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**NOTICE OF APPEAL OF CITY MANAGER'S AUGUST 6, 2020
DENIAL OF MARGATE CARE FOR HEROES' REASONABLE
ACCOMMODATION REQUEST TO OPEN A VETERAN'S
CARE FACILITY AT 603 MELALEUCA DRIVE**

Applicant, Quality of Life, Corp., doing business as Margate Care for Heroes (“MCH”), hereby submits this Notice of Appeal¹ (“Appeal”) to the City Commission and requests that the City Commission reverse City Manager Cale Curtis’ August 6, 2020, decision denying MCH’s Reasonable Accommodation Request (“RA Request”), and to approve the proposed business plan to help veterans in need by opening a 36-bed Veterans Care Facility focused on treating post-traumatic stress

¹ Section 3.30(6) of the City code of ordinances reads as follows:

Within thirty (30) days after the city manager’s, or designee’s, determination on a reasonable accommodation request is mailed to the requesting party, such applicant may appeal the decision. All appeals shall contain a statement containing sufficient detail of the grounds for the appeal. Appeals shall be to the city commission who shall, after public notice and a public hearing, **render a determination as soon as reasonably practicable**, but in no event later than sixty (60) days after an appeal has been filed.

disorder (PTSD) and other illnesses, including incidental treatment for substance use disorder.

MCH requests that this Appeal be scheduled for hearing at the earliest possible City Commission meeting – i.e., **September 2, 2020 (or as a separate meeting item anytime that week)**. Time is of the essence, given that a certain request for proposal for which MCH would be eligible with the City’s permission, is set to expire on **September 26, 2020. See Exhibit 1 to this Appeal.**² Proposals to the Department of Veterans Affairs must be submitted with state licensure already approved. MCH cannot obtain its proposed DCF license and AHCA license without the City’s approval letter and the state licensure process takes weeks. **MCH’s RA Request was initially submitted on June 8, 2020.** We respectfully request that the Commission act quickly to address this application so as to avoid another lost opportunity.

In the event this application is not heard by next week, MCH plans to submit an application for a local business tax receipt to operate the facility at a maximum capacity of 14 clients – which is allowed by right under the *current*³ City code (i.e., no reasonable accommodation request would be necessary to operate said facility). MCH would submit the local business tax receipt to obtain the City’s permission to proceed with the fewer number of clients pending the results of a hearing on this RA Request so as not to avoid missing the deadline for the VA’s RFP. **See Ex. 1.** If the City later approves this RA Request, MCH will be permitted to help more veterans

² As indicated on this RFP, eating disorders are also a common co-occurring condition to PTSD.

³ MCH maintains that the 2015 City code applies, due to its grandfathered status as a Group Care Facility.

in the Property than the 14 veterans, which MCH is permitted to house and provide care and services to under the current code.

Significantly, MCH's Business Plan, attached to this Appeal as **Exhibit 2**,⁴ is compatible with the Property's current zoning designation of R-3 (multi-family residential). The proposed Veterans Care Facility is a primarily residential facility that would offer incidental medical care and services to its clientele. However, for reasons that are unclear and reject objective facts, the City thus far disagreed with this assertion.

Therefore, MCH has brought this RA Request and Appeal under the Americans with Disabilities Act (ADA), 42 U.S.C 12101 *et seq* (ADA), and the Fair Housing Act (FHA), 42 U.S.C, 3601-3631, to seek a reasonable exception to the City code. Federal law is applicable to these proceedings because the prospective clientele of MCH suffer from PTSD and/or substance use disorder, which constitute disabilities under the ADA and FHA.⁵

There is a dire need for these services. From 2007 to 2017, on average, about 17 veterans committed suicide each day in the United States (approx. 62,050 veteran suicides over that ten year period).⁶ MCH is offering the City an opportunity to

⁴ The Business Plan includes a scrivener's error regarding the number of years that Dr. Emilio Mantero-Atienza has been practicing. It states that he has been practicing for 50 years; as noted in his sworn declaration submitted in conjunction with the RA Request, Dr. Mantero-Atienza has been practicing medicine for 30 years.

⁵ See *Roszbach v. City of Miami*, 371 F.3d 1354, 1357 (11th Cir. 2004); *Bhogaita v. Altamonte Heights Condo. Ass'n*, 765 F.3d 1277, 1282 (11th Cir. 2014); *Forbes v. St. Thomas Univ., Inc.*, 768 F. Supp. 2d 1222, 1228–29 (S.D. Fla. 2010); *Singh v. Geo. Wash. Univ. Sch. of Med.*, 508 F.3d 1097, 1100 (D.C. Cir. 2007); *Jeffrey O v. City of Boca Raton*, 511 F. Supp. 2d 1339, 1346-7 (S.D. Fla. 2007); *MX Group, Inc. v. City of Covington*, 293 F 3d 326, 336-340 (6th Cir 2002).

⁶https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf at page 9

provide much needed help to veterans of the United States military. MCH’s application should be approved because it is entirely reasonable and in no way would result in a fundamental alteration of the City’s zoning code.

I. Background

MCH is the applicant affiliated with the owner of 603 Melaleuca Drive (the “Property”). In June of 2019, the Property owner submitted an application for a local business tax receipt to operate a Veterans Care Facility (“VCF”). That application was summarily denied. Due to litigation ongoing between the owner and the City, attempts by the owner and the undersigned to directly communicate with City representatives regarding the owner’s good intentions for the Property were stymied. That litigation has concluded. The rulings ultimately favored the City, because the court found that the applicant had not applied to the City Commission to provide care to people in recovery. However, the **court did note that the City approved the Property as a group care facility under the 2015 City code that could provide “medical care and services that are incidental to the approved use.”**

During the litigation, the owner had submitted a business plan to the City that indicated it would seek to obtain three state licenses, including one for inpatient detoxification from the Department of Children and Families (DCF). Later in 2019 – and recently in conjunction with this RA Request – MCH submitted a *different* Business Plan that indicated the facility will only require one license from DCF for Level 1 Residential Treatment. *See Ex. 2 at p. 3*. Rather than inpatient detox, a Residential Treatment license would allow the facility to provide longer-term (no less than 90 days) care and services, such as group therapy. Thus, MCH’s current

Business Plan is less medical in nature than the previously submitted business plan and, according to the City’s logic, would be compatible with R-3 zoned properties.

On May 5, 2020, the City Commission invited public discussion regarding the prospective Veterans Care Facility. A seemingly productive dialogue ensued.⁷

However, despite this good faith discussion with the Commission, City staff has repeatedly declared to the undersigned and the owner that the two distinct business proposals for a Veterans Care Facility are inconsistent with the Property’s current zoning designation. This conclusion is incorrect with regard to the previously submitted plan and the current Business Plan. For purposes of this RA Request, we will address the City’s position on the Business Plan submitted in conjunction with the RA Request *only* (the “Business Plan”)⁸ and not any business plans submitted that would arguably require a change of zoning to CF-1 as those plan are simply irrelevant.

MCH maintains that its Business Plan is compatible with the 2015 City code (to which it is bound) as well as the current code. Nevertheless, in an attempt to appease the City and to put the zoning related disagreement to rest, the owner submitted a request to change its zoning of the Property from its current designation of multi-residential (R-3) to Community Facility (CF-1) on **June 2, 2020** (the “Rezoning Request”). Despite many inquiries made on behalf of MCH, the Rezoning Request has yet to appear on any City agendas.

⁷ See transcript attached as **Exhibit E to Exhibit 3 to this Appeal**.

⁸ MCH proposes offering more medical services if it is rezoned, but those services are only tied to the rezoning application – not to the RA Request.

Separately, MCH submitted this RA Request on June 8, 2020. **As explained in further detail below, the RA Request is separate and distinct from the Rezoning Request.**

A brief summary of the procedural background regarding the RA Request is necessary. MCH submitted its RA Request on June 8, 2020. On Wednesday, July 15, 2020, the undersigned was notified that MCH would be provided a brief amount of time to present the RA Request to Manager Curtis on July 21st – in six days' time.

On the afternoon of July 14, 2020, the Friday preceding the RA Request hearing, the undersigned was informed that the City had posted various old, irrelevant applications and correspondences on the online agenda materials section of the City's website. The extraneous and irrelevant materials were clearly intended to muddy the waters and make the RA Request appear to be something that it is not. The undersigned has repeatedly objected to these postings. Given their inapplicability to the RA Request, the City's postings did not seek to educate and inform but, rather, were clearly posted to obfuscate and to conflate MCH's alternative and prior applications with its RA Request.

On July 21, 2020, MCH supplied written evidence in support of the RA Request. The packet of evidence consisted of 165 pages of materials – only eight pages of which the City did not already have in its possession, or at least have access to. The packet included the RA Request, MCH's Business Plan, and declarations in support from a land use planner and two doctors, among other documents. A transcript of the RA Request hearing and the evidence provided in support is attached as **Composite Exhibit 3 – evidence packet attached as Exhibits A and B thereto.**

MCH was provided 30 minutes to attempt to address all potential issues that the City might conceivably have with its application, and to explain why its

application to help military veterans was reasonable and would not work a fundamental alteration of the City’s zoning code.

After the undersigned agreed to give the City an extension to provide its decision, the City Manager denied the RA Request on August 6th.⁹ **See Exhibit 4.** The City’s denial lacks any basis in law or fact and should be reversed for the reasons provided herein and in the attached exhibits.

II. The City Improperly Conflates MCH’s Reasonable Accommodation Request with Its Pending Change of Zoning Request.

The City’s denial letter erroneously states as follows:

The previous special exception use granted for this property in 2015 was for an Assisted Living Facility that was not a medical use. This was confirmed in the lawsuit brought by the applicant’s principal against the City. The permitted uses of the R-3 zoning district do not include any medical or quasi-medical¹⁰ uses; such medical uses are permitted in other zoning districts of the City, including but not limited to CF-1. **This is corroborated by the applicant’s concurrent application for a zoning change to CF-1 for this property.**

Ex. 5.

To be clear, MCH’s RA Request has nothing to do with its Rezoning Request. The Rezoning Request is separate and apart from the RA Request and, if the City grants the **rezoning**, it would effectively be allowing the owner to provide more medical services in the premises than if the City grants the RA Request. Of course, MCH’s position is that the City should grant both applications. *But at issue in this*

⁹ The City code requires an answer be provided to a reasonable accommodation request within a maximum of 45 days. § 3.30(4), City code.

¹⁰ **This statement regarding quasi-medical uses is utterly false and in violation of a federal court order that expressly recognized the owner’s vested right to provide incidental medical care and services within the premises. See Exhibit J at p. 45 to Ex. 3.**

application is solely the more residential – and less medical – Business Plan for a Veterans Care Facility submitted by MCH.

Regarding the prospective rezoning, the CF-1 zoning designation would allow for more medically intense uses in the facility than what would result from granting the RA Request. The DCF and AHCA licenses sought by MCH in each individual application are distinct. In the event the Property is rezoned to CF-1, MCH would endeavor to obtain more intensely medical licenses than the less medical and more residential nature of the licenses that MCH would obtain if this RA Request is granted. This is reflected in the respective business plans and explained in further detail below.

III. The Applicant's Request Is Reasonable and Would Not Work a Fundamental Alteration of the Zoning Code.

In denying the RA Request, the City ignored MCH's Business Plan and the objective facts regarding MCH's proposed business operation.

The City Manager's denial letter states as follows:

Essentially the same plan¹¹ [sic] was submitted prior to the hearing scheduled by Ms. Jimenez.¹² Therein, it was proposed that the use be a Veterans Inpatient Residential Treatment facility licensed by the Agency for Health Care Administration (AHCA) and the Department of Children and Families (DCF). Moreover, the Reasonable Accommodation Request includes a proposed zoning approval letter for licensure by both state agencies.

Ex. 5.

This statement is false for many reasons – but one reason is particularly important in light of the City's purported objections to MCH's current Business

¹¹ It is not the same business plan.

¹² Ms. Jimenez did not schedule the hearing.

Plan. Significantly, MCH’s business plans for the applications during the litigation were markedly different from the 2019/2020 iterations of the business plans submitted to the City, based on the particular licenses sought and, accordingly, the allowable services to be provided to residents.

A. Two Different Business Plans

The first business plan submitted to the City included a request for the City’s zoning approval to allow owner to seek state licenses of varying degrees of medically intense uses – that is, the initial application requested three different licenses – (1) residential detoxification; (2) intensive inpatient treatment; and (3) residential treatment level 1. *See* relevant page from old business plan, attached as **Exhibit 5** to this Appeal.

