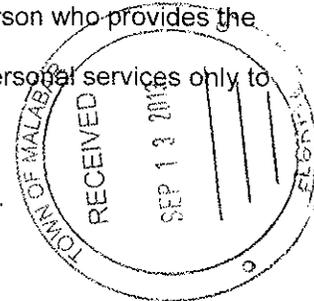
Please define the following:

- a "unit"
- Resident
- Residency
- Occupancy

Thank you for your assistance .

*Denine*

**Denine M. Sherear**



ORDINANCE NO. \_\_\_\_\_ (Revision #6- 9/13/13)



AN ORDINANCE OF THE TOWN OF MALABAR, BREVARD COUNTY, FLORIDA; AMENDING THE TOWN'S LAND DEVELOPMENT CODE; AMENDING SECTION 1-2.6.B. LAND USE CLASSIFICATIONS; PROVIDING FOR ADULT CARE FACILITIES AS A CONDITIONAL USE IN THE OI (OFFICE-INSTITUTIONAL) ZONING DISTRICT; AMENDING SECTION 1-3.1.I DISTRICT PROVISIONS; PROVIDING FOR LIMITED RESIDENTIAL USES IN THE OI (OFFICE/INSTITUTIONAL) ZONING DISTRICT; AMENDING TABLE 1-3.2; REMOVING REFERENCES TO GROUP HOMES AND SUBSTITUTING THE TERM ADULT CARE FACILITIES AND SUBSTITUTING THE TERM ADULT CARE FACILITIES AND BY REMOVING REFERENCES TO NURSING HOMES; AMENDING TABLE 1-6.1 (B) REMOVING REFERENCES TO GROUP HOMES AND SUBSTITUTING THE TERM ADULT CARE FACILITIES AND BY REMOVING REFERENCES TO NURSING HOMES; AMENDING SECTION 1-9.2.12; PROVIDING FOR ADULT CARE FACILITIES; ESTABLISHING PARKING REQUIREMENTS FOR ADULT CARE FACILITIES; DELETING THE DEFINITION OF GROUP CARE FACILITY AND EXTENDED CARE FACILITY IN ARTICLE XX; AMENDING TABLE 1-3.3.A PROVIDING FOR A MINIMUM SQUARE FOOTAGE FOR SINGLE FAMILY HOMES IN THE RM-6 AND R/LC ZONING DISTRICTS; PROVIDING FOR SEVERABILITY; PROVIDING FOR REPEAL; PROVIDING FOR CODIFICATION; PROVIDING AN EFFECTIVE DATE.

NOW, THEREFORE, BE IT ORDAINED BY THE TOWN COUNCIL OF THE TOWN OF MALABAR, BREVARD COUNTY, FLORIDA, as follows:

**Section 1.** Sections 1-2.6.B. is amended as follows:

*"B. Community Facilities.*

1. *Administrative Services (Public or Private Not-for-Profit).* Activities typically performed by not-for-profit private or public social services and utility administrative offices.

2. *Adult Care Facilities.* Any facility regulated by the State of Florida Agency for Health Care Administration and meeting the criteria and requirements of the provisions of Chapter 400 Parts I and II, Florida Statutes, as amended from time to time; and Chapter 429, Parts I – III, Florida Statutes, as amended from time to time. Such facilities are permitted as conditional uses as provided for in Table 1-3.2

23. *Cemetery*. Property used for the interring of the dead.

34. *Child Care Services*. Activities typically performed by an agency, organization or individual providing day care without living accommodations for preteens not related by blood or marriage to, and not the legal wards or foster children of, the attendant adult.

45. *Clubs and Lodges (Not-for-Profit)*. Activities typically performed by a group of persons for social or recreational purposes not operated for profit and not including activities which primarily render services which are customarily carried on as a business for profit.

56. *Cultural or Civic Activities*. Activities typically performed by public or private not-for-profit private entities for the promotion of a common cultural or civic objective such as literature, science, music, drama, art or similar objectives.

67. *Educational Institutions*. A place for systematic instruction with a curriculum the same as customarily provided in a public school or college. These activities include nursery school and kindergarten facilities designed to provide a systematic program to meet organized training requirements.

78. *Golf Course and Support Facilities*. A golf course is comprised of at least nine separate holes and may be regulation length, executive length, or par three (3) length. A golf course shall be required to comply with recommended minimum design standards established by the U.S. Golf Association or the American Society of Golf Course Architects. The following acreage requirements shall be the minimum standards for a golf course:

<i>Type of Golf Course</i>	<i>Minimum Acres Required</i>
Regulation Course	120 acres
Executive Course	40 acres
Par 3 Course	35 acres

Commercial miniature golf courses and driving ranges and similar facilities are excluded from this activity as defined.

~~8. *Group Homes*. Facilities licensed by the Florida Department of Health and Rehabilitative Services (HRS) or a successor agency to provide a family residential living environment for persons with special needs, disabilities or handicaps. This service is provided in a minimum restriction home environment and includes supervision, and low intensive personal or therapeutic care necessary to meet physical, emotional, and social needs of clients.~~

9. *Hospitals and Extensive Care Facilities.* Institutions providing health and rehabilitative services, primarily for in-patients, and medical or surgical care; including, as an integral part of the institution, related facilities, central service facilities, and staff offices. These institutions:

(a) Offer health and rehabilitative services more intensive than those offered in group homes, room and board facilities, and general nursing care. Medical offices, hospital and extensive care facilities offer facilities and beds for use beyond twenty-four (24) hours by individuals requiring diagnosis, treatment, or care for illness, rehabilitative services, injury, deformity, infirmity, abnormality, disease, or pregnancy; and

(b) Regularly make available at least clinical laboratory services, diagnostic X-Ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent, including rehabilitative services.

A hospital or extensive care facility shall not include a facility for the care or treatment of the sick who depend exclusively upon prayer or spiritual means for healing in the practice of a religion (§ 395.002(6), F.S.). Hospitals and/or Extensive Care Facilities are not considered Adult Care Facilities as defined herein.

~~10. *Nursing Homes (including Rest Homes or Convalescent Homes).* Activities customarily performed by a home for the elderly or infirmed in which three or more persons not of the immediate family are received, kept or provided with food, shelter and care for compensation. This activity shall not include duly state licensed volunteer adult foster care homes in which three or less foster adults are placed. Neither does the principal activity include hospitals, clinics or similar institutions devoted to the diagnosis and treatment of the sick or injured.~~

~~11. *Places of Worship.* Activities customarily performed in a building where persons regularly assemble for religious worship and which building, together with its accessory building and uses, is maintained and controlled by a religious body organized to sustain public worship.~~

~~12. *Protective Services.* Fire, law enforcement and emergency medical related facilities planned and operated for the general welfare of the public.~~

~~13. *Public Parks and Recreation Areas.* Public parks and recreation land and facilities developed for use by the general public.~~

~~14. *Public and Private Utilities (including Essential Government Services).* Use of land which is customary and necessary to the maintenance and operation of essential public services, such as electricity and gas transmission systems; water distribution; wastewater collection and disposal; communication; and similar services and facilities.~~

**Section 2,** Section 1-3.1.I is amended to read as follows:

• • •

"I. OI "Office-Institutional." The OI district is established to implement comprehensive plan policies for managing office-institutional development. This district is designed to accommodate businesses and professional offices together with institutional land uses on sites which:

- Have accessibility to major thoroughfares;
- Have potential to be served by a full complement of urban services;
- Contain sufficient land area to accommodate good principles of urban design, including sufficient land area to provide adequate landscaping and buffers to separate existing as well as potential adjacent land uses of differing intensities;
- Accommodate only office buildings and institutional land uses and shall expressly exclude residential uses (except those Community Facilities defined as Adult Care Facilities in 1-2.6.B.2), general retail sales and services, warehousing, and outside storage; and
- Frequently serve as a transition area which buffers residential uses located in one area from a nearby area which accommodates uses of a higher intensity.
- A Malabar Vernacular Style is required for all development along arterial roadways."

• • •

**Section 3.** Table 1-3.2 of Section 1-3.2 of the Malabar Land Development Code is amended to delete references to "Group Homes" and substituting in its place the term "Adult Care Facilities" and by deleting references to "Nursing Home" to read as follows:

	RR-65	RS-21	RS-15	RS-10	RM-4	RM-6	R-MH	OI	CL	CG	R/LC	IND	IN S	C P
<b>COMMUNITY FACILITIES</b>														
<u>Adult Care Facilities</u>					<u>C</u>	<u>C</u>		<u>C</u>			<u>C</u>		<u>C</u>	
<b>Group Homes</b>					<b>C</b>	<b>C</b>		<b>C</b>			<b>P</b>		<b>C</b>	
<b>Nursing Homes (including Rest Homes and Convalescent Homes)</b>					<b>C</b>	<b>C</b>		<b>C</b>			<b>C</b>			

**Section 4.** Table 1-6.1(B) is hereby amended to delete references to "Group Homes" and substituting in its place the term "Adult Care Facilities" and by deleting references to "Nursing Home" and by amending Note (3) of Table 1-6.1(B) to read as follows:

Conditional Land Uses	Minimum Size Site	Minimum Width/	Access Required	Building Setback from	Parking Lot Setbacks	Perimeter Screening	Curb Cut
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		Depth (feet)	to Street	Residential District/Nonreside ntial District (feet)	from Adjacent Residential District/ Nonresidenti al District (feet)	Residential District/ Nonresidenti al District (5)	Controls
<u>Group Homes Adult Care Facilities</u>	(3)	(3)	N/A <u>Arterial</u>	N/A <u>60/30</u>	N/A <u>25/20</u>	N/A <u>Type A/C</u>	(7)
<u>Nursing Homes</u>	<u>2 Acres</u>	240	<u>Paved</u>	<u>60/30</u>	<u>25/20</u>	<u>Type A/C</u>	(7)

• • •

“(3) Minimum spatial requirements shall comply with the standards requirements established by the Florida Department of Health and Rehabilitative Services Town of Malabar District Provisions.” (A suggested alternative from staff is: “(3) Minimum spatial requirements shall be the greater of \_\_\_ acres or the spatial requirements established by the State of Florida for such facility”)

• • •

**Section 5.** Section 1-9.2.12 is amended to include the following:

“12. Nursing Homes Adult Care Facilities. One (1) space for each ~~five~~ four (5 4) beds plus, the more restrictive of, one (1) space for each employee, including doctors, or ~~one~~ (1) space for ~~per three hundred (300) feet of building area, which ever is greater~~ the standards established by the “Institute of Transportation Engineers”.”