MCH’s current Business Plan only seeks one of the above-listed licenses from the DCF – the license for “residential treatment level 1.” *See Ex. 2 at p. 3*. This license is described in the Florida Administrative Code as follows:

(a) Level 1 programs include those that provide services on a short-term basis. This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. Typically, clients have a job and a home to support their recovery upon completion of this level of care. The emphasis is clearly on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the client.

Fla Admin. Code, 65D-30.007, “Standards for Residential Treatment,” attached as **Exhibit 6**. Furthermore, among the primary services offered at such facilities, the administrative code lists:

(a) Individual counseling;

- (b) Group counseling;
- (c) Counseling with families;
- (d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle;
- (e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;
- (f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;

Ex. 7. As was clearly stated during the July 21st hearing, MCH would operate a *sub-acute* facility offering primarily residential services with incidental medical care and services. Rather than a hospital type facility, which is how the City has mischaracterizes MCH’s application, MCH is proposing to operate a primarily residential facility that will offer incidental medical care and services, such as counseling.

Indeed, the clients of the facility would be required to stay at MCH for a **minimum of 90 days**. The owner is expressly permitted to provide incidental medical care and services, as the United States District Court for the Southern District of Florida found in its September 2019 order. *See Exhibit J at p. 45 to Ex. 3.*

Furthermore, as the City stipulated that MCH was bound by the 2015 City code, the City should be applying the 2015 code in its analysis, which unequivocally allows the requested use as MCH has made clear in its RA Request. *See Transcript of July 21st hearing, Ex. 3 at 19–21.*

MCH incorporates its arguments regarding application of the 2015 City code herein. *See id.*

B. Owner is Grandfathered as a Group Care Facility

The applicant was approved as a Group Care Facility and Judge Beth Bloom found that the specific allowable use was equivalent to an Assisted Living Facility, commonly referred to as an ALF. ***See Exhibit J at p. 45 to Ex. 3.*** The Florida Administrative Code defines Assisted Living Facilities as including Limited Mental Health ALFs for patients with mental disorders, who are eligible for, are receiving, or have received mental health services within the last 5 years. 59A-36.020(2)(b) and (c), F.A.C.

Such facilities have designated staff that have completed limited mental health training, 59A-36.020(3)(e), with training that includes mental health diagnosis and/or mental health treatment, 59A-36.011 (9)(a)(2), F.A.C. These ALFs provide an opportunity for private face-to-face contact between the mental health resident and the resident’s mental health case manager or other treatment personnel of the resident’s mental health care provider, 59A-36.020(3)(b), F.A.C.

Accordingly, an ALF is absolutely permitted to obtain the DCF license for Residential Level 1 treatment and AHCA license for residential treatment.

C. The ALF Grandfathered Use Has Not Been Abandoned.

Many local governments provide that a nonconforming use may not be reestablished if the use has been dormant for a set period of time. Once the nonconforming use has been established, the burden shifts to the local government to prove that the nonconforming use has been discontinued or abandoned.¹³

¹³ A large number of courts outside of Florida have held that a showing of intent is necessary to establish discontinuance of a nonconforming use. *Grushkin v. Zoning*

Florida courts require a showing of intent and that the provision of a time frame for discontinuance merely provides a rebuttable presumption of intent to abandon a nonconforming use or a special exception use. *Cook v. the City of Lake Worth*, 1 Fla. L. Weekly Supp. 383a (Fla. 19th Cir., May 26, 1993), *aff'd*, 626 So. 2d 1115 (Fla. 4th DCA 1993). In *Cook*, the city of Lake Worth rezoned a building to commercial and multifamily use. The city's rezoning rendered retail space in the building nonconforming. The city's code further provided that in the event a nonconforming use ceased for a period of six months or more, the nonconforming use could not be reestablished. Despite numerous attempts, the property owner was not able to lease the property for retail uses over a six-month period due to an economic downturn. The court found evidence that the owner continuously attempted to rent out the retail space sufficient to rebut the presumption of intent to abandon the use. *See also, Amnesia Holding, Inc. v. City of Miami Beach*, 6 Fla. L. Weekly Supp. 252a (Fla. 11th Cir., January 29, 1999) (6 Fla. L. Weekly Supp. 252a), *reh'g denied*, 6 Fla. L. Weekly Supp. 315a (holding that city failed to demonstrate intent to abandon nonconforming nightclub lost nonconforming status by failing to provide continuous meal service).

Here, we have the following showing lack of intent to discontinue the use: the current owner has been actively marketing as a group care facility and has been continuously in litigation to reestablish that use. Therefore, there has been no abandonment of the use as the City implies.

D. The Current Zoning Code

Bd. of Appeals of City of Norwalk, 227 A. 2d 98, 100 (Conn. Comm. P1. 1967); *A. T. & G, Inc. v. Zoning Bd. of Review of Town of North Smithfield*, 322 A. 2d 294 (R.I. 1974).

Even assuming that the current zoning code *does* apply and that there somehow has been an abandonment of the approved use from 2015, MCH’s Veterans Care Facility qualifies as a Community Residential Home under the current iteration of the zoning code. According to Section 16.2 of the zoning code, such facilities are allowed as of right in R-3 zoned properties.

Section 16.2 reads as follows:

No building or structure, or part thereof, shall be erected, altered or used, or land or water used, in whole or in part, for other than one (1) or more of the following specified uses:

(A) *Permitted use specified:*

- (1) All uses permitted in the R-2 district, subject to the limitations, requirements and procedures contained therein.
- (2) A plot containing multiple unit dwelling(s).
- (3) Community residential home, Type 2 as defined in Section 2.2.
- (4) Recovery residence, as defined in Section 2.2.

§ 16.2, current City code.

Section 2.2 reads as follows:

Community residential home: A dwelling unit licensed to serve residents who are clients of the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Juvenile Justice or the **Department of Children and Families or licensed Agency for Health Care Administration**

.....

Community residential home, Type 2: A dwelling unit meeting the definition of community residential home which provides a living environment for seven (7) to fourteen (14) unrelated residents who operate as the functional equivalent of a family, including such supervision and **care by supportive staff as may be necessary to meet the physical, emotional, and social needs of residents.** Type 2 homes shall not be located within one thousand (1,000) feet of another Type 1 home and within one thousand two hundred (1,200) feet of another Type 2 home. For purposes of City land use and zoning determinations,

this definition does not affect the legal nonconforming use statuses of any community residential home lawfully permitted and operating as of July 1, 2016.

§ 2.2, current City code (emphasis added). Assuming for the sake of argument that MCH is bound by the 2015 code – despite the City’s stipulation and the Court’s finding that the owner was grandfathered – a Veterans Care Facility would be allowed *as of right* for, at least, up to 14 people. Indeed, the prospective clients of MCH would absolutely reside in the facility for, at least, 90 days, and would be clients of DCF and/or AHCA, as the City code defines clients of Community Residential Homes.

The fact that the clients would receive incidental medical care at the residential facility does not disqualify it from meeting this broad definition – by the very fact that the residents are clients of DCF and/or AHCA, they are evidently receiving medical care and services. By way of analogy, residents may receive medical care and services in their homes by way of hospice or other similar programs where medical services are provided in a primarily residential setting.

It would defy logic to cap the number of clients at 14 people in this facility. MCH’s facility is approximately 8,885 square feet **on an acre size lot**. It would defy logic to restrict MCH’s clientele to just 14 people and would achieve no purpose considering that there is more than enough onsite parking and traffic will not be adversely impacted by implementing MCH’s Business Plan. *See* Declaration of land use planner Wesley Blackman, **Exhibit C to Ex. 3**, and the traffic and parking report done by **Thomas Hall attached as Exhibit 7**.

As Mr. Hall indicates, the nursing home use under the Institute of Transportation Engineers’ (ITE) Trip Generation manual, is the closest use category in the ITE to MCH’s current Business Plan. MCH’s facility will generate less traffic

than a nursing home; however, given that most – if not all – residents will not need to park a vehicle because they will be driven to the facility by an MCH shuttle, or by a friend or family member. At most, one could expect a dozen employees working at the facility at once (including shuttles for residents).

Traffic Engineer Thomas Hall applied the proper ITE and parking analysis and found that 13 parking spaces (36 beds x 0.36 parking spaces = 12.96 parking spaces, or 13 parking spaces) are required to serve the site. *See Ex. 11*. He then took good design practices into account and found that a maximum of 18 parking spaces would be required under that standard. Because MCH has 22 parking spaces (including one handicap space) the facility has sufficient parking to operate as presented in the Business Plan.

Despite the City's baffling analysis, at no time will all of MCH's 49 employees be at the property at the same time. And MCH will certainly never come anywhere near the Florida Building Code occupancy limit of 104 occupants, as the City comically suggests. Of course, the Property is not an event venue or party space. The City's analysis on the prospective occupancy in the Property is outrageous and lacks any factual basis.

By its operational nature, MCH will generate less traffic than a nursing home. Though, even considering that MCH's Veterans Care Facility would generate the equivalent vehicle count, it would result in fewer cars than the Property's prior apartment complex use – and certainly nowhere near the Hospital category numbers that the City has inexplicably used to calculate MCH's anticipated traffic count. Even if MCH were proposing to operate a medical detox facility – which it is not under this RA Request – those resulting traffic numbers and the operational characteristics would not at all resemble those of a hospital. *See* deposition transcript from Building Director Richard Nixon at **Exhibit H to Ex. 3 to this Appeal**; land

use report by Henry Iler at **Exhibit F at p. 5 to Ex. 3**; transcript of July 21st hearing at **Ex. 7**; and Declaration of land planner Wesley Blackman, at **Exhibit C to Ex. 3 ¶ 16**.

To the extent there is any aspect of MCH’s application that may be outside the bounds of the *current* zoning code, it would arguably come down to the number of allowable clients in the facility. Accordingly, under current code analysis, MCH’s RA Request seeks an exception to that limitation of residents, based on the large size of its facility, its capacity for up to 36 clients to reside and receive incidental medical care and services (two clients per 18 bedrooms), and the great need to help veterans who are suffering from PTSD. *See* declarations of Dr. Nunez and Dr. Mantero-Atienza.

The long term stays of up to 36 clients at a time would provide the clientele with a group setting where the residents can interact and work through trauma together in a therapeutic and nurturing environment. MCH’s clients will lean on each other for support, and will be provided the resources to improve their lives.

Given the large size of the facility, an accommodation increasing the number of allowable clients is warranted and is certainly reasonable. Moreover, granting the request would not result in a fundamental alteration of the City’s zoning code considering the compatibility of the proposed use with the Property’s current zoning designation and the diverse nature of land uses in the surrounding area.

IV. Failure to Approve the RA Request Would Constitute a Violation of Federal Law.

The prospective clients of MCH suffer from PTSD and are entitled to protections under the ADA and FHA. *See Rossbach v. City of Miami*, 371 F.3d 1354, 1357 (11th Cir. 2004); *Forbes v. St. Thomas Univ., Inc.*, 768 F. Supp. 2d 1222, 1228–29 (S.D. Fla. 2010); *Singh v. Geo. Wash. Univ. Sch. of Med.*, 508 F.3d 1097,

1100 (D.C. Cir. 2007). Also under the FHA and ADA, persons in recovery from alcohol or other substance use disorder are considered disabled and thus entitle to the statutes' protections. *Jeffrey O v. City of Boca Raton*, 511 F. Supp. 2d 1339, 1346-7 (S.D. Fla. 2007); *MX Group, Inc. v. City of Covington*, 293 F 3d 326, 336-340 (6th Cir 2002); *Innovative Health Sys v City of White Plains*, 117 F. 3d, 37, 48-49 (2d Cir. 1997); 42 U.S.C. 12210(b): and 28 C.F.R. 35.104(A)(ii) (listing “drug addiction” as a physiological impairment). Such persons are specifically included within the federal definition of “handicapped individual.” *See also* 42 U.S.C. 3602(h) and 24 C. F. R. 100.201(a)(2). Thus any person in active recovery and/or treatment from some form of addiction to substances and/or alcohol are therefore specifically included within the definition of “handicapped individual.” *See* 42 U.S.C. 3602(h) (Fair Housing Act) and 24 C.F.R. 100.201(a)(2) *See also City of Edmonds v. Oxford House, Inc.*, 514 U.S. 725, 115, S.Ct. 1776 (1995). The Fair Housing Act itself was amended to include handicapped individuals within its parameters.

Licensed services providers that propose to provide services to qualifying individuals with disabilities, such as people in recovery for addiction and/or PTSD have standing as “person[s] alleging discrimination on the basis of disability” under the ADA. 42 U.S.C. 12133 and 28 C.F.R. 35.130(b)(6); *A Helping Hand, LLC v Baltimore County Md.*, 515 F.3d 356, 364, (4th Cir. 2008). Similarly, those who wish to provide housing for handicapped persons have standing under the Fair Housing Act. *See, e.g., Judy B. v. Borough of Tioga*, 889 F. Supp. 792, 797, (M.D. Pa. 1995); *North Shore-Chicago Rehab., Inc. v. Village of Skokie*, 827 F Supp. 497, 507 n.3 (N.D. Ill. 1993); *Horizon House Dev. Servs., Inc. v Twp. of Upper Southampton*, 804 F. Supp. 683, 692 (E.D. Pa. 1992) *aff'd mem*, 995 F.2d 217 (3d Cir. 1993).

It is illegal under the ADA and its implementing regulations to exclude treatment programs from zoning districts where other similar quasi-residential/medical uses are allowed, or to apply different standards for their approval. *See Pathways v. Town of Leonardtown*, 133 F. Supp. 2d 772, 777-78 (D. Md. 2001). Accordingly, a denial of MCH’s RA Request would violate federal law.

A. MCH is a Dwelling Under the Fair Housing Act.

To be protected by the FHA, a facility must constitute a dwelling,² which is “any building, structure, or portion thereof which is occupied as, or designed or intended for occupancy as, a residence by one or more families,” 42 U.S.C. § 3602(b). When analyzing this issue, courts must apply a broad and expansive interpretation of the term. *See Schwarz v. City of Treasure Island*, 544 F.3d 1201, 1216 (11th Cir. 2008) (citing *City of Edmonds v. Oxford House, Inc.*, 514 U.S. 725, 731 (1995)). Court look at (i) the length of stay of an individual at the location and (ii) whether the individual intends to return to the particular location *during the course of his or her stay*. *See id.* at 1214-15 (emphasis added); *Lakeside Resort Enterprises, LP v. Bd. of Sup’rs of Palmyra Tp.*, 455 F.3d 154, 156 (3d Cir. 2006).

A facility with an average length of stay of 14.8 days qualifies as a dwelling under the FHA. *See Lakeside Resort Enterprises*, 455 F. 3d at 157.

The “Dwelling” definition in section 2.2 of the City code includes “[a]ny building, or part thereof, occupied in whole or in part, as the residence or living quarters of one (1) or more persons, permanently or *temporarily*, continuously or *transiently*.” § 2.2, City code.

MCH’s clients will reside at the facility for no less than 90 days and they will return to the facility during the course of their stay – if they leave at all (under supervision). In *Lakeside Resort*, the Third Circuit stated that the relevant inquiry is whether the person staying at the facility views it as a “place to return

to” during the course of their treatment. *Id.* at 159-60. Here, MCH’s clients will have designated beds, will eat meals together, and will reside at the facility while they undergo treatment. MCH is therefore a dwelling under the FHA and it is entitled to the protections afforded under the Fair Housing Act.

V. The Operational Characteristics of Margate Care for Heroes Indicate that It Will Have Minimal Impact on the Surrounding Area and Will Not Result In a Fundamental Alteration of the City’s Zoning Scheme.

MCH will have a minimal impact on the surrounding mixed-use neighborhood and allowing it to open will in no way result in a fundamental alteration of the City’s zoning scheme. In support of its position, MCH hereby adopts its Business Plan, traffic expert Thomas Hall’s Traffic Statement, and the Declaration of land use planner Wesley Blackman. In addition, MCH provides that the following safety related procedures will be in place at all times in the facility:

- Residents will be supervised at all times.
- The program is structured such that there will be no free time or ability for residents to leave the building.
- There will be a full-time staff, 24/7, on site.
- All entrances will be monitored 24/7 by internal and/or external cameras for the protection of the residents and the staff.

Furthermore, all residents at the facility are monitored in a variety of ways. The facility will be staffed 24 hours a day, 7 days a week in accordance with state guidelines established and enforced by the Department of Children and Family Services. These same guidelines establish a specific staff/patient ratio based on the number of beds in the facility. Support staff are always present and on-site.

Residents are not permitted to leave the facility unless being discharged or being escorted and supervised to and from an outside medical appointment. Entrance/exit doors are alarmed and anyone coming into the facility must be cleared by appropriate staff. In addition, there is no visitation permitted by family/friends during the treatment process. Family members may be asked to participate in a clinical session scheduled by the therapist and, upon arrival, sign in and are escorted to the appropriate office. Mail and packages are opened by the patient in the presence of a staff member and contents are thoroughly screened.

At the time of admission, cell phones, computers and other communication devices are confiscated and stored until the patient is leaving the program. Telephones are not accessible to residents and all calls are made in the presence of a staff member. In addition to the foregoing, the location of each resident is identified and recorded every 30 minutes. Group attendance sign in sheets are required and the location of any patient scheduled to be in group who is not present is immediately determined.

VI. Conclusion

In conclusion, the City Commission should reverse the City Manager's denial of MCH's RA Request, and allow MCH to open a facility that would provide desperately needed care and services to the brave men and women who have served their country at great sacrifice. As detailed above and in the evidence already submitted in support of this application, there is no reason not to approve this RA Request. There is no reason not to sign and provide a letter on City letterhead like the example pasted below. With the City's approval of this letter, MCH will be able to obtain its license for residential treatment and submit its application in response the VA's request for proposal. We respectfully request that you do not let this

opportunity to help veterans and create jobs in the City of Margate pass you by. We are available to answer any questions or concerns at any time.

On behalf of Margate Care for Heroes—

Sincerely,

Buchanan Ingersoll & Rooney PC



Kyle B. Teal

cc. City Clerk Joseph Kavanaugh

EXAMPLE TEXT THAT MUST BE SIGNED BY A CITY OFFICIAL AND PRINTED ON THE CITY'S LETTERHEAD IN ORDER TO SECURE NECESSARY LICENSE:

Dear Ms. Jimenez,

Please allow this correspondence to serve as confirmation that your intended uses of the property located at 603 Melaleuca Dr, Margate, Florida (the "Property") as a DCF Licensed Residential Level 1 treatment facility and as an AHCA licensed Residential Treatment Facility are permitted uses at that location.

EXHIBIT 1

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

1. REQUISITION NO. PAGE 1 OF 94

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NO.	5. SOLICITATION NUMBER 36C24819R0153	6. SOLICITATION ISSUE DATE 09-27-2019
7. FOR SOLICITATION INFORMATION CALL:	a. NAME Mechelle D. Reaser, Contracting Officer		b. TELEPHONE NO. (No Collect Calls) 813-972-2000 Ext. 7541	8. OFFER DUE DATE/LOCAL TIME 09-26-2020 12:00 p.m. E.S.T

9. ISSUED BY Department of Veterans Affairs Network Contracting Office 8 (NCO 8) 8875 Hidden River Pkwy, Suite 525 Tampa FL 33637	CODE 36C248	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: <u> Dire </u> % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: 623220 SIZE STANDARD: \$15 Million
---	----------------	---

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING N/A	14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP
---	--------------------	--	--------------------	---

15. DELIVER TO Department of Veterans Affairs Veterans Integrated Service Network 8 (VISN 8) Veterans Affairs Medical Centers (VAMC)	CODE 36C248	16. ADMINISTERED BY Department of Veterans Affairs Network Contracting Office 8 (NCO8) 8875 Hidden River Pkwy, Suite 525 Tampa FL 33637	CODE 36C248
---	----------------	---	----------------

17a. CONTRACTOR/OFFEROR TELEPHONE NO. _____ DUNS: _____ DUNS+4: _____	CODE _____ FACILITY CODE _____	18a. PAYMENT WILL BE MADE BY Department of Veterans Affairs Financial Services Center (FSC) P.O. Box 149971 Austin TX 78714-9971 PHONE: _____ FAX: _____	CODE _____
--	--------------------------------	---	------------

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER SEE ADDENDUM

19. ITEM NO.	20. See CONTINUATION Page SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>This is an open and continuous solicitation for Veterans Integrated Service Network 8 for Community Based Residential Treatment and Dual Diagnosis for Various Eating Disorders. The Government intends to award multiple contracts from this solicitation.</p> <p>Indefinite Delivery/Indefinite Quantity (ID/IQ) contracts will issued on an as needed basis under the authority of 38 United States Code (U.S.C.) 1703.</p> <p>VISN 8 Locations: North Florida/South Georgia VA Healthcare System Orlando VA Medical Center Malcom Randall VAMC, (Gainesville, FL) James A. Haley Veterans Hospital (Tampa, FL) Bay Pines VA Healthcare System West Palm Beach VA Medical Center Miami VA Healthcare System VA Caribbean Healthcare System (San Juan, PR)</p> <p>(Use Reverse and/or Attach Additional Sheets as Necessary)</p>				

25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
--	---

<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA	<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA	<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u> 1 </u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED	<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)	31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) Mechelle D. Reaser Contracting Officer
30c. DATE SIGNED	31c. DATE SIGNED

B.3 PERFORMANCE WORK STATEMENT (PWS)

1. GENERAL:

- 1.1. Services Required** - The Contractor shall provide a full spectrum community based residential treatment services and dual diagnosis for various eating disorders, including: Anorexia Nervosa Avoidant/Restrictive food intake Disorder, Bulimia Nervosa, Orthorexia Nervosa, Purging Disorder, Pica and Eating disorders not otherwise specified, which combines psychological, emotional support and nutritional guidance. Services shall be provided in accordance with the specifications contained herein to beneficiaries of the Veterans Affairs Medical Center (VAMCs) identified within section B.2 Price Schedule of this document. Services shall be provided at the offeror's facility to VA beneficiaries referred by VA Physician(s) at the various VAMC's.
- 1.2. Authority** - Title 38 United States Code (U.S.C.), 1703 Contracts for Hospital Care and Medical Services in Non-Department Facilities, FAR Parts 12 - Acquisition of Commercial Items in conjunction with FAR Part 15 Contracting by Negotiation.
- 1.3. Policy/Handbooks** - The contractor shall be subject to the following policies, including any subsequent updates during the period of performance:
- 1.3.1.** 42 Code of Federal Regulations (CFR) Part 482 Conditions of Participation Hospitals, including Sub-Part E Requirements for Specialty Hospitals.
<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;sid=aceca18b9fbe0110ffa37c08075c2b0e;rgn=div5;view=text;node=42%3A5.0.1.1.1;idno=42;cc=ecfr>
- 1.3.2.** VA Directive and Handbook 0710: Personnel Suitability and Security Program -
https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=832&FType=2
- 1.3.3.** VA Directive 1663: Health Care Resources Contracting - Buying
http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=347
- 1.3.4.** VHA Handbook 1100.17: National Practitioner Data Bank Reports
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2135
- 1.3.5.** VHA Handbook 1100.18 Reporting and Responding to State Licensing Boards
 - http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1364
- 1.3.6.** VHA Handbook 1605.1, Privacy and Release of Information
http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1423
- 1.3.7.** VHA Handbook 1907.01 Health Information Management and Health Records:
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2791
- 1.3.8.** VHA Directive 2006-041 "Veterans' Health Care Service Standards" (expired but still in effect pending revision)
https://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1443
- 1.3.9.** VHA Directive 2009-038: VHA National Dual Care Policy

EXHIBIT 2

TELEPHONE

ADDRESS

WEB



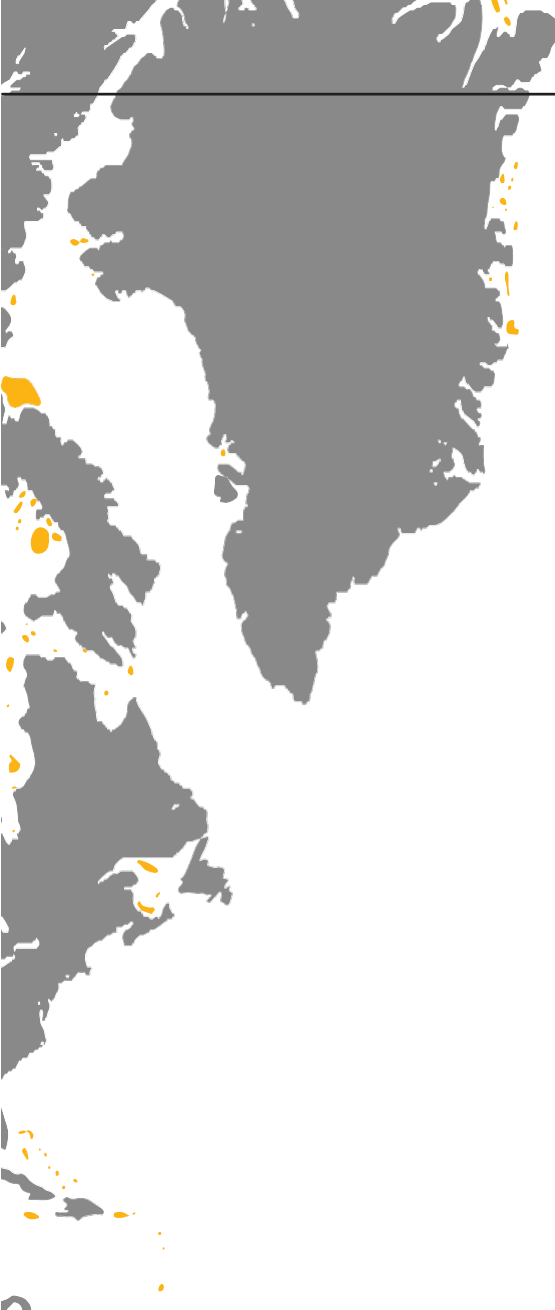
QUALITY OF LIFE GROUP CARE FACILITY

Business Plan

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS PLAN





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• EXECUTIVE SUMMARY

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS DESCRIPTION

Quality of Life is the vision of Ms. Jimenez, who, through the tragic loss of a loved one, is personally motivated to help others. The facility was first envisioned in 2016, with an anticipated grand opening set for August 15, 2019. The agency is registered in the State of Florida as a S-Corporation, subject to the laws and regulations therein.