**Section 6.** Section 1-20.2 of Article XX is amended by deleting the definition for “*Group Care Facility*” and “*Extended Care Facility*”.

**Section 7.** Table 1-3.3.A is hereby amended to provide for a minimum square footage of 1,200 square feet for single family homes in the RM-6 and R/LC zoning districts (**note to Town Council, the current table does not have any minimum square footage listed for single family homes in the RM-6 and R/LC zoning districts as it appears that this was inadvertently omitted and the Town has consistently interpreted the table to require 1,200 square feet for single family homes in the RM-6 and R/LC zoning districts**)

**Section 8.** Severability. In the event a court of competent jurisdiction shall hold or determine that any part of this ordinance is invalid or unconstitutional, the remainder of this ordinance shall not be affected and it shall be presumed that the Town Council, of the Town of Malabar, did not intend to enact such invalid or unconstitutional provision. It shall be further assumed that the Town Council would have enacted the remainder of this ordinance without said invalid and unconstitutional provision, thereby causing said remainder to remain in full force and effect.

**Section 9.** Repeal. All other ordinances or resolutions to the extent that conflict with this ordinance are hereby expressly repealed.

**Section 10.** Codification. The provisions of this ordinance shall become part of the land development code of the Town of Malabar.

**Section 11.** This Ordinance shall become effective immediately upon its adoption.

The foregoing Ordinance was moved for adoption by Council member \_\_\_\_\_ . The motion was seconded by Council member \_\_\_\_\_ and, upon being put to a vote, the vote was as follows:

Council Member Wayne Abare	_____
Council Member James Milucky	_____
Council Member Steven (Steve) Rivet	_____
Council Member Jeffrey (Jeff) McKnight	_____
Council Member Marisa Acquaviva	_____

Passed and adopted by the Town Council, Town of Malabar, Brevard County, Florida this \_\_\_ day of \_\_\_\_\_, 2013.

\_\_\_\_\_  
Town of Malabar  
By Steven Rivet, Chairperson

First Reading \_\_\_\_\_  
Second Reading \_\_\_\_\_

ATTEST:  
By \_\_\_\_\_  
Debby K. Franklin  
Town Clerk/Treasurer

(Seal)

Approved as to form and content:

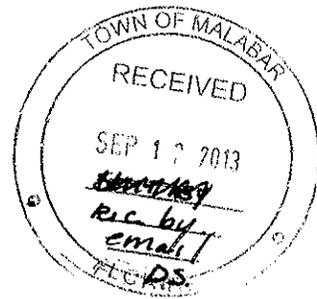
Karl W. Bohne, Jr., Town Attorney

**Paladin**  
**Information**  
**Verbiage on ALF's:**  
**Referencing “beds”**  
**instead of “people”**

DENINE SHEREAR

ADMIN. ASSIST. TO BUILDING OFFICAL

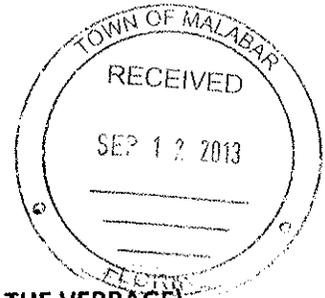
MALABAR, FL.



DENINE, THIS INFORMATION SHOULD HELP THE BOARD WITH THE RIGHT VERBIAGE ON ALF'S

I MAY BE SENDING YOU MORE BUT I FEEL THIS IS SUFFICIENT.

THANKS, GARY PARRIS



**TO: RICK KERN**

**285 UNITS**

**342 BEDS = 342 PERSONS (WE WANT THE WORD BEDS AND NOT PEOPLE IN THE VERBAGE)**

**YOU CAN CONTROL THIS BY LIMITING YOUR SQUARE FOOTAGE.**

**A SINGLE UNIT CAN BE BUILT UP TO 490 SQ. FT.**

**A DOUBLE UNIT CAN BE BUILT UP TO 740 SQ. FT.**

**BY DOING THIS YOU CONTROL NOT BEING ABLE TO PUT 2 PEOPLE IN A 490 SQ. FT. UNIT AND  
3 PEOPLE CAN NOT GO INTO A 740 SQ. FT UNIT.**

**ALL I WANT IS TO CHANGE THE WORD PEOPLE TO BEDS.**

**JOE**



**ALF Formula for Units & Occupancy Maximums**

Zoning RM6

Maximum units = (6 units/acre) x 2.5 multiplier for ALF = 15 units/acre  
Maximum number of beds = 1.2 beds per unit x 15 units/acre = 18 beds per acre

Paladin site example in RM6

Maximum number of units = 19.0 ac x 15 units per acre = 285 units total  
Maximum number of beds = 1.2 beds per unit x 285 units = 342 beds total

This is equivalent to allowing a maximum of 20% of the units to be double occupancy

80% x 285 units x 1 bed = 228 beds

20% x 285 units x 2 beds = 114 beds

Total allowable beds      342 beds

Zoning RM4

Maximum units = (4 units/acre) x 2.5 multiplier for ALF = 10 units/acre  
Maximum number of beds = 1.2 beds per unit x 10 units/acre = 12 beds per acre

The no increase is on Beds/Residents this should cover you

This wording will work

\*

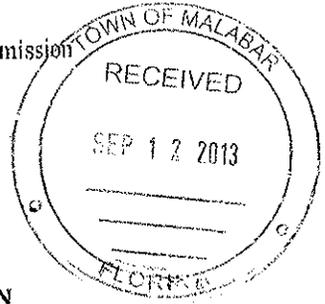
4. There shall be no increase over 125 residents/beds unless special exception use approval is granted for an increase.

Joel P.

5. Any change in the project area of development from what is presented in the subject site plan application shall require a site plan modification, and the applicant to comply with all county LDRs for the size of the property.

Accordingly, it is hereby ordered by the Indian River County Planning & Zoning Commission that the application for major site plan is approved, subject to the conditions outlined above.

DONE AND ORDERED this 27th day of September, 2012.



INDIAN RIVER COUNTY, FLORIDA  
PLANNING & ZONING COMMISSION

ATTEST: Reta Smith  
Reta Smith, Recording Secretary

Sam Zimmerman  
Sam Zimmerman, Chairman

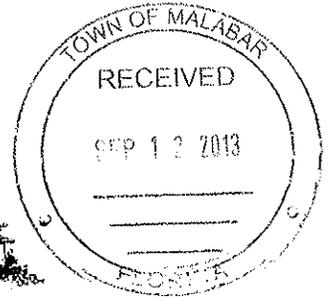
REVIEWED AS TO LEGAL FORM:

William K. DeBaal  
William K. DeBaal, Deputy County Attorney

Copies furnished to:

- 1. Thomas F. Scott (property owner and applicant)
- 2. Joseph Paladin (applicant's representative)
- 3. Thomas W. Tierney Esq. (interested party)
- 4. Bruce D. Barkett, Esq. (interested party)

To State Standards  
This is all approved



*Green Gables* <sup>working</sup> is a family owned and operated 26 bed facility. Our services are all-inclusive for one flat rate per month.

- Standard ALF license and ECC license.
- 24 hour trained staff
- Medication management
- Three Dietician approved meals and unlimited snacks
- Variety of social and physical activities
- Housekeeping and laundry services
- Provider for diversion and med-waiver programs
- Arrangements for transportation
- Assistance with activities of daily living
- Call buttons in each bedroom
- Cable T.V. hook-up
- Beautician on premises
- On-call third party nurse practitioner
- Third party physical and occupational therapies

We offer a "home-like" family atmosphere in our 11,000 sq. ft. facility with decorative style private and semi private rooms.





**Land Value and Entitlements:**

The property, which consists of two adjoining parcels, was appraised at \$2,110,000 for 6.9 acres with a written MAI bank ordered appraisal just completed less than 5 months ago. The land appraisal shows a land value without the entitlements completed, which was completed after the land was appraised for the Oculina Bank. The new appraisal for the fully entitled 6.9 acres is expected to be approximately \$3,000,000. The property has water and sewer to the site with lift station completed. There is currently no other approved land for an ALF and/or Memory Care facility in the Sebastian market.

**Current Status of Project**

The preliminary architectural and engineering building plans are completed and the complete set of plans could be completed with 30 days. The site plan approval was issued on September 27, 2012 been approved for the 98 unit, 125 bed ALF and Memory Care facility.

**Estimated Time Line of Completion:**

Expected time frame to build the facility is 12 months from issuance of building permits.

**Exit Strategy:**

We are seeking a 3-5 year loan term with a 75 LTV or joint venture partners. It is our intention to go back to HUD within three years of stabilization to obtain refinancing for the ALF project. We have factored in our pro forma, a 18 month stabilization, but we strongly believe that the facility will be stabilized within 12 months of opening. We also have had several offers from REIT's to purchase the facility upon completion at a significant profit or at the end of three years of stabilization. We would prefer to maintain ownership of the project for the long term appreciation. We would consider a joint venture equity situation depending on the structure of the proposal.

**Portion of  
Brevard County  
Codes on  
ALF's**

# Portion of Broward Cty Codes

## Sec. 62-1826. Assisted living facilities and treatment and recovery facilities.

*Assisted living facilities and treatment and recovery facilities.* Assisted living facilities and treatment and recovery facilities shall comply with the following requirements, where applicable:

- (1) *Dispersal of facilities.* The minimum distance between facilities, measured from the property line, shall be 1,000 feet.
- (2) *Neighborhood compatibility.* In the institutional zoning classification, the external appearance of the assisted living facility's or treatment and recovery facility's structures and building sites shall maintain the general character of the area. Exterior building materials, bulk, landscaping, fences and walls and general design shall be compatible with those of surrounding dwellings.
- (3) *Facility standards.*
  - a. Prior to the granting of any permit for assisted living facilities or treatment and recovery facilities, the state department of health and rehabilitative services shall verify compliance with the following standards:
    1. There shall be not less than 250 square feet of floor space per assigned resident.
    2. There shall be one bathroom per two bedrooms. The bedroom square footage shall be not less than 75 square feet per assigned resident.
    3. Centralized cooking and dining facilities shall equal 30 square feet per assigned resident.
  - b. If the request for a permit for assisted living facilities or treatment and recovery facilities is for a structure to be built, floor plans of the structure shall be submitted and approved prior to issuance of the permit.
- (4) *Reserved.*
- (5) *Off-street parking.* There shall be two parking spaces, plus two additional parking spaces for every five occupants for which the facility is permitted.
- (6) *Compliance with state regulations.* Violations of applicable statutes and regulations of the state shall be deemed violations of this division.