LICENSURE

Quality of Life will be licensed by the Agency of Health Care Administration (AHCA) in accordance with Chapter 64E-12 of the Florida Administrative Code, Chapter 394 of the Florida Statutes, and Section 381.006(16) of the Florida Statutes. Relevant materials are attached to this proposal as Exhibit A.

64E-12 Residential Treatment

“Residential Treatment” is a group care facility and provides services on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component.” “This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require residential treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.”

Quality of Life will be a group-care-facility as defined and meet the definition and regulations in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code. As used in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code, the term “group care facility” means any public or private school, assisted living facility, adult family-care home, adult day care center, short-term residential treatment center, residential treatment facility, home for special services, transitional living facility, crisis stabilization unit, hospice, prescribed pediatric extended care center, intermediate care facility for persons with developmental disabilities, or boarding school. The department of health may adopt rules necessary to protect the health and safety of residents, staff, and patrons of group care facilities. Rules related to public and private schools shall be developed by the Department of Education in consultation with the department. Rules adopted under this subsection may include definitions of terms; provisions relating to operation and maintenance of facilities, buildings, grounds, equipment, furnishings, and occupant-space requirements; lighting; heating, cooling, and ventilation; food service; water supply and plumbing; sewage; sanitary facilities; insect and rodent control; garbage; safety; personnel health, hygiene, and work practices; and other matters the department finds are appropriate or necessary to protect the safety and health of the residents, staff, students, faculty, or patrons. The department of health may not

adopt rules that conflict with rules adopted by the licensing or certifying agency. The department of health may enter and inspect at reasonable hours to determine compliance with applicable statutes or rules. In addition to any sanctions that the department of health may impose for violations of rules adopted under this section, the department of health shall also report such violations to any agency responsible for licensing or certifying the group care facility, which is the Agency of Health Care Administration. The licensing or certifying agency may also impose any sanction based solely on the findings of the department of health.

ACCREDITATION

The agency will be fully accredited by The Joint Commission. The Joint Commission is a private, not for profit organization established in 1951 to provide accreditation to health care organizations within the United States. The Joint Commission accredits nearly 21, 000 health care organizations in the United States. The Joint Commission provides deemed status and is recognized by the Centers of Medicare and Medicaid Services (CMS) as the industry “Golden Seal” for organizations that provide the highest quality healthcare.

EXECUTIVE LEADERSHIP TEAM

Quality of Life has assembled an experienced Executive Leadership Team:

Miryam Jimenez, Owner

Ms. Jimenez has developed a thriving real estate business with vast holdings. She specializes in procurement and selling of residential and commercial real estate. It is through the death of a loved one that Ms. Jimenez is driven to help individuals and their families who are dealing with behavioral health issues.

Emilio Mantero-Atienza, MD, PhD

Dr. Mantero-Atienza is a highly respected board-certified, psychiatrist and author who has over 50 years of experience working with those who suffer from behavioral health issues. He specializes in Medication Assisted Therapies, Medication Assisted Treatment in Mental Health Services, and Evidenced Based Treatment. Dr. Mantero acquired a PH.D. in Clinical Biochemistry.

Mary Jane Fitzpatrick, RN, JD, Consultant

Ms. Fitzpatrick, RN, Behavioral Health Consultant specializing in nursing administration, medical-legal, and risk management. She is considered an expert in Joint Commission quality standards and the Agency for Health Care Administration regulatory requirements. Ms. Fitzgerald is a member of the Florida Bar and is a Registered Professional Nurse.

Linda Potere, MBA, LHCRM, CHCQM, LADAC, CAP-Program Director

Linda Potere is a behavioral health consultant to a wide variety of behavioral health organizations holding the positions of Quality Assurance Director, Corporate Compliance

Officer, and Risk Manager. Her duties and responsibilities include: (1) achieving and maintaining licensure; 2) certification, accreditation and regulatory compliance for all state, local, and federal licensure and accreditation bodies; 3) certification and compliance with risk management, Center for Medicare Services and Medicaid Standards; 4) coordinate and implement of Joint Commission and CARF standards in behavioral & hospital health care settings; and 5) insuring compliance and training of staff in Performance Improvement, team building, and additional training needs for accreditation survey for Community Mental Health Centers, Methadone Clinics, and Partial Hospitalization Programs for both Mental Health and Substance Abuse services.

Cathy Claud, MNM, CAP, CPP, ICADAC, CRRA-Consultant

Ms. Claud has over 35 years of experience in the development and management of health care systems, specializing in systems of care for children and families dealing with behavioral health disorders. Specifically, Ms. Claud’s dedication, experience, and passion for the work, forms the basis of her professional standards of excellence in serving the community.

Quality of Life will employ approximately 49 (part and/or fulltime) employees in the following positions:

- | | |
|---------------------------|-------------------------------|
| Chief Operating Officer | Licensed Nurses |
| Compliance Officer | Case Managers |
| Admissions Director | Mental Health Counselors |
| Drivers | Behavioral Health Technicians |
| Group Therapy Facilitator | Certified Massage Therapist |
| Janitorial/Cleaning Staff | Yoga Instructor |
| Chef | |
| Assistant Chef | |
| Secretarial | |
| Medical Director | |

MISSION STATEMENT

Our Mission

To provide the highest quality of evidence-based mental health care to active duty and reserve military personnel that are involve in heightened stress levels and trauma, as well as the elderly military personnel that were affected by and are suffering from Posttraumatic Stress Disorder (PTSD). Quality of Life aims to address Veterans’ needs during reintegration into civilian life.

expression and problem resolution.

- g) Training or advising in health and medical issues.
- h) Employment or educational support services to assist patients in becoming financially independent; and
- i) Mental health services for the purpose of:
 1. Managing patients with disorders who are stabilized.
 2. Evaluating patients' needs for in-depth mental health assessment.
 3. Training patients to manage symptoms; and
 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems, which may arise during treatment

(2) Caseload.

Licensed Therapists will have a caseload that will not exceed 8 patients at one time.

(3) Staffing Coverage and Pattern.

The staffing coverage and pattern for the facility shall be maintained at a minimum of 1-15 staff to resident ratio with never less than two staff on the premises when residents are present. The facility shall have procedures to mobilize additional staff 24 hours daily in the event of emergency need. The facility will have a telephone tree to mobilize additional staff 24 hours daily in the event of emergency needs.

Evidence Base “TREATMENT PRACTICES”

PROLONGED EXPOSURE (PE).

Prolonged exposure is typically provided over a period of about three months with weekly individual sessions, resulting in eight to 15 sessions overall. The original intervention protocol was described as nine to 12 sessions, each 90 minutes in length. Sixty to 120-minute sessions are usually needed in order for the individual to engage in exposure and sufficiently process the experience.

Licensed Therapists begin with an overview of treatment and understanding the veteran’s past experiences. Licensed Therapists continue with psychoeducation and then will generally teach a breathing technique to manage anxiety.

Generally, after the assessment and initial session, exposure begins. As this is very anxiety-provoking for most patients, the therapist works hard to ensure that the therapy relationship is perceived to be a safe space for encountering very scary stimuli. Both imaginal and in vivo exposure are utilized with the pace dictated by the patient.

- **Imaginal exposure** occurs in session with the patient describing the event in detail in the present tense with guidance from the therapist. Together, patient and therapist discuss and process the emotion raised by the imaginal exposure in session. The patient is recorded while describing the event so that she or he can listen to the recording between sessions, further process the emotions and practice the breathing techniques.
- **In vivo exposure**, that is confronting feared stimuli outside of therapy, is assigned as homework. The therapist and patient together identify a range of possible stimuli and situations connected to the traumatic fear, such as specific places or people. They agree on which stimuli to confront as part of in vivo exposure and devise a plan to do so between sessions. The patient is encouraged to challenge him or herself but to do so in a graduated fashion so as to experience some success in confronting feared stimuli and coping with the associated emotion.

COGNITIVE PROCESSING THERAPY (CPT).

Cognitive processing therapy is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters.

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

COGNITIVE BEHAVIORAL THERAPY (CBT).

Therapists use a variety of techniques to aid patients in reducing symptoms and improving functioning. Therapists employing CBT may encourage patients to re-evaluate their thinking patterns and assumptions in order to identify unhelpful patterns (often termed “distortions”) in thoughts, such as overgeneralizing bad outcomes, negative thinking that diminishes positive thinking, and always expecting catastrophic outcomes, to more balanced and effective thinking patterns. These are intended to help the person reconceptualize their understanding of traumatic experiences, as well as their understanding of themselves and their ability to cope.

Exposure to the trauma narrative, as well as reminders of the trauma or emotions associated with the trauma, are often used to help the patient reduce avoidance and maladaptive associations with the trauma. Note, this exposure is done in a controlled way, and planned collaboratively by the provider and patient so the patient chooses what they do. The goal is to return a sense of control, self-confidence, and predictability to the patient, and reduce escape and avoidance behaviors.

Education about how trauma can affect the person is quite common as is instruction in various methods to facilitate relaxation. Managing stress and planning for potential crises can also be important components of CBT treatment. The provider, with the patient, has some latitude in selecting which elements of cognitive behavioral therapy are likely to be most effective with any particular individual.

TRAUMA-FOCUSED PSYCHOTHERAPY (TFP).

Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD. "Trauma-focused" means that the treatment focuses on the memory of the traumatic event or its meaning. These treatments use different techniques to help you process your traumatic experience. Some involve visualizing, talking, or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. They usually last about 8-16 sessions.

CLINICAL PERSONNEL

Licensed medical personnel, i.e. physicians and nurses.

Licensed clinical personnel, i.e. Licensed Clinical Social Workers, Mental Health Counselors.

Certified Behavioral Health Technicians.

Certified Massage Therapist/Yoga Instructor.



SECURITY

Quality of Life services are provided in the privacy of a self-standing gated facility, monitored with all around security cameras. The facility will follow protocols proven to work in other VA residential inpatient facilities. The patients stay 60 to 120 days, receive mail at the facility and will have visitation privileges after two weeks of treatment; however, visitation is earned and needs to be approved by their doctor or the clinical director. Guest will have to pass a full body search prior to enter in contact with their visitor. Residents' passes to the outside of the facility are earned after several weeks in the facility and, upon their return, the patients will have to undertake a full body search by a **Quality of Life** employee of the same sex, and drug and alcohol test prior to enter in contact with other patients in the facility.

Our services are voluntary; therefore, we do not provide services to individuals who are court mandated and resistive to the therapeutic process.

All program participants are pre-screened to ensure their level of motivation and ability to maximum their opportunity for success in the program.

ADMISSION CRITERIA

- a. Ambulatory or capable of self-transfer
- b. Able to participate in treatment programming and services;
- c. Free of major medical conditions requiring ongoing 24 hours per day, 7 days per week nursing services;
- d. Assessed as having the potential, with staff supervision, to self-administer medication, maintain personal hygiene, and participate in social interaction; and
- e. Does not exhibit chronic inappropriate behavior which disrupts the facility's activities or is harmful to self or others.
- g. Self-administers medication with staff supervision,
- i. Maintains personal hygiene and grooming with staff supervision

Quality of Life takes a strength-based approach that empowers patients and their families to go beyond simply pointing out problems and deficits. We take a problem-solving approach that stabilizes veteran's while working to identify and prevent future problems. We understand that our veterans and their families need the skills, knowledge, and support in a wide variety of personal and social functions. **Quality of Life** takes a broad holistic view to patient treatment. Our veteran's will be treated with respect and dignity. Patients will be free from neglect, abuse, and exploitation and have open access to guardian(s), a n d advocates as appropriate.