(Ord. No. 04-29, § 38, 8-5-04)

Editor's note—

Ord. No. 04-29, § 38, adopted August 5, 2004, amended § 62-1903 in its entirety, and redesignated the provisions as § 62-1826. Formerly, § 62-1903 pertained to adult congregate living facilities and treatment and recovery facilities, and derived from the Code of 1979, § 14-20.16.2(B)(2); Ord. No. 97-49, § 12, adopted December 9, 1997, and Ord. No. 2003-03, § 32, adopted January 14, 2003.

## Sec. 62-1835.9. Group homes.

All group homes shall comply with the following, as applicable:

- (1) *Dispersal of facilities and notification to the county.*
  - a.

- The minimum distance between level I facilities in single-family or multi-family zoned areas shall be 1,000 feet. Notification to the county shall occur at the time of home occupancy pursuant to F.S. § section 419.001(2).
- b. The minimum distance between level II facilities in multi-family zoned areas and other group homes shall be 1,200 feet. Such facilities shall also maintain a radius of 500 feet from an area of single-family residential zoning.
  - c. All distance requirements, stated in subsections a and b above, shall be measured from the nearest point of the existing home or area of single family zoning to the nearest point of the proposed home.
  - d. Written notification to the county for a level II facility shall be provided at the time of site selection, pursuant to F.S. § 419(3)(a). Notification shall contain the specific address or legal description of the site, the residential licensing category, the number of residents and community support requirements. Notification shall also contain a statement from the state indicating the need for and licensing status of the facility and the most recently published data identifying all similar facilities in the county.
  - e. The owner or operator of a group home shall notify the county within 15 days of the discontinued use to enable the county to maintain accurate dispersal record keeping.
- (2) *County procedures for level II group homes.* Pursuant to F.S. § 419(3)(b), the county may:
- a. Determine whether the siting of the level II group home is in accordance with county regulations;
  - b. Deny the siting of the level II group home, based upon one or more of the following:
    1. The use does not otherwise conform to existing zoning regulations applicable to other multi-family uses;
    2. The use does not meet applicable licensing criteria established by the state;
    3. The use would result in such a concentration of level II group homes in the area in proximity to the selected site or would result in a combination of such homes with other residences in the community, such that the nature and character of the area would be substantially altered. A home that is located within the minimum standards set forth in subsection (1) (b) shall be considered over concentration that substantially alters the nature and character of the area.
    4. Nothing in this section shall permit persons to occupy a group home who would constitute a direct threat to the health and safety of other persons or whose residency would result in substantial physical damage to the property of others.
    5. In the event that the county fails to respond to the notification within sixty (60) days of receipt, then the group home may be established at the selected site.
- (3) *Procedures for considering reasonable accommodation.* In circumstances where the standards set forth in this section cannot be met, a request for reasonable accommodation can be sought. Such requests may be evaluated pursuant to section 62-305 or other applicable relief procedures set forth in this chapter.
- (4)

*Compliance with state regulations.* Violations of applicable statutes and regulations of the state shall be deemed violations of this division.

*(Ord. No. 2003-03, § 31, 1-14-03; Ord. No. 2007-59, § 1, 12-6-07)*

### **Sec. 62-1841.6. Nursing homes.**

Property must abut a 60-foot right-of-way. The minimum area is five acres. Setbacks shall be as provided in subsection 62-2121(d) for buildings for public assemblage.

*(Ord. No. 04-29, § 37, 8-5-04; Ord. No. 05-40, § 11, 8-23-05)*

*Editor's note—*

Ord. No. 04-29, § 37, August 5, 2004, amended § 62-1841.6 in its entirety to read as herein set out. Formerly, § 62-1841.6 pertained to sanitariums and convalescent homes, and derived from Ord. No. 97-46, § 9, adopted December 2, 1997.

**Application Check List  
for Florida Agency for  
Health Care  
Administration (AHCA)  
For  
Assisted Living  
Facilities**



# APPLICATION CHECKLIST

## Health Care Licensing Application

### ASSISTED LIVING FACILITIES

Applicants **must** include the following attachments as stated in Chapters 408, Part II, and Chapter 429, Florida Statutes (F.S.), and Chapters 59A-35 and 58A-5, Florida Administrative Code (F.A.C.). Applications must be received at **least 60 days** prior to the expiration of the current license or effective date of a change of ownership to avoid a late fine. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice. **The application will be withdrawn from review if all the required documents and fees are not included with this application or received within 21 days of an omission notice.**

All forms listed below may be obtained from the website: <http://ahca.myflorida.com/MCHQ/COREBILL/INDEX.SHTML>. Send completed applications to: Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, FL 32308.

**A. Initials, Renewals and Change of Ownership Applications must include:**

**NOTE TO ALL APPLICANTS:** The Agency will verify that all applicants, licensees and controlling interests subject to Chapters 607, 608 or 617, Florida Statutes related to Business Organizations have complied with applicable Department of State registration and filing requirements. The principal and mailing addresses submitted with any application must be the same as the addresses that appear as registered with the Department of State, Division of Corporations.

- The appropriate biennial licensure fee (Standard ALF - \$387.73 + \$64.96 per private pay bed x \_\_\_\_\_ number of beds = \_\_\_\_\_ - not to exceed \$14,253.64) - There is no bed fee for optional state supplementation (OSS) beds.   
**Renewal Late Fee:** If the renewal application is mailed less than 60 days prior to license expiration, there is a \$50 per day late fee charge not to exceed one-half of the current license fee or \$500 whichever is less.   
 Please make check or money order payable to the Agency for Health Care Administration. All fees are nonrefundable. *NOTE: Starter checks and temporary checks are not accepted.*

- SPECIALTY LICENSES:** All applicants for specialty licenses **must** concurrently apply for or hold a Standard ALF license.

SPECIALTY TYPE	APPLICATION FEE	PER BED FEE	# of BEDS	TOTAL
<input type="checkbox"/> Extended Congregate Care (ECC)	\$546.07	\$10.15 per bed for total licensed capacity		\$
<input type="checkbox"/> Limited Nursing Service (LNS)	\$322.77	\$10.15 per bed for total licensed capacity		\$
<input type="checkbox"/> Limited Mental Health (LMH)	No additional fees	No additional fees		\$ -0-

- Health Care Licensing Application, Assisted Living Facilities, AHCA Form 3110-1008. *NOTE: All Agency correspondence will be sent to the mailing address provided in Section 1 of the application. If an applicant or licensee is required to register or file with the Florida Secretary of State Division of Corporations, the principal, fictitious name and mailing address provided in Section 2 of this application must be the same as the information registered with the Division of Corporations as provided in section 59A-35.060(4), Florida Administrative Code.*
- Health Care Licensing Application Addendum, AHCA Form 3110-1024 - Complete the information that is applicable, write "NA" on the items that are not applicable, sign, date and send with the application (refer to Sections 3 & 4 of the application for further details).
- Proof of current general liability insurance coverage
- Documentation of a satisfactory fire safety inspection conducted by the local authority having jurisdiction over fire safety or by the State Fire Marshal
- Satisfactory Residential Group Care Inspection Report, DH Form 4029 demonstrating compliance with sanitation/food hygiene
- Satisfactory DH mandatory Septic System or Well (Water Supply) Evaluation Report

- Satisfactory Food Service Inspection Report, DH Form 4023 for facilities with 25 or more residents
- Surety Bond or continuation bond (as required or appropriate)
- Facility floor plan (if different from previous application)
- A Level 2 background screening for the Individual Owner(s), the Administrator/Director and Chief Financial Officer is required every 5 years. Please check all boxes below that apply to this application:
- Individual  Administrator and/or  Chief Financial Officer submitted a Level 2 screening through a LiveScan vendor approved to submit fingerprint requests through the Florida Department of Law Enforcement (FDLE). For more information regarding LiveScan vendors please see the Agency's background screening website at: [http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/Background\\_Screening/index.shtml](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml).
- All screening results must be sent to the **Agency for Health Care Administration (Agency)** for review and eligibility determinations. If you choose to use a LiveScan source other than the Agency's contracted vendor you **must provide** the following **ORI FL922020Z** and identify the Agency for Health Care Administration as the recipient of the screening results to ensure the results are reviewed by the Agency. If the Agency does not receive the result, additional screening and fees may be required.
- The Agency has created a form that you may use to take to the vendor. You may access this form, Background Screening Validation, on the Agency's website at: [http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/Background\\_Screening/index.shtml](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/index.shtml).
- Individual  Administrator and/or  Chief Financial Officer are out of state and do not have access to a Florida LiveScan vendor and will submit a fingerprint card (you must obtain a fingerprint card from the Agency. To request a fingerprint card please contact the Agency's Background Screening Section at (850) 412-4503 or email [bgscreen@ahca.myflorida.com](mailto:bgscreen@ahca.myflorida.com).) The fingerprint card must be submitted to:
- The Agency's contracted vendor, Cogent Systems, along with a fee of \$55.50 (\$40.50 for the screening + \$15.00 processing fee). The fingerprint card must be filled out completely and the fingerprints taken by law enforcement personnel or individual trained in processing fingerprints. Return the completed card to:  
**Cogent Systems, Attn: Fingerprint Card Scan Florida**  
**5025 Bradenton Ave Suite A**  
**Dublin, OH 43017**
- Another LiveScan vendor authorized to provide services in Florida that is equipped to transmit the images of the fingerprints from the fingerprint card electronically. This requires special equipment and not all LiveScan vendors have this ability. You may find LiveScan vendor contact information on the FDLE website: <http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx>.
- Proof of Level 2 screening within the previous 5 years for the  Administrator and/or  Chief Financial Officer from the Agency, the Department of Children and Families, Department of Health, Agency for Persons with Disabilities or Department of Financial Services (if the applicant has a certificate of authority to operate a continuing care retirement community) is included with this application. An Affidavit of Compliance with Background Screening Requirements, AHCA Form 3100-0008, is also enclosed.