Services provided include but at are not limited to: Intake, Assessment and Discharge Planning; Development of Individualized Treatment, Treatment Plan; Individual, Group and Family Therapy; Case Management; and Recreational Activities.

QUALITY OF LIFE WILL PROVIDE (SERVICES)

- Plan, arrange, and provide for transportation to medical/dental appointments.
- A planned activity program including arrangement for utilization of available V A community resources.
- Continuous observation, care and supervision as required.

- Assistance in meeting necessary medical and dental needs.
- Assistance with taking prescribed medications in accordance with physician's instructions, unless prohibited by law or regulation.
- Food services (three nutritious meals daily, snack, unrestricted access to fruit and vegetables and arranging of special diets if prescribed by a physician or dietician.
- Maintenance or supervision of patient cash resources, electronics, or other property if necessary.

The Treatment Plan will be developed for the patient, by the treatment team consisting of medical, clinical, and program staff.

The plan includes the following:

- 1) Use of a strength/deficit list.
- 2) Behavioral objectives in written agreements that focus on individual outcomes.
- 3) Realistic target dates that also permit frequent feedback to the patient on progress.
- 4) Revisions to the plan when there is a change in objectives, goals, or services.
- 5) The veteran's active participation in the development, modification and evaluation of the plan.
- 6) The accurate and complete documentation of the veteran's progress and problems to be addressed.
- 7) Regular evaluation of the service plan to occur on an as-needed basis. Physician, Psychologist and the Licensed Therapist will design an evaluation plan for patients. The evaluation will be a model for use in measuring the success of patient objectives

Upon discharge of a patient, all cash resources, personal property, and valuables that have been entrusted to **Quality of Life** will be surrendered to the patient.

Patients and are given copies of all discharge instructions and policies and procedures. Signed copies of the policies and procedures are maintained in the veteran's file records. In addition, a licensed mental health professional shall complete and provide to the veterans a typed discharge summary which includes demographic information, date of admission, DSM-V diagnosis, current emotional and/or behavioral problem, continuing therapeutic and educational needs, medication, and reason for discharge.

The licensed mental health professional shall also provide a signed discharge report within 14 days of the date of discharge. This report will include the reason for admission, reason for discharge, course of treatment (including medications), the discharge diagnosis, report of all medical and dental services received during the veteran's stay, the

prognosis and recommendations for further mental health treatment, education programs, or placement.

BUSINESS SUMMARY

INDUSTRY OVERVIEW

For the U.S. Department of Veterans Affairs (VA), nothing is more important than supporting the health and well-being of the Nation’s Veterans and their families. A major part of that support is providing timely access to high-quality, evidence-based mental health care. VA aims to address Veterans’ needs, during Service members’ reintegration into civilian life and beyond.

The VA Office of Mental Health and Suicide Prevention Guidebook provides information on the variety of mental health services that VA offers on both a national and local level. These programs and services are rooted in several core values:

FOCUS ON RECOVERY

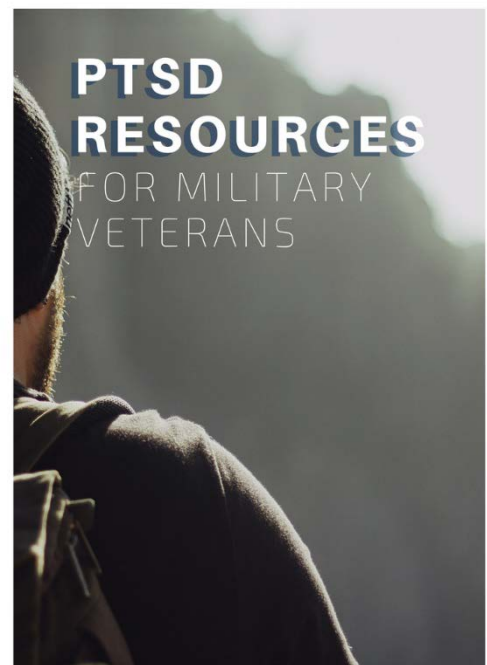
Keeping a focus on recovery from mental health challenges or substance use issues empowers Veterans to take charge of their treatment and live a full and meaningful life. This approach focuses on the Veteran’s strengths offering respect, honor, and hope to Veterans and the family members who support them.

VA provides treatments that are proven to be effective for mental health concerns. These treatments are time-limited and focus on helping Veterans recover and meet their goals. To learn more about evidence-based mental health treatments, please visit treatmentworksforvets.org. You can also view a video, “Evidence-Based Treatment: What Does It Mean,” and other brief videos about evidence-based treatments for Posttraumatic Stress Disorder on the website for the VA National Center for PTSD.

VA health care providers work together to provide safe and effective treatment for the whole person — head to toe, inside and out using a Whole Health approach. Timely medical care, good nutrition, and exercise — along with a sense of purpose are just as important to mental health as to physical health. Veterans take an active role in their care by partnering with their providers to improve their health and well-being.

WHOLE HEALTH

It all starts with a simple question: What matters most to you? That’s the first step in the Whole Health approach, which is designed to help Veterans achieve and maintain their best all-around



health and well-being. Through a Whole Health Approach, VA is committed to empowering, equipping, and treating Veterans according to their preferences and priorities. Learn more about Whole Health and the impact this is having in helping Veterans live their life to the fullest by visiting the Whole Health for Life website.

BUSINESS GOALS AND OBJECTIVES

Short Term (0-3 Months)

Design and implement a prestigious, residential treatment facility for military VA, specializing in addressing Veterans' needs during their reintegration into civilian life, as well as providing treatment for the elderly Veterans affected by PTSD or other mental health disorders.

- 1) Inpatient Residential Care.**
 - a. Community approval.
 - b. Apply and acquire license from the Agency for Health Care Administration (AHCA)
 - c. Employ highly professional consultants to assist with implementation.
 - i. Hiring
 - ii. Orientation
 - iii. Competency training
 - d. Design and implement Performance Improvement
- 2) Implement Marketing Plan**
 - a. Open House
 - b. Local medical groups; physicians / hospitals
 - c. Veteran's Administration
 - d. Web based applications
- 3) Maintain a 50% capacity by 90 days**

Long Term (4 -12 Months)

- 1) Apply for and acquire Joint Commission Accreditation.
- 2) 100% compliance with all performance measures, including safety.
- 3) Maintain 80% capacity by 12 months.
- 4) 12 Month: Reach financial goal established in the Financial Plan
- 5) To acquire more licenses so that we can provide more levels of services.
- 6) Develop and implement Outpatient services with supportive housing.

LEGAL ISSUES

Quality of Life affirms that its promoters have and will continue to abide by all regulatory requirements. The agency is or will be regulated by the following:

City of Margate: Planning and Zoning: ensure proper land use.

Broward County Health Department: regulates and licenses professionals and cleanliness of environment.

Broward County Fire Department: regulates and inspects facility for safety.

The Joint Commission: Accreditation of services and physical environment.

Agency for Health Care Administration: regulates and inspects provision of care and environment.

MARKETING SUMMARY

Miryam Jimenez, Owner, is known throughout Florida, with well established relationships in the business community. Ms. Jimenez will personally handle marketing the agency as a premier Group Care Facility/VA Residential Treatment Facility. Sharing her passions and hope for those affected by mental health is her primary marketing strategy.

TARGET MARKETS

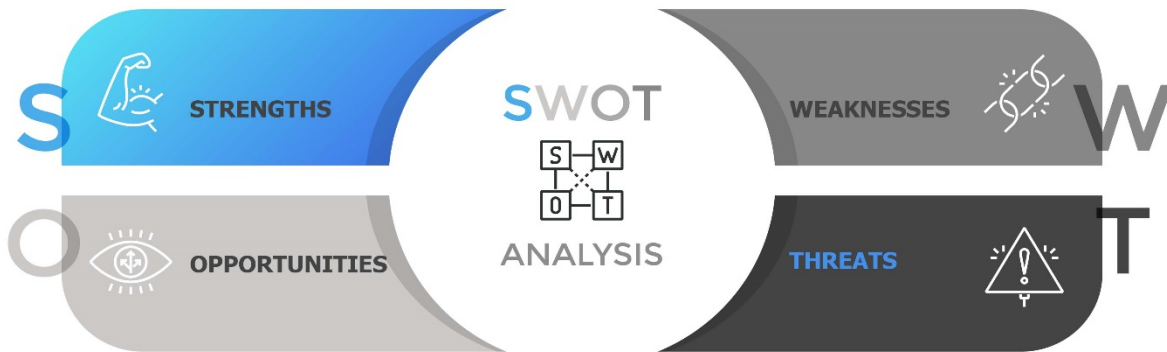
The agency will target veterans with co-occurring mental or physical health concerns, i.e. PTSD, Trauma, etc.

Ms. Jimenez will target referral sources such as the Veteran's Administration, physicians, behavioral health professionals, hospitals and the community at large to share her vision and information regarding the services.

PRICING STRATEGY

The Company has completed a thorough analysis of its pricing. Most of our pricing will be regulated by the government since our target clients are the military veterans. The facility will be accepting all insurances available to veterans, United Health Group, Medicare, Optum Behavioral Health, VA CCN Southeast Region, etc.

Once the facility has met the financial goals set forth in the Financial Plan, providing scholarship for services may be awarded at the discretion of the owner.



SWOT ANALYSIS (Strengths, Weaknesses, Opportunities and Threats) ANALYSIS

As part of the agency’s strategic planning process, the Executive Leadership Team analyzed the organization’s internal and external environment by completing an analysis of the strengths, weaknesses, opportunities and threats (SWOT).

Organizational strengths are those attributes of the organization that are helpful to achieving the goals and objectives, the weaknesses are the attributes of the organization that are harmful to achieving the objectives. The opportunities are external conditions that are helpful and promote the achievement of the agency’s objectives and the threats are external conditions which could do damage to the agency’s performance.

SWOT ANALYSIS

Expectations of persons served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Therapeutic Groups • Individual counseling • Qualified staff • Solid Program Schedule • Individualized care • Location • “client input into our treatment” • Financially secure • Safe, comfortable. 	<ul style="list-style-type: none"> • New facility • Program limited to residential level 1 and 2 	<ul style="list-style-type: none"> • Expansion into Outpatient Services in other locations. • Agency financially positioned to increase services • The first VA inpatient treatment facility in Broward County. 	<ul style="list-style-type: none"> • City limitations of available viable licenses.

Expectations of stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Ethical • Good Staff • Good Program/Treatment • Established Program • Accepted by community • Maintains property • Fiscally responsible • Administratively responsive • Ease of access to services • Good Reputation 	<ul style="list-style-type: none"> • Limited services due to limited available licenses. 	<ul style="list-style-type: none"> • Working with the Government. Federal Governments new budgets benefits VAs 	<ul style="list-style-type: none"> • The City preventing the facility to open.

Competitive environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Experienced, owner • Good, Experienced staff • Licensed clinicians • Financially solvent • Quality of Care • Good recovery environment 	<ul style="list-style-type: none"> • New facility • Limitation of services due to limited licensing 	<ul style="list-style-type: none"> • Good community relationships • Abundant labor force • The only VA inpatient treatment facility in Broward 	<ul style="list-style-type: none"> • Limitation of Services due to limitation of licensing

Financial threats			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Viable management team • Financially solvent • External Accountant 		<ul style="list-style-type: none"> • Experienced accountant • Annual Budget 	

Organization's capabilities (HR; Program Development, Technology, etc.)			
Strengths	Weakness	Opportunities	Threats
HR: <ul style="list-style-type: none"> Experienced, knowledgeable owner Multi-disciplinary team Administratively self-contained Licensed Doctors and clinicians Strong IT Misc. <ul style="list-style-type: none"> AHCA Licensable Financial resources EMR ready 	HR: <ul style="list-style-type: none"> New staff need to be trained to bond as a team. 	<ul style="list-style-type: none"> BHT Training and Certification available Abundant professional workforce 	<ul style="list-style-type: none"> City of Margate litigation
Service Area Needs (Waiting lists, Ineligible clients, Program Needs)			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> AHCA Licensable Financial Resources to care for facilities Planned ratio of clients/staff Easy access to services Accepts insurance Government contracts 	<ul style="list-style-type: none"> City zoning may not allow the services to be provided to the Military VAs 	<ul style="list-style-type: none"> Federal government commitment to provide much needed services for the VAs. 	<ul style="list-style-type: none"> Issues with City zoning dept.
Demographics of Area Served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Desirable South Florida location The only VA inpatient facility in Broward County. Excellent access to Police and Fire Area served not limited to South Florida 	<ul style="list-style-type: none"> NIMBY 	<ul style="list-style-type: none"> Government new contract and expansion to other services for the VA Weather Marketing in areas up north when cold 	<ul style="list-style-type: none"> NIMBY City not allowing QOL to open.
Relationships with external stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Government contracts Referral agreements Good working relationships Good communication 		<ul style="list-style-type: none"> Large market of possible referral agencies Community Education 	

Regulatory Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Licensed and in full compliance by AHCA Knowledgeable and licensed staff Proactive involvement 	<ul style="list-style-type: none"> NIMBY: Zoning City not allowing the facility to provide services for the VA 	<ul style="list-style-type: none"> Sen. Rick Scott supporting the VA in the State of Florida Big budget allocated for the VA 	<ul style="list-style-type: none"> City Zoning not allowing the Facility to open.
Legislative Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Knowledgeable staff 		<ul style="list-style-type: none"> To provide more services to the VA as they become available with more licensing 	<ul style="list-style-type: none"> Zoning limitations

Technology			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> New facility with state of the art capabilities and technology IT technology Financial assets Gated Facility 	<ul style="list-style-type: none"> New System Integration only for the first 30 to days 	<ul style="list-style-type: none"> Staff training Support from the VA hospitals with new technology Consultants To provide new medical equipment 	<ul style="list-style-type: none"> City not allowing new medical services

Performance Analysis			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Electronic Medical Record Willing staff 		<ul style="list-style-type: none"> Performance measures in EMR National performance measures Access Databases 	

REGULATORY AND LEGISLATIVE ENVIRONMENT:

In Broward County and throughout the nation, municipalities are strengthening their stance of the “NIMBY” (“Not in My Back Yard”) principle, making it harder to implement treatment facilities.

Quality of Life continues to work with local and state advocacy and regulatory bodies that advocate for excellence in providing mental health treatment to the VAs.

COMPETITION

Demand for mental health services is driven by availability of new drugs, treatments, and the healthcare funding policies for the military VA. The profitability of individual facilities depends on controlling costs and attracting referrals from the VA outpatient facilities. There are no large companies to compete with since the nearest VA inpatient facility is in Miami-Dade County as a part of the VA hospital. Self-standing small facilities such as **Quality of Life** will effectively provide superior patient service, integrating treatment with follow-up procedures, and specializing by treatment or demographic group.

National analysts identify the following agencies in Palm Beach, Date and Broward County as reputable competition for the services **Quality of Life** will offer.

CORPORATE COLLABORATIONS

Quality of Life has partnered with HOOP4VETS a not for profit subsidiary of Falana Transition Living, LLC., to provide an extra valued added service to the company structure. HOOP4VETS is considered a general manager (“Operational Partner”) in this venture and is responsible for the operation and coordination of all services provided in the facility. We have made this strategic partnership, because of the passion and commitment to excellence of the CEO/Executive Director Shaneka R. Falana. As the operations arm of **Quality of Life**, they bring the following skills and proficiencies to the table.

- Leadership
- Conflict management
- Organization
- Decision-making
- People management
- Data entry skills
- Data processing skills

- Dependable
- Reporting skills
- Deadline-oriented
- Budget development
- Critical thinking skills
- Teamwork
- Stress tolerance
- Influencing and leading

The strategic partner's skill set has completed a team that we know will bring **Quality of Life** to our Veterans who deserve that and more for ensuring our freedoms as Americans.



EXHIBIT 3

CITY OF MARGATE

PUBLIC MEETING

5790 Margate Boulevard
Margate, Florida 33063

Tuesday, July 21, 2020
6:00 p.m.

APPEARANCES:

Cale Curtis, City Manager

Janette M. Smith, City Attorney

Joseph J. Kavanagh, City Clerk

1 (Thereupon, the following proceedings were
2 had:)

3 MR. CURTIS: Good evening. It is 6:10 p.m.,
4 Tuesday, July 21st, 2020. I now call this public
5 hearing to order.

6 Everybody please rise and join me in the
7 Pledge of Allegiance.

8 (Thereupon, the Pledge of Allegiance was
9 recited.)

10 MR. CURTIS: City Clerk, please read the
11 virtual meeting notice into the record, please.

12 THE CLERK: Thank you, City Manager.

13 This statement explains the City of Margate's
14 findings related to the need to hold the virtual
15 public meeting, and the ability of the public to
16 access the virtual public meeting.

17 The City of Margate's findings and procedure
18 for the virtual public meeting are as follows:

19 Pursuant to Governor DeSantis' Executive
20 Orders 20-51 and 20-52, in which the Governor
21 declared a public health emergency and a state of
22 emergency, there is a recommendation to limit
23 public gatherings.

24 On March 20, 2020, Governor DeSantis issued
25 Executive Order 20-69, suspending the quorum

1 requirements for public meetings held by a local
2 government body, and the requirement that a local
3 government body must meet at a specific public
4 place.

5 On June 23, 2020, Governor DeSantis issued
6 Executive Order 20-150, extending Executive Order
7 20-69 regarding local government public meetings
8 until 12:01 a.m. on August 1st, 2020.

9 Consistent with the authority contained in
10 the Governor's Executive Orders, and in order to
11 ensure the health, safety, and welfare of the City
12 of Margate's clients and employees, the City of
13 Margate finds that it is in the best interest of
14 the City of Margate to hold this virtual public
15 meeting.

16 Therefore, the City of Margate will be
17 holding this virtual meeting through the use of
18 electronic communication. Members of the public
19 are invited to join the City of Margate meeting by
20 accessing the meeting through this link:

21 <https://us02web.zoom.us/j/81172319496> or you can
22 call in by telephone by calling one of the
23 following phone numbers: US312-626-6799 or 1-
24 929-205-6099 - Webinar ID: 811-7231-9496.

25 A copy of the Agenda for this Virtual Meeting

1 is posted on www.MargateFL.com and on the main
2 bulletin board outside City Hall located at 5790
3 Margate Boulevard, Margate, Florida 33063.

4 Any comments related to any item on the
5 Agenda can be submitted to the City of Margate via
6 the following e-mail address: J-J-K-A-V-A-N-A-G-
7 H@margatefl.com. That's JJKavanagh@margatefl.com.
8 Thank you, City Manager.

9 MR. CURTIS: Thank you, sir. Thank you, sir.
10 City Attorney, please read the agenda item
11 into the record.

12 MS. SMITH: Yes, sir. Public hearing to
13 receive public comments for a reasonable
14 accommodation request on a community residential
15 treatment facility for veterans suffering from
16 Post-Traumatic Stress Disorder and Substance Abuse
17 Disorder, to be located at 603 Melaleuca Drive,
18 Margate, Florida 33063.

19 MR. CURTIS: Thank you, City Attorney. Do
20 you have anything else to --

21 MS. SMITH: Yes, sir. If you don't mind, I
22 would like to read a statement into the record on
23 behalf of -- for the sake of the proceedings and
24 procedure.

25 MR. CURTIS: Please do.

1 MS. SMITH: Thank you.

2 Pursuant to the City of Margate's Code of
3 Ordinances, Section 3-30, Subsection 4, the City
4 Manager has the authority to consider and act on a
5 request for reasonable accommodation after notice
6 of the public hearing to receive comments,
7 statements and information from the public,
8 provided, however, the City Manager shall not be
9 required to render the decision at said public
10 hearing.

11 The Applicant, through legal counsel Kyle
12 Teal, has requested 30 minutes to provide a
13 presentation, which he was approved by the City
14 Manager.

15 Staff has provided a staff report including
16 all relevant background information, which was
17 then published in the City website.

18 During this proceeding, I advise the City
19 Manager that he is not required to ask questions
20 unless he needs additional information to assist
21 in the decision-making process.

22 The proceeding shall move forward as follows:

23 Legal counsel of the Applicant shall have 30
24 minutes to provide his presentation. Staff or
25 legal counsel may respond after the presentation.

1 Then after, the City Clerk would solicit
2 input or City Manager would solicit input where
3 each member of the public will have three minutes
4 to speak on this item.

5 Prior to opening public comments to all
6 participants who are attending by Zoom or
7 telephone, the City Clerk shall read into the
8 record any public comments received by his office.

9 Mr. Teal, today, you have submitted almost
10 200 pages of documentation. Mr. Teal, would you
11 mind coming forward for a moment? Would you like
12 all of the documentation submitted today as the
13 completed application for consideration by the City
14 Manager to be included in the decision-making
15 process?

16 MR. TEAL: Yes.

17 MS. SMITH: Yes, sir. If you would like them
18 to consider or review all of this the
19 documentation, the Code, again, under that same
20 Subsection 3-30, Subsection 4, would provide today
21 as being the day of the completed application,
22 which would allow 45 days for the City Manager to
23 render his decision.

24 Do you understand how the Code is written and
25 why that change is coming into effect at this time?

1 MR. TEAL: Ms. Smith, I understand your
2 interpretation of the Code and disagree with it.

3 MS. SMITH: Okay.

4 MR. TEAL: I think that we're happy to be
5 granted some additional time, but 45 days I don't
6 think supports the code.

7 MS. SMITH: So, the information presented
8 today would be the complete application?

9 MR. TEAL: Yes, this is supplement material
10 responding to the City's memorandum related to the
11 reasonable accommodation.

12 MS. SMITH: Supplement material -- excuse me?

13 MR. TEAL: This is evidence responding to the
14 City's memo, the staff memo, which recommended
15 denial of the reasonable accommodation.

16 MS. SMITH: Correct, but the original
17 Application was submitted on June 8th, 2020, with
18 the four corners of the document.

19 MR. TEAL: Correct and I got notice last week
20 when we had seven -- six days in order to respond
21 and prepare everything that we did for the year, so
22 I think that all of this evidence should be
23 submitted as part of the Application, absolutely,
24 but I don't think that it's -- whether or not it's
25 a complete application, we could argue that all

1 day.

2 MS. SMITH: Correct.

3 MR. TEAL: You know, it's just one of those
4 things.

5 MS. SMITH: What would you consider, again,
6 based of the four corners of the Code, City
7 Manager, would you like to give 30 days or what
8 additional time is acceptable to both parties? And
9 it would be up to.

10 MR. TEAL: You know, if 15 or 20 days is
11 doable, that would be (indiscernible) contracts.
12 There's a number of things that my client is trying
13 to do to open this facility and further delay would
14 just complicate it. So, providing that extension
15 of 30 days is --

16 MR. CURTIS: Is 20 days sufficient?

17 MR. TEAL: Absolutely.

18 MR. CURTIS: Okay.

19 MR. TEAL: Thank you.

20 MS. SMITH: Thank you, sir.

21 Lastly, it is generally not my -- you'll go
22 up next.

23 It's generally not my position to respond to
24 idle gossip; however, considering the number of
25 phone calls and e-mails receive, I need to say for

1 the record the City Commission has not had
2 (indiscernible) to discuss this item and that the
3 City, for over a year, no such meeting has taken
4 place during my time in Margate. This is our first
5 meeting to respond to the reasonable accommodation
6 that was submitted on June 8th, 2020, and during
7 this meeting, as read previously, under Subsection
8 3-30, Subsection 4, the decision lies with the City
9 Manager.

10 Mr. City Manager, I turn this proceeding over
11 to you.

12 MR. CURTIS: Thank you, Ms. Smith. Good
13 evening, Ms. Jimenez. Mr. Teal requested 30
14 minutes to provide a presentation. The floor is
15 yours.

16 MR. TEAL: Thank you, Mr. Curtis. Thank you,
17 Ms. Smith.

18 Good evening. I'm Kyle Teal. I represent
19 Margate Care for Heroes and Quality of Life Corp.
20 I'll be presenting the reasonable accommodation
21 application to open a veterans care facility at 603
22 Melaleuca Drive.

23 Joining me in person tonight is my client
24 representative, Ms. Jimenez, and Mr. Ron Lichtman, on behalf of Broward
25 Commissioner Mark Bogen. Thank you for being here tonight, Mr. Lichtman.

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Specifically, we are asking that the City provide a reasonable accommodation for the Application by treating the proposed ACF residential treatment level one and AHCA license as a group care facility use and provide the zoning verification letter and forms to that effect to DCF.

In 2015, Section 2.0 of the Zoning Code defined ACFs as facilities that provide residence, both residence and/or supervision, and services for individuals who are handicapped, age disabled or undergoing rehabilitation, including nursing homes, solar homes, halfway houses, convalescent homes, homes for the aged and retirement homes.