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**B. Additional Information needed for INITIAL Applications:**

- Evidence that the applicant possesses sufficient funds to operate the facility such as bank statements, net worth statements or financial reports. Please complete and submit the Proof of Financial Ability to Operate, AHCA Form 3100-0009
- Local Zoning Form for Assisted Living and Adult Family Care Homes, AHCA Form 3180-1021
- Community Residential Home Affidavit of Compliance, AHCA Recommended Form, if appropriate (single or multi-family zoned)
- Proof of the licensee's right to occupy the building such as a copy of a lease, sublease agreement, or warranty deed
- A copy of the Administrator's High School Diploma or GED Certificate

**C. Additional Information needed for CHANGE OF OWNERSHIP Applications:**

- Evidence that the applicant possesses sufficient funds to operate the facility such as bank statements, net worth statements or financial reports. Please complete and submit the Proof of Financial Ability to Operate, AHCA Form 3100-0009
  - Local Zoning Form for Assisted Living and Adult Family Care Homes, AHCA Form 3180-1021
  - Documentation of a satisfactory fire safety inspection conducted by the local authority having jurisdiction over fire safety or by the State Fire Marshall
  - Satisfactory Residential Group Care Inspection Report, DH Form 4029 demonstrating compliance with sanitation/food hygiene
  - Satisfactory DH mandatory Septic System or Well (Water Supply) Evaluation Report
  - Satisfactory Food Service Inspection Report, DH Form 4023 for facilities with 25 or more residents
  - Community Residential Home Affidavit of Compliance, AHCA Recommended Form if appropriate (single or multi-family zoned)
  - Proof of the licensee's right to occupy the building such as a copy of a lease, sublease agreement, or warranty deed in compliance with Section 408.806(2)(b).
  - Facility floor plan
  - A copy of the Administrator's Birth Certificate and High School Diploma
- 

**D. Change During Licensure Period:**

**1. Request to increase/decrease number of licensed beds:**

- Complete and submit sections 1, 2, and 8 of the Health Care Licensing Application, Assisted Living Facilities, AHCA Form 3110-1008
- Local Zoning Form for Assisted Living and Adult Family Care Homes, AHCA Form 3180-1021
- Community Residential Home Affidavit of Compliance, AHCA Recommended Form, if appropriate (single or multi-family zoned)
- Satisfactory Food Service Inspection Report, DH Form 4023 for facilities with 25 or more residents
- Satisfactory Residential Group Care Inspection Report, DH Form 4029 demonstrating compliance with sanitation/food hygiene that includes the requested bed increase.
- Satisfactory DH mandatory Septic System or Well (Water Supply) Evaluation Report
- Facility floor plan
- The appropriate licensure fee - Please make check or money order payable to the *Agency for Health Care Administration*. All fees are nonrefundable.
- Satisfactory Copy of the Fire Inspection that includes the requested bed increase
- Prorated Specialty License Fees (if applicable)

**2. Request to change the name or mailing address of provider:**

- Complete and submit sections 1A and 8 of the Health Care Licensing Application, Assisted Living Facilities, AHCA Form 3110-1008
- General Liability Insurance in the new name or mailing address of the provider
- For address changes, proof of the licensee's right to occupy the building such as a copy of a lease, sublease agreement, r warranty deed or other documentation as to why the address has changed i.e. zoning, post office.
- \$25.00 fee for replacement license/issue of license due to change during licensure period. Please make check or money order payable to the *Agency for Health Care Administration*. All fees are nonrefundable

**3. Notification of change of administrator:**

- Complete and submit sections 1, 2 and 8 of the Health Care Licensing Application, Assisted Living Facilities, AHCA Form 3110-1008
- Complete and submit sections 1.A and 4 of the Health Care Licensing Application Addendum, AHCA Form 3110-1024
- A copy of Level 2 background screening for the new administrator or proof of Level 2 screening within the previous 5 years from the Department of Children and Family, Department of Health, Agency for Persons with Disabilities or Department of Financial Services (if the applicant has a certificate of authority to operate a continuing care retirement community).
- If providing proof of screening from another state agency listed above, complete and enclose an Affidavit of Compliance with Background Screening Requirements, AHCA Form 3100-0008
- A copy of the Administrator's Birth Certificate and High School Diploma

**4. Specialty Licenses:**

- Complete and submit sections 1, 2 and 8 of the Health Care Licensing Application, Assisted Living Facilities, AHCA Form 3110-1008
- The appropriate licensure fee - Please make check or money order payable to the *Agency for Health Care Administration*. All fees are nonrefundable.

The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please place checks, money orders and fingerprint cards *on top* of the application and paperclip everything together. Please do not staple or bind documents submitted to the Agency.

**Health Care Licensing  
Application for (AHCA)  
For  
Assisted Living  
Facilities**



**AHCA USE ONLY:**

File #: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Check Amt: \_\_\_\_\_  
 Batch #: \_\_\_\_\_

## Health Care Licensing Application ASSISTED LIVING FACILITIES

Under the authority of Chapters 408 Part II and 429 Florida Statutes (F.S.), and Chapters 59A-35 and 58A-5, Florida Administrative Code (F.A.C.), an application is hereby made to operate an assisted living facility as indicated below:

### 1. Provider / Licensee Information

<b>A. Provider Information – please complete the following for the assisted living facility name and location.</b> <i>Provider name, address and telephone number will be listed on <a href="http://www.floridahealthfinder.gov/">http://www.floridahealthfinder.gov/</a></i>			
License # (for renewal & change of ownership applications)	National Provider Identifier (NPI) (if applicable)	Medicare # (CMS CCN)	Medicaid #
Name of Assisted Living Facility (if operated under a fictitious name, list that here)			
Street Address			
City		County	State      Zip
Telephone Number	Fax Number	E-mail Address	Provider Website
Mailing Address or <input type="checkbox"/> Same as above (All mail will be sent to this address)			
City		State	Zip
Contact Person for this application		Contact Telephone Number	
Contact e-mail address or <input type="checkbox"/> Do not have e-mail		<b>NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency</b>	

<b>B. Licensee Information – please complete the following for the entity seeking to operate the assisted living facility.</b>		
Licensee Name (the name of the corporation, LLC, individual, etc.)	Federal Employer Identification Number (EIN)	
Mailing Address or <input type="checkbox"/> Same as above		
City		State      Zip
Telephone Number	Fax Number	E-mail Address
Description of Licensee (check one):		
<u>For Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other	<u>Not for Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Other	<u>Public</u> <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Hospital District

## 2. Application Type, Number of Beds and Fees

Indicate the type of application with an "X." Applications will not be processed if all applicable fees are not included. All fees are nonrefundable. Renewal and Change of Ownership applications must be received 60 days prior to the expiration of the license or the proposed effective date of the change to avoid a late fine. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice.

### A. TYPE OF APPLICATION

Initial Licensure

Was this entity previously licensed as an Assisted Living Facility in Florida? YES  NO

If yes, please provide the name of the agency (if different), the EIN # and the year the prior license expired or closed:

NAME:	EIN #	Year Expired/Closed:
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Renewal Licensure

Change of Ownership

Proposed Effective Date: \_\_\_\_\_

Change during licensure period

Proposed Effective Date: \_\_\_\_\_

Add Specialty License

Increase/Decrease in number of licensed beds (see Section 2E)

Facility Name Change to: \_\_\_\_\_

Other: (please specify) \_\_\_\_\_

Change to Administrator (no fee required)

Effective Date of Change: \_\_\_\_\_

### B. TYPE OF LICENSE

Standard

Limited Nursing Services (LNS)

Limited Mental Health (LMH)

Extended Congregate Care (ECC)

If applying for an LNS or ECC license, has the facility maintained a standard license for the past two calendar years, or since initially licensed if licensed less than two years?  YES  NO (STOP – You are not eligible; please skip to Section C)

If applying for an LNS or ECC license, has the facility been sanctioned during the past two calendar years?  YES  NO

If applying for an ECC license, list the total number of ECC beds requested: \_\_\_\_\_

Identify the building, wing, floor, and rooms designated for ECC services: \_\_\_\_\_

If applying for a LMH license, does the facility currently hold a Standard license and have no uncorrected deficiencies?

YES  NO

### C. NUMBER OF BEDS

Please enter the Number of Beds (currently licensed or proposed for initial applicants):

If this is a renewal application, did you admit a private pay resident into a designated OSS Bed?  YES  NO

If yes, please remit the fee for the OSS beds used for private pay residents (\$64.00 x # of beds converted = \$ \_\_\_\_\_)

**NOTE:** To request an increase/decrease in the number of beds please see Section 2E. Do not include the increase/decrease number of beds in this count.

OSS Beds: \_\_\_\_ + Private Pay Beds: \_\_\_\_ = Total Beds (OSS and Private Pay Beds): \_\_\_\_\_

Number of LNS Beds (if applicable): \_\_\_\_\_

Number of ECC Beds (if applicable): \_\_\_\_\_

D. **LICENSURE FEES** - If this application is *only* to request an increase or decrease in the number of licensed beds (not for an initial, renewal or change of ownership) please skip to section 2D.

Action	Fee	TOTAL FEES
LICENSE FEE <b>Standard ALF</b> (Initial, Renewal and Change of Ownership): <input type="checkbox"/> License Fee Exemption (County or Municipal Government pursuant to 429.07(5), F.S.)= \$ 0.00	\$64.96 per private pay bed x _____ number of beds + <b>\$387.73</b> (not to exceed \$14,253.64)	\$
Specialty License - Extended Congregate Care (ECC)	\$546.07 + \$10.15 per bed x _____ # of beds	\$
Specialty License - Limited Nursing Service (LNS)	\$322.77 + \$10.15 per bed x _____ # of beds	\$
Specialty License - Limited Mental Health (LMH)	NO EXTRA FEE	\$ - 0 -
Late Fee - If the renewal application is mailed less than 60 days prior to license expiration date of the license.	\$50 per day late fee charge not to exceed one-half of the current license fee or \$500. Enter whichever is less.	\$
Change During Licensure Period/Replacement License	\$ 25.00	\$
<b>TOTAL FEES INCLUDED WITH APPLICATION:</b>		\$
<b>Please make check or money order payable to the Agency for Health Care Administration (AHCA)</b> <i>NOTE: Starter checks and temporary checks are not accepted.</i>		

E. **INCREASE/DECREASE IN BED CAPACITY** – If requesting an increase or decrease in the current number of licensed beds (not for an initial, renewal or change of ownership) please complete this section.