Whether the residents' stays are mandated or voluntary, the plain language of this definition includes facilities such as we proposed and provide rehabilitative and/or residential services to veterans for Substance Abuse Disorder and PTSD.

We have other presenters who are with us virtually tonight, including civil rights and land use attorney James Green, will talk about the history and applicability of the reasonable accommodation request under federal law. Mr. Green

1 has worked with hundreds of reasonable
2 accommodation requests over his 44 years of
3 practice.

4 Substance Use Disorder treatment expert
5 Cathy Claud is also attending. Ms. Claud has worked
6 many years at DCF and since then she has managed
7 various facilities.

8 Wes Blackman is also in attendance, as well,
9 in the event there are any planning or traffic
10 related inquiries.

11 Mr. Blackman has extensive planning
12 experience, in particular dealing with reasonable
13 accommodations. He submitted a declaration and is
14 available to answer any planning or traffic related
15 questions.

16 Lastly, Dr. Jairo Nunez and Dr. Emilio Mantero-Atienza,
17 who have extensive experience of
18 treating PTSD and Substance Abuse Disorders.

19 As you know, my client owns 603 Melaleuca
20 Drive in 2015. She received approval to operate a
21 group care facility. That's Exhibit H in the
22 packet of information I provided to the City Clerk.

23 Mr. Kavanagh, if you would mind putting that
24 up on the screen?

25 THE CLERK: Can you repeat what information

1 you wanted shared, sir?

2 MR. TEAL: It's Exhibit H of the packet
3 provided today.

4 Litigation ensued as to the scope of the
5 group care facility and a court ruled for the City,
6 but it did note that my client provide incidental
7 managed care and services.

8 So, actually, Mr. Kavanagh, if you could go
9 to Exhibit J?

10 This is something that I think is important
11 to get clear now. Go to the next page.

12 So, this is the court order from the Southern
13 District of Florida. You can see, on Page 45,
14 where it says that we may provide medical care and
15 services that are incidental to the approved use.
16 So there is an option to provide medical care
17 and services in this facility, as stated by the
18 federal court.

19 There are no other rulings relevant to this
20 proceeding that were involved in litigation.
21 Besides the court's finding that the Applicant had
22 not filed a reasonable accommodation request or
23 applied to operate a detox. So, the courts did not
24 even address this issue. They said that the
25 application had not been submitted, so they did not

1 do the analysis.

2 So, let me address some of the misstatements
3 and some misrepresentations that have been tossed
4 around by certain members of the City. This is not
5 a proposal for a hospital. This is not a proposal
6 for a detox.

7 This proposal is for a residential treatment
8 facility. The licenses we are requesting are
9 residential in nature, and allowing the facility to
10 provide subacute care, not acute care, as it is in
11 hospitals. We are seeking the City to bless this.
12 We applied for a residential treatment level one
13 and Substance Abuse Disorder treatment license.

14 We have a written application before the City
15 for a change of zoning to CF-1. The current building is
16 R3, but that doesn't have anything to do with the
17 application today for the reasonable accommodation
18 request.

19 The change in zoning is not necessary for the business plan that we've
20 submitted and even if necessary

21 the City can grant the request for reasonable
22 accommodation to allow the Applicant to persist in
23 a legal nonconforming type status without having to
24 also rezone, unless the use is later changed.

25 And by the City's position that our proposed

1 use is inconsistent with the City Code, a
2 reasonable accommodation request is the appropriate
3 vehicle to seek an exception to the Code, due to the
4 disabilities with respect to the clientele of our
5 facility at 603 Melaleuca.

6 Our presentation tonight and our materials
7 submitted in support will show this request is
8 exceedingly reasonable.

9 In addition to the declarations I mentioned,
10 I provided the business plan for the Application,
11 transcripts of relevant proceedings, and filings that
12 established the reasonableness of this request. I
13 am now tendering that packet of material as Exhibit
14 A to this proceeding, and the declaration of Dr.
15 Mantero-Atienza as Exhibit D to the proceeding.

16 I have provided the board five copies; I can
17 provide more copies, as well.

18 We are asking the board for a reasonable
19 accommodation to provide much needed care and
20 services to veterans who have made immeasurable
21 sacrifices for the good of our country and have
22 protected our freedom at great costs, and now many
23 of them need our help.

24 As the affidavits that we have submitted in
25 support indicate, about 20 veterans commit suicide

1 every day in the United States due to mental health
2 troubles, including PTSD. My client's property, we
3 have the opportunity to help veterans. I propose we
4 lay down our swords, and make this very important
5 project happen together.

6 We're talking about a state-of-the-art
7 facility and I would like to ask Mr. Kavanagh to
8 please play the video that we provided of the
9 facility.

10 (Thereupon, a video was played.)

11 MR. TEAL: This facility would cater to treating the mental health of veterans
of our armed forces. The obvious question to me is -- how is this even a subject
of
debate?

If you oppose this project, I submit that you have not researched what we are

12 The facility is necessary to
13 address a dire need for treatment of one of our
14 most vulnerable populations.

15 What we are asking for is very minimal
16 in terms of any sort of quote, unquote,
17 "exception," to the City Code that would be
18 necessary, if one is necessary at all.

19 So I've talked enough for the moment. I would like
20 to introduce my colleague, Attorney James Green,
21 who pioneered reasonable accommodations in
22 Florida in the Jeffrey O. versus
23 the City of Boca Raton case filed in 2002. He has handled
24 hundreds of reasonable accommodation requests
25 and can provide more info on what this Application is all about.

1 Mr. Green is muted. Joseph, will you unmute
2 Mr. Green?

3 THE CLERK: Mr. Green, you may need to unmute
4 your device.

5 MR. GREEN: Can everyone hear me?

6 MR. CURTIS: Yes, sir. Good evening.

7 THE CLERK: You just muted yourself again.

8 MR. CURTIS: Mr. Green, we can hear you but
9 you muted yourself.

10 MR. GREEN: Can everyone hear me now?

11 MR. CURTIS: Yes, we can hear you.

12 MR. TEAL: Mr. Green, can you hear us?

13 MR. GREEN: Let me redial in.

14 (Thereupon, a Zoom interruption occurred.)

15 MR. CURTIS: He is likely calling in on the
16 phone. He will want to mute the computer, mute his
17 microphone.

18 You're probably going to have to let him in
19 on the phone number that he called in on.

20 Mr. Green, what are the last four digits of
21 your phone number? Unmute your computer and tell
22 us the last four digits of your phone number.

23 MR. GREEN: 2029.

24 MR. CURTIS: Mr. Green, can you hear us?

25 MR. GREEN: I can hear you, can you hear me?

1 MR. CURTIS: Yes, we can.

2 MR. GREEN: Good evening. My name is James
3 K. Green. I'm a lawyer in the West Palm Beach,
4 Florida.

5 I would like to explain briefly the history
6 of why we have reasonable accommodations under the
7 Fair Housing Amendments Act of 1988 and the
8 Americans with Disabilities Act of 1991.

9 Getting back to the early 1980's, Ronald
10 Reagan was president. President Reagan was serious
11 when it came to the opposition of illegal drugs.
12 He and his wife Nancy sought to reduce the use of
13 illegal drugs through the Just Say No drug
14 awareness campaign, an organization that Nancy
15 Reagan founded as First Lady.

16 In a 1986 address to the nation by the
17 President and Mrs. Reagan, the President said,
18 quote, "While drug and alcohol abuse cuts across
19 all generations issue, it's especially damaging to
20 young people on whom our future depends. Drugs are
21 menacing our society, they are threatening our
22 values, and undercutting our institutions.
23 They are killing our children."

24 President Reagan also reacted to the illegal
25 drugs outside of the Just Say No program. The FBI

1 added 500 drug enforcement agents and began the
2 record drug crackdowns nationwide and established
3 13 regional antidrug task forces.

4 However, locking them up and throwing away
5 the key was not the Reagan Administration's only
6 drug policy. Rather, it was tough on enforcement
7 but committed to treatment and recovery.

8 President Reagan's administration learned
9 about the importance of Substance Use Disorder
10 treatment and embraced it. It learned that
11 combatting Substance Use Disorder was not with the
12 police; rather, it was with Substance Use Disorder
13 treatment, followed by what were then commonly
14 referred to as 28-day programs. Those programs,
15 however, would not work in the end if people who
16 received treatment returned to their old triggers.
17 Triggers are people and places they associate with
18 drinking and drugging.

19 President Reagan's administration learned
20 that one of the biggest barriers to Substance Use
21 Disorder treatment was restrictive local zoning
22 requirements. In 1988, President Reagan signed a
23 lawyer expanding the Fair Housing Act of 1968 to
24 protect people with disabilities from housing and
25 zoning discrimination.

1 Part of that Fair Housing Amendments Act, and
2 later the Americans with
3 Disabilities act, which was signed into law
4 under the first President Bush, required local
5 governments to provide reasonable accommodations
6 from zoning laws if the applicant could show that
7 the accommodation was reasonable and necessary.
8 That's why we're here today because of the Fair
9 Housing Amendments Act of 1988 and the Americans
10 with Disabilities Act of 1971.

11 At this point, I would like to address a few
12 points in the memorandum submitted by the City
13 Planner.

14 First of all, this property was zoned a group
15 care facility, which Judge Blumenfeld treated as
16 an assisted living facility back in 2015. It is a
17 grandfathered use and it was initially approved as
18 a group care facility, and as I said, Judge
19 Blumenfeld found that the specific use was
20 equivalent to an assisted living facility, commonly
21 referred to as an ALF.

22 Florida Administrative Code defines assisted
23 living facilities as including limited mental
24 health ALF for patients with severe or persistent
25 mental disorder such as the PTSD that many of the

1 veterans we're proposing to treat have been
2 diagnosed with.

3 And these facilities have designated staff
4 that have completed limited mental health training,
5 and the training includes mental health diagnosis
6 and/or mental health treatment.

7 These ALFs provide an opportunity for private
8 face to face contact between the mental health
9 resident and the resident's mental health case
10 manager and/or treatment personnel for the person's
11 mental health care provider.

12 The City apparently argues that the GCF or
13 ALF grandfathered use has been abandoned. It has
14 not. Most local governments provide that a
15 nonconforming use be reestablished if the use has
16 been dormant for a set period of time.

17 Once the nonconforming use has been
18 established, the burden shifts to the local
19 government to prove that the nonconforming use has
20 been discontinued or abandoned. A number of courts
21 in Florida require a showing of intent to abandon
22 the use. In this case, there is no such intent.

23 In fact, the City's actions have been hotly
24 litigated in federal court and the federal court
25 determined that the requested accommodations had

1 not been -- the accommodations had not been
2 requested. That's why, one of the reasons why,
3 we're here today.

4 In this case, the Applicant has been
5 persistent for more than five years either through
6 litigation, or now through requesting reasonable
7 accommodation.

8 With that, I'll send this back to Kyle to
9 address some other deficiencies in the City
10 Planner's analysis provided to us last week, or
11 earlier this week.

12 MR. CURTIS: Thank you, Mr. Green.

13 MR. TEAL: Thank you, Mr. Green.

14 So we take issue with just about everything
15 that the City insurance attorneys have written in
16 the City Staff memo in recommending denial of this
17 application. We are trying our best to address
18 each of the concerns that we have and the
19 mischaracterizations in the time we have left. We
20 are running short of time.

21 First, the City's position presupposes that
22 this facility will be the functional equivalent of
23 a hospital. That's why the City has calculated
24 crazy traffic numbers, somehow envisioning that all
25 40 employees would be working in the facility at

1 the same time, which would make parking an issue.
2 Again, this is not a hospital or anything close to
3 a hospital. Our opposition loses credibility in
4 suggesting this much.

5 Margate Care for Heroes, at most, will
6 provide a subacute setting pursuing recovery, not
7 an acute setting like a client of a hospital. So,
8 the impact on the surrounding community is actually
9 worlds apart from what the City has envisioned in
10 its report.

11 Section 395.02 of the Florida Statutes
12 defines hospitals as facilities that provide
13 treatment for, quote, "acute symptoms and clinical
14 laboratory services, diagnostic x-ray services, and
15 treatment facilities for surgery, or other
16 definitive medical treatment similar
17 extent."

18 These are not the services that are going to
19 be offered in a residential treatment facility such
20 as the proposed facility that we're talking about
21 today.

22 I should note that the City actually admitted
23 this in testimony during the prior litigation, that
24 this property is not the same thing as a hospital.
25 The City's Building Director testified that the

1 building at 603 Melaleuca Drive does not resemble
2 the hospital, because they don't have, quote,
3 "medical gas, surgery centers, or
4 operating rooms."