Total number of currently licensed beds: \_\_\_\_\_ Total number of beds to be  Increased or  Decreased: \_\_\_\_\_

Type of Beds	# Increased	# Decreased	License Fee	TOTAL FEES
Private Pay Beds		3	\$64.96 per private pay bed x _____ number of new beds	\$
OSS Beds			No fee required for increase of beds. \$25.00 fee to change license	\$ 0.00
LNS Beds			\$10.15 per bed x _____ # of beds	\$
LMH Beds			No fee required for increase of beds. \$25.00 fee to change license	\$ 0.00
ECC Beds			\$10.15 per bed x _____ # of beds	\$
<b>TOTAL for SECTION D</b>				\$
<b>Please make check or money order payable to the Agency for Health Care Administration (AHCA)</b> <i>NOTE: Starter checks and temporary checks are not accepted.</i>				

F. **ADD A SPECIALTY BETWEEN LICENSE RENEWAL PERIOD** – If the facility currently holds a Standard license, and this application is to add an LNS or ECC specialty license between biennial license renewal periods:

Action	Fee	TOTAL FEES
Specialty License - Extended Congregate Care (ECC)	\$546.07 + \$10.15 per bed x _____ # of beds <i>(fee is prorated at \$22.75 per month x the # of months until the license expires + \$10.15 per bed)</i>	\$
Specialty License - Limited Nursing Service (LNS)	\$322.77 + \$10.15 per bed x _____ # of beds <i>(fee is prorated at 13.44 per month x the # of months until the license expires + \$10.15 per bed)</i>	\$
Specialty License – Limited Mental Health (LMH)	No fee required for increase of beds. \$25.00 fee to change license	\$ 0.00
<b>TOTAL for SECTION E</b>		\$
<b>Please make check or money order payable to the Agency for Health Care Administration (AHCA)</b> <i>NOTE: Starter checks and temporary checks are not accepted.</i>		

### 3. Controlling Interests of Licensee

#### AUTHORITY:

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

#### DEFINITIONS:

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

Voluntary Board Member, as defined in subsection 408.803(13), Florida Statutes, means a board member or officer of a not-for-profit corporation or organization who serves solely in a voluntary capacity, does not receive any remuneration for his or her services on the board of directors, and has no financial interest in the corporation or organization.

In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the licensee. Attach additional sheets if necessary.

#### A. Individual and/or Entity Ownership of Licensee

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP INTEREST

#### B. Board Members and Officers of Licensee

TITLE	FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	% OWNERSHIP INTEREST
Director/CEO				
President				
Vice President				
Secretary				
Treasurer				
Other:				

**C. Voluntary Board Members and Officers of Licensee**

If the licensee is a not-for-profit corporation/organization, provide the requested information for each individual that serves as a voluntary board member. Attach additional sheets if necessary.

FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER

**D. Administration**

TITLE	NAME	TELEPHONE NUMBER	E-MAIL
Administrator/Managing Employee			
Chief Financial Officer / Person responsible for financial operations			

**4. Management Company Controlling Interests**

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

- If  NO, skip to section 5 – *Required Disclosure*.
- If  YES, provide the following information:

Name of Management Company		EIN (No SSNs)	Telephone Number / Fax	
Street Address		E-mail Address		
City	County	State	Zip	
Mailing Address or <input type="checkbox"/> Same as above				
City		State	Zip	
Contact Person	Contact E-mail	Contact Telephone Number		

In Sections A and B below, provide the information for each individual or entity (corporation, partnership, association) with 5% or greater ownership interest in the management company. Attach additional sheets if necessary.

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

FULL NAME of INDIVIDUAL or ENTITY	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	EIN (No SSNs)	% OWNERSHIP INTEREST

**B. Board Members and Officers of Management Company**

TITLE	FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER	% OWNERSHIP INTEREST
Director/CEO				
President				
Vice President				
Secretary				
Treasurer				
Other:				

**C. Voluntary Board Members and Officers of Management Company**

If the management company is a not-for-profit corporation/organization, provide the requested information for each individual that serves as a voluntary board member. Attach additional sheets if necessary.

FULL NAME	PERSONAL OR BUSINESS ADDRESS	TELEPHONE NUMBER

**5. Required Disclosure**

The following disclosures are required:

- A. Pursuant to subsection 408.809(1)(d), F.S., the applicant shall submit to the agency a description and explanation of any convictions of offenses prohibited by sections 435.04 and 408.809(5), F.S., for each controlling interest.

Has the applicant or any individual listed in sections 3 and 4 of this application been convicted of any level 2 offense pursuant to subsection 408.809(1)(d), Florida Statutes? (These offenses are listed on the Affidavit of Compliance with Background Screening Requirements, AHCA Form #3100-0008.) YES  NO

If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the conviction(s) - If the individual has received an exemption from disqualification for the offense, include a copy

- B. Pursuant to section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or federal Clinical Laboratory Improvement Amendment (CLIA) programs.

Has the applicant or any individual listed in Sections 3 and 4 of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state? YES  NO

If yes, enclose the following information:

- The full legal name of the individual and the position held
- A description/explanation of the exclusion, suspension, termination or involuntary withdrawal.

C. Pursuant to section 408.815(4), F.S., does the applicant or any controlling interest in an applicant have any of the following:

YES  NO  Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, within the previous 15 years prior to the date of this application;

YES  NO  Terminated for cause from the Florida Medicaid program pursuant to s. 409.913, and not been in good standing with the Florida Medicaid program for the most recent 5 years;

YES  NO  Terminated for cause, pursuant to the appeals procedures established by the state or federal government, from the federal Medicare program or from any other state Medicaid program, have not been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination was less than 20 years prior to the date of this application.

## 6. Provider Fines and Financial Information

Pursuant to subsection 408.831(1)(a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services (CMS), not subject to further appeal, unless a repayment plan is approved by the agency.

Are there any incidences of outstanding fines, liens or overpayments as described above? YES  NO

If yes, please complete the following for each incidence (attach additional sheets if necessary):

Amount: \$ \_\_\_\_\_ assessed by:  Agency for Health Care Administration Case # \_\_\_\_\_  CMS

Date of related inspection, application or overpayment period if applicable: \_\_\_\_\_

Due date of payment: \_\_\_\_\_

Is there an appeal pending from a Final Order? YES  NO

*Please attach a copy of the approved repayment plan if applicable.*

## 7. Other Program Specific Information

Please provide the following information for the requested positions:

A. Does the owner, administrator, or any facility representative serve as "representative payee" or as power of attorney for any ALF residents?  YES  NO

**Representative Payee** is an individual or entity who receives payments on behalf of a resident (i.e. social security benefits, supplemental social security or optional state supplementation). A resident must give consent for an owner, administrator or facility representative to act as their representative payee or power of attorney.

If yes, section 429.27(2), F.S., states that you must obtain a surety bond or continuum bond from a licensed surety company. Has a surety or continuum bond been obtained?  YES  NO Please attach a copy.

B. Is the ALF a part of a continuing care retirement community (CCRC) pursuant to Chapter 651, F.S.?  YES  NO  
If yes, attach a copy of your Certificate of Authority with the initial or change of ownership application.

C. Does the ALF participate in a Medicaid Waiver program?  YES  NO If yes, please provide your Medicaid number: \_\_\_\_\_

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## 8. Affidavit

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I, \_\_\_\_\_, hereby swear or affirm, under penalty of perjury, that the statements in this application are true and correct. As administrator or authorized representative of the above named provider/facility, I hereby attest that all employees required by law to undergo Level 2 background screening have met the minimum standards of sections 435.04, and 408.809(5), Florida Statutes (F.S.) or are awaiting screening results.

In addition, I attest that all employees subject to Level 2 screening standards have attested to meeting the requirements for qualifying for employment and agree to inform me immediately if convicted of any of the disqualifying offenses while employed here as specified in subsection 435.04(5), F.S.

\_\_\_\_\_  
Signature of Licensee or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

AGENCY FOR HEALTH CARE ADMINISTRATION  
ASSISTED LIVING UNIT  
2727 MAHAN DR., MS 30  
TALLAHASSEE FL 32308-5407

Questions? Review the information available at: <http://ahca.myflorida.com/>  
or contact the Assisted Living Unit at (850) 412-4304

**Misc. Required Forms  
and Letter for ALF's  
from the (AHCA)**



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 25, 2013

Dear Assisted Living Facility Provider:

Section 408.805(2), Florida Statutes, authorizes the Agency for Health Care Administration to annually adjust licensure fees by not more than the change in the Consumer Price Index based on the 12 months immediately preceding the increase.

Effective with licenses expiring on or after August 31, 2013, the Assisted Living Facility licensure fees are as follows:

**Standard ALF**

\$387.73 Application Fee

\$64.96 Per Private Pay Bed Fee

Total license fee for a standard ALF shall not exceed \$14,253.64

**Extended Congregate Care (ECC)**

\$546.07 Application Fee

\$10.15 Per Bed Fee on Total Licensed Resident Capacity

**Limited Nursing Service (LNS)**

\$322.77 Application Fee

\$10.15 Per Bed Fee on Total Licensed Resident Capacity

ECC and LNS license fees are in addition to the fee for the standard license.

**Limited Mental Health (LMH)**

There are no additional licensure fees for an LMH license.

If you have any questions, please call the Assisted Living Unit staff at (850) 412-4304.

Sincerely,

Shaddrick A. Hasston, Unit Manager  
Assisted Living Unit

cc: Pat Lange, Florida Assisted Living Association (FALA)  
Anthony Depalma, Department of Elder Affairs  
Cory Livingston, Department of Elder Affairs  
Gail Matillo, Assisted Living Federation of America (ALFA)  
Lee Ann Griffin, Florida Health Care Association  
Carol Berkowitz, LeadingAge Florida  
Henry Parra, Assisted Living Member Association (ALMA)

2727 Mahan Drive, MS#33  
Tallahassee, Florida 32308



Visit AHCA online at  
<http://ahca.myflorida.com>




Health Facilities and Providers

The following licensure application forms are for use by health care providers regulated under Chapter 408, Part II, Florida Statutes. Forms are required pursuant to section 59A-35.060, Florida Administrative Code.

**LICENSURE FORMS REQUIRED FOR ALL APPLICANTS AS APPLICABLE**

## NOTICE

Changes in law effective August 1 requires revisions to licensure application forms and fees for some provider types. The processing of level 2 background screening has also been revised for all applications.

**Please use the recommended forms below when submitting an application for licensure.**

The forms are interactive, unless otherwise noted, and may be filled out by typing into the form. When completed please print and mail the application and any supporting documents to the Agency.

Licensure applications and fees may be returned or delayed if submitted too early or certain items are missing. Avoid having your application or fees returned by:

- Including a check or money order with your application. *(Fees must accompany the application).*
- Using a regular, pre-printed check. *(Starter checks from new bank accounts are not accepted).*
- Making the check or money order payable to the Agency for Health Care Administration (AHCA).
- Not submitting a renewal application more than 120 days before the expiration date.
- For clinical laboratories – Do not send a check payable to CLIA.

**FORMS USED BY PROVIDERS AS REQUIRED BY LAW**

REQUIRED BY	RECOMMENDED FORM <small>Reflects changes in 2013 legislation</small>	FORMS AUTHORIZED BY RULE
All Providers	<a href="#">Health Care Licensing Application Addendum</a> (127 kb DOC)  <a href="#">Affidavit of Compliance with Background Screening Requirements</a> (102 kb DOC)	<a href="#">AHCA Form 3110-1024</a> (126 kb DOC)  <a href="#">AHCA Form 3100-0008</a> (126 kb DOC)
Providers as required by law	<a href="#">Proof of Financial Ability to Operate</a> (353 kb XLS)	<a href="#">AHCA Form 3100-0009</a> (353 kb XLS)

**HEALTH CARE LICENSING APPLICATIONS BY PROVIDER TYPE**

REQUIRED BY	RECOMMENDED FORM <small>Reflects changes in 2010 legislation</small>	FORMS AUTHORIZED BY RULE
<a href="#">Abortion Clinic</a>	<a href="#">Abortion Clinic Recommended Application Form</a> (322kb DOCX) <a href="#">Abortion Clinic Recommended Application Form</a> (470kb PDF)	<a href="#">AHCA Form 3130-1000</a> (311kb DOC)
 <a href="#">Adult Day Care Center</a>	<a href="#">Adult Day Care Center Recommended Application Form</a> (326 kb DOC) <a href="#">Adult Day Care Center Operator Identification Statement</a> (65 kb DOC) <a href="#">Adult Day Care Local Zoning Form</a> (72 kb DOC) <a href="#">Specialty License Notification Form</a> (70 kb DOC)	<a href="#">AHCA Form 3180-1004</a> (321 kb DOC)  <a href="#">AHCA Form 3180-1036</a> (65 kb DOC)  <a href="#">AHCA form 3180-1021</a> (72 kb DOC)

<p><b>Adult Family Care Home</b></p>	<p><u>Adult Family Care Home Recommended Application Form</u> (195 kb DOC)</p> <p><u>Adult Family Care Home Local Zoning Form</u> (72 kb DOC)</p>	<p><u>AHCA Form 3180-1022</u> (195 kb DOC)</p> <p><u>AHCA Form 3180-1021</u> (72 kb DOC)</p>
<p><b>Ambulatory Surgical Center</b></p>	<p><u>Ambulatory Surgical Center Recommended Application Form</u> (359 kb DOCX)</p> <p><u>Ambulatory Surgical Center Recommended Application Form</u> (479 kb PDF)</p>	<p><u>AHCA Form 3130-2001</u> (354 kb DOC)</p>
<p><b>Assisted Living Facility</b></p>	<p><u>Assisted Living Recommended Application Form</u> (387 kb DOC) ✓</p> <p><u>Proof of Financial Ability to Operate for ALFs with 16 or Less Beds</u> (107 kb XLS)</p> <p><u>ALF Affidavit of Compliance Community Residential Home</u> (102 kb DOC)</p> <p><u>Assisted Living Local Zoning Form</u> (71 kb DOC)</p> <p><u>ALF Notification of Change of Administrator</u> (76 kb DOC)</p>	<p><u>AHCA Form 3110-1008</u> (355 kb DOC)</p> <p><u>Affidavit of Compliance</u> (102 kb DOC)</p> <p><u>AHCA Form 3180-1021</u> (71 kb DOC)</p> <p><u>AHCA Form 3180-1006</u> (76 kb DOC)</p>
<p><b>Birth Center</b></p>	<p><u>Birth Center Recommended Application Form (docx)</u> (327kb)</p> <p><u>Birth Center Recommended Application Form</u> (388kb)</p>	<p><u>AHCA Form 3130-3001</u> (327 kb DOC)</p>
<p><b>Clinical Laboratory (Non-Waived)</b></p>	<p><u>Clinical Laboratory Recommended Application Form</u> (627 kb DOC)</p> <p><u>Clinical Laboratory Recommended Application Form</u> (1.28 MB PDF)</p> <p><u>Addition of Specialty Services Application</u> AHCA Form 3170-2004D (376 kb DOC)</p> <p><u>Addition of Specialty Services Application</u> AHCA Form 3170-2004D (947 kb PDF)</p>	<p><u>Initial Application, AHCA Form 3170-2004B</u> (585 kb DOC)</p> <p><u>Initial Application, AHCA Form 3170-2004B</u> (914 kb PDF)</p> <p><u>CHOW Application, AHCA Form 3170-2004C</u> (573 kb DOC)</p> <p><u>CHOW Application, AHCA Form 3170-2004C</u> (966 kb PDF)</p> <p><u>Renewal Application, AHCA Form 3170-2004</u> (570 kb DOC)</p> <p><u>Renewal Application, AHCA Form 3170-2004</u> (710 kb PDF)</p>
<p><b>Drug Free Workplace Laboratory</b></p>	<p><u>Drug Free Workplace Lab Recommended Application Form</u> (397 kb DOC)</p> <p><u>Drug Free Workplace Lab Recommended Application Form</u> (1.48 MB PDF)</p>	<p><u>AHCA Form 3170-5001</u> (348 kb DOC)</p>
<p><b>Health Care Clinic</b></p>	<p><u>Health Care Clinic Recommended Application Form</u> (549 kb DOC)</p>	<p><u>AHCA Form 3110-0013</u> (384 kb DOC)</p>
<p><b>Health Care Clinic Exemption for Licensure</b></p>	<p><u>Health Care Clinic Exemption Recommended Application Form</u> (294 kb DOC)</p>	<p><u>AHCA Form 3110-0014</u> (250 kb DOC)</p>
<p><b>Health Care Risk Manager</b></p>	<p><u>Health Care Risk Manager Recommended Application Form</u> (199kb DOCX)</p> <p><u>Health Care Risk Manager Recommended Application Form</u> (315kb PDF)</p>	<p><u>AHCA Form RM-001</u> (194 kb DOC)</p>
<p><b>Health Care Services Pool</b></p>	<p><u>Health Care Services Pool Recommended Application Form</u> (292 kb DOC)</p>	<p><u>AHCA Form 3110-1010</u> (308 kb DOC)</p>
<p><b>Home Health Agency</b></p>	<p><u>Home Health Agency Recommended Application Form</u> (154 kb DOCX)</p>	<p><u>AHCA Form 3110-1011</u> (440 kb DOC)</p>
<p><b>Home Medical Equipment Provider</b></p>	<p><u>Home Medical Equipment Recommended Application Form</u> (478 kb DOCX)</p>	<p><u>AHCA Form 3110-1005</u> (481 kb DOC)</p>
<p><b>Home for Special Services</b></p>	<p><u>Home For Special Services Recommended Application Form</u> (277 kb DOC)</p>	<p><u>AHCA Form 3110-3001</u> (278 kb DOC)</p>
<p><b>Homemaker Companion Services</b></p>	<p><u>Homemaker Companion Services Recommended Application Form</u> (230 kb DOCX)</p>	<p><u>AHCA Form 3110-1003</u> (227 kb DOC)</p>

<a href="#">Hospice</a>	<a href="#">Hospice Recommended Application Form</a> (166 kb DOCX)	<a href="#">AHCA Form 3110-4001</a> (412 kb DOC)
<a href="#">Hospital</a>	<a href="#">Hospital Recommended Application Form</a> (502 kb DOCX) <a href="#">Hospital Recommended Application Form</a> (554 kb PDF)	<a href="#">AHCA Form 3130-8001</a> (472 kb DOC)
<a href="#">Intermediate Care Facility for the Developmentally Disabled</a>	<a href="#">ICF-DD Recommended Application Form</a> (335 kb DOC)	<a href="#">AHCA Form 3110-5003</a> (333 kb DOC)
<a href="#">Mental Health Services - CSU / SRT</a> <a href="#">RTF</a>	<a href="#">Mental Health Services - CSU/SRT/RTF</a> (339 kb DOCX) <a href="#">Mental Health Services - CSU/SRT/RTF</a> (299 kb PDF)	<a href="#">AHCA Form 3180-5003</a> (319 kb DOC) <a href="#">AHCA Form 3180-5003</a> (267 kb PDF)
<a href="#">Multiphasic Health Testing Center</a>	<a href="#">Multiphasic Health Testing Center Recommended Application Form</a> (336 kb DOC) <a href="#">Multiphasic Health Testing Center Recommended Application Form</a> (777 kb PDF)	<a href="#">AHCA Form 3170-4001</a> (327 kb DOC)
<a href="#">Nurse Registry</a>	<a href="#">Nurse Registry Recommended Application Form</a> (335 kb DOC)	<a href="#">AHCA Form 3110-7004</a> (322 kb DOC)
<a href="#">Nursing Home</a>	<a href="#">Nursing Home Recommended Application Form</a> (419 kb DOC)  <a href="#">Medicaid Lease Bond not interactive</a> (9 kb PDF)  <a href="#">Patient Trust Surety Bond</a> (63 kb DOC)  <a href="#">Unconditional Guarantee of Payment not interactive</a> (10 kb PDF)	<a href="#">AHCA Form 3110-6001</a> (399 kb DOC)  <a href="#">AHCA Form 3110-6002</a> (63 kb DOC)  <a href="#">AHCA Form 3110-6009</a> (9 kb PDF) <a href="#">AHCA Provider Form</a> (10 kb PDF)
<a href="#">Organ Procurement / Tissue Bank / Eye Bank</a>	<a href="#">Organ Procurement / Tissue Bank / Eye Bank Recommended Application Form</a> (335 kb DOC) <a href="#">Organ Procurement / Tissue Bank / Eye Bank Recommended Application Form</a> (756 kb PDF)	<a href="#">AHCA Form 3140-2001</a> (323 kb DOC)
<a href="#">Prescribed Pediatric Extended Care Centers</a>	<a href="#">Prescribed Pediatric Extended Care Centers Recommended Application Form</a> (280 kb DOC)	<a href="#">AHCA Form 3110-8002</a> (287 kb DOC)
<a href="#">Residential Treatment Centers for Children and Adolescents</a>	<a href="#">Residential Treatment Centers Recommended Application Form</a> (300 kb DOC) <a href="#">Residential Treatment Centers Recommended Application Form</a> (472 kb PDF)	<a href="#">AHCA Form 3180-5004</a> (302 kb DOC) <a href="#">AHCA Form 3180-5004</a> (472 kb PDF)
<a href="#">Transitional Living Facilities</a>	<a href="#">Transitional Living Facilities Recommended Application Form</a> (279 kb DOC)	<a href="#">AHCA Form 3110-9001</a> (281 kb DOC)

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[Health Facilities and Providers](#)

**REPORT MEDICAID FRAUD ONLINE or 866-966-7226 REPORTE FRAUDE DE MEDICAID**

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# LOCAL ZONING FORM

## Assisted Living and Adult Family Care Homes

**AUTHORITY:** In accordance with section 429.11(1)(b), Florida Statutes, regarding assisted living facilities and section 429.67(5), F.S. regarding adult family care homes, the provider must supply the location of the facility for which a license is sought and documentation, signed by the appropriate local government official, which states that the applicant has met local zoning requirements.

*This form must be completed by the local zoning office, **not** by the assisted living or adult family care home applicant.*

**TO:** Agency for Health Care Administration  
 Division of Health Quality Assurance  
 Bureau of Long Term Care Services  
 Assisted Living Unit  
 2727 Mahan Drive, MS # 30  
 Tallahassee, FL 32308-5403

**REGARDING:**

<b>Name of Assisted Living Facility or Adult Family Care Home:</b>	
<b>Street Address:</b>	<b>City / State / Zip:</b>

**Assisted Living Facilities Only:** please complete the following information.

*When an ALF is licensing more than one building on the same property, or connecting property, each building and its resident capacity must be listed.*

Building #	Maximum Resident Capacity	Street Address	City	Zip
1				
2				
3				

We have reviewed the status of the above referenced assisted living facility (ALF) or Adult Family Care Home and find that it is properly zoned according to local codes.

\_\_\_\_\_  
Signature of Zoning Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Zoning Official

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number



**Health Care Licensing Application  
 PROOF OF FINANCIAL ABILITY TO OPERATE  
 ALF INSTRUCTIONS**

<b>Provider/Facility Type:</b>			
License # (for change of ownership applications):			
Provider Name:		Telephone Number:	
Street Address:		Fax Number:	
City:	County:	State:	Zip:
E-mail Address: <input type="checkbox"/> No Email			
Mailing Address: <input type="checkbox"/> Same as Above			
City:		State:	Zip:

**Authority:** The following Schedules are designed to meet the specific requirements of 408.810(8), Florida Statutes which require the applicant to show anticipated provider revenue and expenditures, the basis for financing anticipated cash-flow requirements of the provider, and an applicant's access to contingency financing. All schedules must be prepared on the accrual basis of accounting (revenues recorded when earned, expenses recorded when incurred).

An applicant will have demonstrated financial ability to operate by completing proof of financial ability to operate schedules 1-6 in conformity with the below instructions, all relevant rules and statutes, and projections that show assets, credit, and projected revenues meet or exceed projected liabilities and expenses and independent evidence of sufficient funds for start up, working capital & contingencies. The electronic version of these forms in excel, contain formulas in **Red** to help the applicant in completing the schedules.

**Assumptions Used** – Schedules 1-6 essentially represents a two-year budget for the proposed ALF of the applicant. Since these schedules are forward looking, the applicant will have to make certain assumptions about future operations. The assumptions an applicant uses are essential in developing a projected set of financial schedules. All major assumptions used in the projections must be contained in accompanying notes to these schedules. The instructions below will identify when notes are required; however, the applicant should feel free to provide any additional information deemed necessary to help the Agency better understand the information on these schedules.

**Schedule 1: Pre-Opening Costs** - The purpose of this Schedule is to disclose ALL costs needed to begin operations (or resume operations in the case of a CHOW). In the case of a change of ownership (CHOW) the applicant must disclose the purchase price, the portion of the purchase price that is going to be financed with cash and the portion to be financed with debt. The applicant must also list the estimated value of the assets and liabilities being acquired. If the application is for a purchase of a portion of the business or does not have a purchase price (such as a corporate re-organization), the applicant must provide a description of the type and nature of the CHOW in the notes to the projections.

**Schedule 2: Staffing Requirements** - The purpose of Schedule 2 is to present the total number of Full Time Equivalent Employees (FTEs) projected to staff the operation and convert these FTEs to the total annual salary cost. An FTE represents a 40 hour work week. An employee working only 20 hours a week would be shown as .5 FTE. A full-time employee not hired until the last 3 months of the year would be shown as .25 FTE. At a minimum the staffing should include at least a partial FTE for the required administrator and CFO. In addition the applicant must show sufficient FTEs to meet the minimum patient care staffing levels (minimum staffing requirements listed in a table on Schedule 2). The Average Annual Salary per FTE column (Column 2) represents the annual salary for a full time position (40 hours a week x 52 weeks a year). Even if the position will be working less than 40 hours a week (or more the 40 hours a week), list the annual salary as if they worked 40 hours a week. Column 3 multiplies the number of FTEs times the average annual salary and represents the total annual cost the ALF is expecting for salaries. If administrative staff also provides patient care, please list the portion of the FTEs on Line 6 that is used for patient care on Line 16. If any positions share responsibilities, please describe that in notes to the financial statements. In some instances, management may elect not to take a salary or take a reduced salary. If this is the case, the applicant should still list the FTEs for the time spent and describe in the notes. The applicant should provide a statement indicating a willingness to accept low or no salary. It should be noted that low or no salary is only reasonable if the applicant has other sources of income to support themselves (we may ask for proof of other sources of income before approving the application). If the applicant is planning on paying salaries to administrative staff out of profits, for the purposes of our schedules, those salaries need to be listed on Schedule 2 and Schedule 6 Line 2.

**Schedule 3: Charges & Projected Revenue** - The purpose of this Schedule is to disclose the total revenue estimated to be earned by the ALF. This is done by entering the number of residents expected each month and the monthly charge per resident. If you expect a resident to come in during the middle of the month you can count them as a fraction (0.5 half the month, 0.25 quarter of the month, etc.). The monthly charge times the number of patients will calculate the gross revenue. This schedule also allows reporting of non-resident revenue (if any) and allows for deductions for things like charity and bad debt (if any). Line 8 represents all of the revenue you expect to earn from the operations of the ALF and will be the first line on the Income Statement (Schedule 4). Please remember you should have at least a fractional resident in month one since, for the purpose of these schedules, month one begins the first month a resident is admitted.

**Schedule 4: Projected Summary of Revenues and Expenses** – The Schedule is designed to show the projected profitability of the applicant. The revenues on this schedule must reconcile with Schedule 3 Line 8. Administrative salaries must reconcile with Schedule 2 Line 6. General Personnel salaries must reconcile with Schedule 2 Line 12. Total Patient Care salaries must reconcile with Schedule 2 Line 17. The monthly salary allocations for Patient Care must be sufficient to meet all minimum staffing requirements. This schedule must include allocations for utilities (phone, electric, etc), supplies (office and medical), dietary/food, housekeeping/laundry and all other costs expected to be incurred in the normal course of business. Otherwise, provide an explanation in the attached notes explaining why there are no expenses in these categories. Please note, this schedule should be completed on the accrual basis of accounting which simply means you record revenue in the month earned and expenses in the month incurred. For example, if you pay your staff in month 2 for work done in month 1, the expense should appear in the month that the work was done (in this example month 1). This is necessary so that we can determine that the applicant has properly staffed the ALF each month. For new facilities, the operating margin (Schedule 4 Line 27 divided by Line 1), should not exceed 15 percent in any month during the first year. This level of profit for a new ALF generally indicates that the applicant has overstated revenue and/or understated expenses. For small ALFs this is usually because owners who are also employees are paying low or no salaries to themselves, or are taking salaries out of profits. If this is the case, a profit level of 15 percent indicates a sufficient margin to pay the owner/employee a salary.

**Schedule 5: Projected Cash Flow Statement** – This schedule is designed to determine the working capital needs of the applicant (cash needed to sustain operations). As discussed in the instructions to Schedule 4, revenues and expenses are recorded when earned and incurred which may be different from when actual cash changes hands. This schedule shows the impact and timing of cash changing hands. Line 1 must equal Schedule 4 Line 30. Lines 2 must equal Schedule 4 Line 6.

Increase/Decrease in Receivables - Before you complete Line 6 and 4 for the increase and decrease in accounts receivable you must first estimate how long it will take to get paid after you provide the service. Any portion of a charge to a resident not paid by the end of the month is a receivable. For example if you charge \$100 for service in month 1, you would record the revenue in month 1 on Schedule 3 and 4. If the \$100 is not due until the 1st of the following month then you have a \$100 receivable in month 1. You provided the service but did not receive cash during the month the service was provided. In month 2 when you collect the \$100 you will have a decrease in accounts receivable for \$100 and an increase for any money not collected for service provided in month 2. This cycle continues each month. The attached notes to the projections must contain your assumptions for accounts receivable. If the assumption is that the charge is collected up front there would be no receivables. If the assumption charges are collected in the following month then receivables would increase each month by the amount of net revenue and would decrease by that same amount the following month. Your receivable balance at any one month is the total increase in receivables for all previous months minus the total decrease in receivables for all previous months.

Increase/Decrease in Payables - The concept is similar to the one above on receivables except that a payable is money that is owed but not yet paid. For example, on Schedule 4 you would record the salary expense for the month that your staff worked at the facility; however, you may pay them until 15 days after the service is provided. Using \$100 salary expense for the month as an example, you would have paid your staff on the 30th for the 1st 15 days of the month worked meaning you still owe them \$50 for the last 15 days of the month (in other words you have an increase in payables for \$50). When month two comes around you decrease payables for \$50 (when you pay the staff for the previous month) and have a new increase for the last 15 days worked in month 2. The concept is the same as above, if bills are paid up front then you would have no payables. Please note that different expense categories may have different payable assumptions and should be treated based on the assumptions for each category. You must provide notes listing your payable assumptions for each expense type.

Other uses of Cash - The other uses of cash categories are used for items that are cash transactions but not considered expenses under accrual accounting. For example, if you are going to depreciate equipment then the cost of the equipment is a cash item on this schedule and only the depreciation would be an expense on the Income Statement (Schedule 4). Mortgages and Loans are also item that should be on Schedule 5. The principle portion of any loan repayments should appear in the Other Cash uses category, the interest expense portion of the loan payment should be recorded on the Income Statement (Schedule 4). If any of your proof of funding is from debt, you must show principle repayments on this schedule and interest expense on Schedule 4.

Total Cash Needs - Line 14, Total Cash Needs, is the total of Line 13 - Total Other Uses of Cash, minus Cash Flows from Operations, Line 9. If the positive cash flow is greater than the other uses, the net positive cash needs (or no cash need) will be shown as a negative on line 14.

Cumulative Cash Need - Line 15, Cumulative Cash needs, is the running total of last month's cumulative cash needs (Line 15 from last month plus the Total Cash Needs from Line 14 for the current month). The highest monthly amount on Line 15 (considering both year one and year two) is working capital or the total cash needed to fund operations until cash turns positive.

Beginning Cash on Hand & Cash Available at the End of the Month - Line 16, Year 1, Month 1 should include all the cash that the applicant plans on using to fund the ALF. Cash at the end of the month is simply the beginning cash minus the cash needs. The beginning cash of any month after month one is equal to the ending cash of the previous month. If the ending cash in any month is a negative number, then this indicates the cash available is not sufficient to fund operations and therefore, the application can not be approved.

**Schedule 6: Cash Needs and Source of Funds** - The purpose of this Schedule is to disclose ALL costs needed to begin operations (or resume operations in the case of a CHOW) including all pre-opening costs prior to beginning operations, funding for contingencies, and the funds necessary to sustain operations until it reaches a positive cash flow. The source of this information comes from the previous schedules completed. In addition, the applicant must disclose and provide proof of the funds available to cover start-up costs, working capital, and contingency funding. The sources of the funding must be listed and independent, certifiable documentation of the existence and availability of those funds must be provided. All funding must be supported by evidence that the entity owns or will have access to funds as needed. Examples of documents that support funding includes copies of bank statements for accounts owned by the proposed entity, a letter of commitment from a bank or other independent lending sources, a copy of a line of credit agreement established for the proposed entity (including the available balance), and any other liquid assets. Liquid assets are defined as assets that can easily and quickly be converted to cash. Funding provided by the corporate parent of a proposed entity must be supported with a letter from the parent indicating that such funds are available to the applicant and independent, certifiable documentation of the existence and availability of those funds as defined above. The most recent Audited Financial Statements of the parent will be considered proof of the parent's ability to fund the applicant unless the parent's Audited Financial Statements indicate that current liabilities are greater than current assets and/or long-term debt exceeds net assets, and/or the audit contains a going concern issue. In the case of the purchase price associated with a change of ownership, the executed bill of sale is acceptable proof of funding the purchase price. All proof of funding documentation must be recent (within 15-20 days of the application date).

REVISED from last P&Z (9/11/13) suggestions. Conditional(C) & Permitted (P) .

Table 1-3.2

	RR-65	RS-21	RS-15	RS-10	RM-4	RM-6	R-MH	OI	CL	CG	R/LC	IND	INS	CP
Hospital and Extensive Care Facilities								C					C	
Nursing Homes (including Rest Homes and Convalescent Homes)					C	C		C					C	
<b>Community Residential Home</b>								C					C	
Level 1 (1-6 persons)	C*				C	C								
Level 2 (7-14 persons)					C	C							C	
<b>Assisted Care Communities</b>														
Assisted Living Facility														
Level 1 (1 to 5 persons)		C	C	C	C	C					C			
Level 2 (6 to15 persons)					C	C								
Level 3 (16+ persons)					C	C								
<b>Adult Family Care Homes</b>														
Level 1 (1 to 5 persons)	C*	C	C	C	C	C					C			
Level 2 (6 to15 persons)		C	C		C	C								
Level 3 (more than 16 persons)					C	C								
<b>Adult Day Care Centers</b>					C	C		C			C		C	

\*Allowed in RR-65, (1-2 persons) as defined in FS CH FS 419 & 429

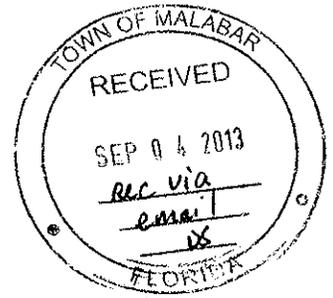
REVISED from last P&Z (8/28/13) suggestions.

Table 1-6.1(B)

60/62

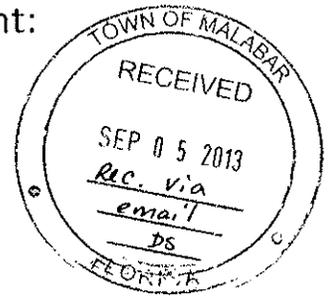
Conditional Land Uses	Minimum Size Site	Minimum Width/Depth (feet)	Access Required to Street	Building Setback from Residential District/Nonresidential District (feet)	Parking Lot Setbacks from Adjacent residential District/Nonresidential District (feet)	Perimeter Screening Residential District/Nonresidential District (5)	Curb Cut Controls
Community Residential Home	2 acres	210	Paved	60/30	25/20	Type A/C	(7)
Nursing Homes	2 acres	210	Paved	60/30	25/20	Type A/C	(7)
Hospital and Extensive Care Facilities	5 acres	325	Arterial	100/75	25/20	Type A/C	(7)
Assisted Living Facility							
Level 1 (1 to 5)	2 acres	210	Arterial	60/30	25/20	Type A/C	(7)
Level 2 (6 to 15)	3 acres	210	Arterial	60/30	25/20	Type A/C	(7)
Level 3 (more than 16)	5 acres	325	Arterial	100/75	25/20	Type A/C	(7)
Adult Family Care Homes							
Level 1 (1 to 5)	2 acres	210	Paved	60/30	25/20	Type A/C	(7)
Level 2 (6 to 15)	3 acres	210	Arterial	60/30	25/20	Type A/C	(7)
Level 3 (more than 16)	5 acres	325	Arterial	100/75	25/20	Type A/C	(7)
Adult Day Care Facilities	2 acres	210	Arterial	60/30	25/20	Type A/C	(7)

**(Article II. Wording for ALF-Submitted by Pat Reilly for P&Z Meeting  
9/11/13)**



8. Public Health (note: see 16/160 in notebook)  
Refer to F.S. Title XXIX, Chapters 381 – 408 for ..... (continue wording)
  - A. Mental Health  
Refer to Chapters 394 for .....
  - B. Hospital  
Refer to Chapters 395 for .....
  - C. Substance Abuse  
Refer to Chapters 397 for .....
  - D. Nursing Home and Related Health Care Facilities  
Refer to Chapters 400 for .....
    - Part I Long-Term Care Facilities
    - Part II Nursing Homes
    - Part III Intermediate, Special Services, and Transitional Living Facilities
9. Social Welfare  
Refer to F.S. Title XXIX, Chapters 409 – 430 for ..... (continue wording)
  - A. Community Residential Homes (note: see 35/160 in notebook)  
Refer to Chapters 419 for ..... (continue wording)
  - B. Assisted Care Communities (note: see 39/160 in notebook)  
Refer to Chapters 429 for .....
    - Part I Assisted Living Facilities  
Refer to Chapter 429.01 – 429.54
    - Part II Adult Family Care Homes  
Refer to Chapter 429.60 – 429.87
    - Part III Adult Day Care Centers  
Refer to Chapter 429.90 – 429.931

Following are the desired future changes being undertaken to current:



Malabar Municode; Article II Land Use & Zoning

Section 1-2.6 Land Use classifications

B. Community Facilities

8. Group Homes
9. Hospitals and Extensive Care Facilities
10. Nursing Homes (including Rest Homes or Convalescent Homes)

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Changes:

Our purpose and intent. This section strives to simplify the research needed by generally accepting the 2012 Florida Statutes regarding Community Facilities, which are Conditional Uses in the Town of Malabar.

Whereas the Florida Building Codes and the Florida Statutes govern and regulate the majority of the criteria regarding the standards for these areas, we wish to incorporate them in with ours. We will continue to set the standards allowed local municipalities, so as to retain the rural atmosphere of our Town. The following will be the support base of our criteria.

2012 Florida Statutes

Title XXIX **Public Health** (In Regard to 9 & 10)

- Chapter 394 Mental Health
- Chapter 395 Hospital Licensing and Regulation
- Chapter 397 Substance Abuse Services
- Chapter 400 Nursing Homes and Related health Care Facilities

Title XXX **Social Welfare** (In Regard to 8)

- Chapter 419 Community Residential Homes
- Chapter 429 Assisted Care Communities