5 I would ask Mr. Kavanagh to turn to Exhibit
6 H. This was back in 2018, when we were trying to
7 open a detox by way of litigation. So, it's a
8 different application than what we're discussing
9 today, but if you can scroll down further, again.
10 One more time.

11 So, in response to questioning, Mr. Nixon
12 says that 603 Melaleuca looks like a facility you
13 live in. Later down in the Page 34, he states that
14 there's rooms and bedrooms, but nothing installed
15 that would indicate that any type of medical
16 - no medical gas; no surgery centers; no operating rooms. Those are examples
17 just listed that you would find at Northwest
18 Medical Center, the hospital here in town. So even
19 the City recognizes the distinction here.

20 In addition to the court order that said that
21 we can offer incidental medical care and services,
22 if we can turn to Exhibit I, the City's counsel, in
23 this transcript of the court proceeding, admits
24 that the Applicant was approved as a group care
25 facility and grandfathered under the 2015 Code,

1 rather than the updated Code. This is on Page 5.
2 The judge is asking counsel for the City, "And with
3 regard to the 2017 change in the Municipal Code,
4 would you agree that it doesn't apply to
5 Plaintiffs?"

6 "Mr. Roberts: Absolutely."

7 "Is Plaintiff someone grandfathered in?"

8 "Mr. Roberts: Sure. I mean, she's group care facility approval and CO,
9 in an R-3 zone, and could proceed to operate with that."

9 So, this is the City's acknowledgement that
10 my client is bound by the 2015 Code. Therefore,
11 the City's statement that medical or quasi-medical
12 uses are not allowed in R3 properties is
13 contradicted by a federal court order. It supports
14 the position that allowing the type of use that MCH
15 is requesting to offer is not inconsistent with the
16 use of an R3 zoned properties, and as a result, the
17 requested accommodation would not require a
18 fundamental alteration of the City's zoning scheme.

19 The City's position is further contradicted
20 by the fact that other facilities located in the
21 City's R3 zones, including VIP Memory Care
22 Pavilion, allow onsite medical services in R3
23 zoned property. The fact that the City considers
24 that facility, VIP Memory Care, to be legally
25 nonconforming does not take away from the fact that

1 requesting to provide a comparable level of medical
2 care would not work a fundamental
3 alteration of the Code in fact supports our
4 position that it would be entirely reasonable for
5 the City to allow the Applicant to provide care and
6 services in its facility incidental to its use.

7 I want to touch on one point that concerns
8 the traffic. The City's misuse of the letter from
9 Carnahan, Proctor and Cross dated May 6th, 2015, I
10 have actually discussed the City's unauthorized use
11 of that traffic letter with the engineer, Thomas
12 Hall, and he confirmed that the proposed
13 hospital near my client's property would not at all
14 be comparable to a residential treatment facility.

15 He said that when he was tasked to write that
16 letter, he was told that the use for that
17 particular property in Margate would be a detox
18 center that is comparable to a hospital, so much
19 more medically intense. That is not what we have
20 here.

21 (Indiscernible) asking to join -- we have Wes
22 Blackman standing by to answer any planning and
23 traffic issues.

24 The letter at issued concerns the application
25 for Atlantic Margate, which was holding itself out to be a hospital, and

1 that's why hospital traffic numbers were used.

2 Please turn to Exhibit F. This is our
3 traffic report in litigation when we were seeking
4 to open a detox, which was not the same residential
5 treatment facility that we're asking to open now.

6 As planner Henry Iler and traffic engineer
7 Jack Alhstedt noted when discussing a more
8 intensely medical detox facility that - even for that more intense use - the
9 ITE numbers,
10 that's a measure that is used to look at comparable
11 facilities and to anticipate how traffic patterns
12 might change around the property, that the ITE most
13 comparable to this type of facility, a residential
14 treatment facility, would be ALF or nursing home.
15 Even a more medically intense facility, like a
16 detox facility, which is a little more medically
17 intense, it would be more appropriate to use the
18 ITE numbers for ALF and for nursing home.

19 Thus, the traffic count would include
20 substantially fewer cars than a hospital use and
21 fewer than an ALF use, likely fewer cars or
22 certainly fewer cars than a residential use
23 apartment complex from 2014.

24 Bear with me one moment here.

25 I want to be clear (indiscernible), I'm not

1 sure how much time I have left. I want to make
2 clear, before I turn it back over to Mr. Green, the
3 Applicant's reasonable accommodation request does
4 not seek a rezoning. We're not asking, in this
5 Application, to rezone the property from R3 to CF1.

6 Assuming, arguendo, that a change in zoning
7 is, in fact, required for the Applicant to operate
8 a residential treatment facility, the City cites no
9 authorities to support its position that requesting
10 a use accommodation that would otherwise require a
11 change in zoning constitutes a fundamental
12 alteration of the zoning scheme.

13 We're here today to make that claim ripe
14 and to open the doors to 603 Melaleuca.

15 I'll turn it over to Mr. Green to discuss how
16 the Applicant in this case has clearly stated
17 protected groups who are at issue.

18 MR. CURTIS: Mr. Green?

19 MR. GREEN: Yes, can everyone hear me?

20 MR. CURTIS: Yes.

21 MR. GREEN: This is James K. Green, again.

22 Very briefly, the Application makes reference to
23 people with disabilities, in particular veterans
24 with Post-Traumatic Stress Disorder and Substance
25 Use Disorders. Those are clearly disabilities as

1 recognized by courts all over the country. The
2 declarations from the two physicians that were
3 submitted support those.

4 Clearly, people with Post-Traumatic Stress
5 Disorder and Substance Use Disorders have one or
6 more major life activities adversely affected by
7 their disabilities, including work, supporting a
8 family, living with a family, maintaining healthy
9 social relationship, and various court precedents
10 around the country overwhelmingly support that.

11 With respect to the -- City Staff are not
12 physicians. With all due respect, I suggest that
13 they cannot opine on whether our clients are
14 qualified persons with disabilities under the
15 meaning of the Fair Housing Amendments Act of 1988
16 or the Americans with Disabilities Act.

17 The criteria for participation in the
18 proposed level one residential treatment program to
19 be licensed by DCF or the level one residential
20 treatment facility to be licensed by the Agency for
21 Healthcare Administration require that the
22 residents have one or more qualifying disabilities.
23 So, the mere criteria for participation in the
24 program requires those diagnoses.

25 Further, the evidence, the law is clear that

1 providers, such as the Applicant, have standing
2 under the Americans with Disabilities Act and the
3 Fair Housing Act, and one of those cases is MX
4 versus City of Covington. It's a Sixth Circuit case
5 decided about 15 years ago.

6 Now, Mr. Teal, I understand you're going to
7 address the security points, or do you want me to
8 address those?

9 MR. TEAL: We have a few minutes left. I
10 would like Cathy Claud, she is on the line.
11 Sorry, but I think that she also called in for an
12 additional three.

13 (Indiscernible) comments on the operational
14 characteristics and the need for accommodations.

15 THE CLERK: Do we know her last four digits
16 of her phone number?

17 MR. CURTIS: Is she on camera?

18 MR. TEAL: She called in. 8055.

19 THE CLERK: Okay. We should be ready to go.

20 MR. CURTIS: What's her name?

21 MR. TEAL: Cathy Claud.

22 MR. CURTIS: Cathy Claud, you should be able
23 to speak.

24 MS. VAUGHN: Can you hear me?

25 MR. CURTIS: We can hear you. Please state

1 your name for the record.

2 MS. VAUGHN: Yes, my name is Cathy Claud and
3 I have worked in the behavioral health field for 35
4 years, mostly as a senior executive staff of the
5 Department of Children and Families and then most
6 recently as an administrator of a behavioral health
7 facility.

8 The residential treatment that we are
9 proposing to open falls under the definition found
10 in Chapter 397 of the Florida Statutes, which
11 regulates substance abuse services in Florida.
12 It's a service provided in a structured living
13 environment within a nonhospital setting on a 24-
14 hour per day, seven day per week basis, and is
15 intended for individuals who meet the placement
16 criteria of the American Society of Addiction
17 Management.

18 There are multiple levels of residential
19 treatment, each level has a structure to serve
20 individuals who need a safe, stable environment to
21 develop sufficient (indiscernible) recovery skills
22 to transition to a less restrictive level of care
23 or reintegration into the general community, of
24 course (indiscernible) criteria.

25 The treatment includes scheduled services

1 provided within a positive environment that
2 reinforces the resident's recovery, and because
3 treatment plans are specific to the individual, the
4 length of stay or the duration of treatment can
5 sometimes depend on the individual's severity of
6 illness, their disorders, their level of
7 functioning, clinical processes of treatment and
8 outcomes based on their treatment plan.

9 Our level one facility that we're proposing,
10 again, has a 24-hour residential facility for
11 adults age 18 and over, who have -- who may or may
12 not have a substance abuse disorder or
13 (indiscernible) mental health and substance abuse
14 disorder. They have subacute (indiscernible)
15 subacute, behavioral, emotional, cognitive
16 condition that is severe enough that it requires
17 (indiscernible) environments that do not need the
18 full resources of an acute care general hospital.
19 That's in the definition provided by DCF.

20 The levels appropriate for adults who have
21 significant social/psychological deficits, such as
22 a chaotic lifestyle, they are often abusive
23 (indiscernible) personal relationship, they may be
24 homeless or have inadequate housing, they have
25 antisocial behavior. In addition to the clinical

1 services, we emphasize services that address the
2 individual's educational and vocational needs,
3 socially dysfunctional behavior, and the need for
4 stable housing upon discharge.

5 The purpose of a license through DCF is to
6 legally treat those veterans who do have a
7 Substance Use Disorder.

8 Why do we need when there's VA clinics? Many
9 of our veterans joined the service to escape
10 childhood trauma. They come into our veterans
11 service already damaged. Our veterans are then
12 trained not to personalize their experiences, but
13 to block those emotions, to follow commands and not
14 contribute to the decisions that are being made
15 regarding their safety and safety of others.

16 During their service, they experience other
17 cultures and environments that are often shocking
18 to our American way of life. A great example is
19 our Vietnam veterans who were told that killing
20 women and children were in the line of duty. They
21 witnessed the starvation of towns. When they came
22 home, they were not treated as the heroes of World
23 War II.

24 Our systems are not equipped to handle the
25 reintegration to the community, to our families.

1 Veterans have one of the highest rates of suicide,
2 divorce, mental illness, and a majority turn to
3 substance abuse to numb the feelings that are now
4 returning. Their post-traumatic stress is real.
5 The need a safe supporting environment to process
6 that integration, to rebuild their lives, their
7 marriages, be fathers, mothers, sons, daughters,
8 and be responsible participants in the community.
9 Our small --

10 MR. CURTIS: Ms. Claud, I'm sorry to
11 interrupt you but I need to turn it back over to
12 Mr. Teal.

13 And Mr. Teal, you have exhausted your 30
14 minutes of time. I'll give you 60 seconds to
15 conclude.

16 MR. TEAL: Thank you. Thank you for hearing
17 us today. This is a beautiful facility that needs
18 to open (indiscernible) and especially in this down
19 economy, the global pandemic, (indiscernible).

20 Ms. Jimenez, I have gotten to know her
21 through the years (indiscernible). This would be a
22 great thing, great jobs for the City of Margate,
23 and it would bring economic activity, and it would
24 provide something that is very much needed.

25 So, thank you for your consideration and your

1 time. Please do this.

2 MR. CURTIS: Thank you, Mr. Teal. At this
3 time, I will invite staff, Senior Planner Andrew
4 Penny or Development Services rep Ms. Castro, if
5 they wish to make a statement.

6 MR. PENNY: This is Andrew Penny, Senior
7 Planner. Thank you for the opportunity. I have
8 nothing to add for the record at this time, but
9 after reviewing all the testimony, I may have
10 further information to provide to you.

11 MR. CURTIS: All right. Thank you.

12 At this point, I will open this hearing up to
13 the public. Is there anybody in the public that
14 wishes to speak on this item?

15 MS. SMITH: Excuse me, Mr. Manager. If it is
16 possible, Mr. City Clerk, if anyone has written in
17 any public comments, would you read those into the
18 record, if there are any?

19 THE CLERK: Yes, I have one comment that was
20 e-mailed to me today through 2:15 p.m. The e-mail
21 was submitted by Teresa Decristofaro, 7805 West
22 Atlantic Boulevard, Apartment 101, Margate, Florida
23 33063, and the e-mail reads as follows:

24 "As a mother of a 100 percent disabled
25 veteran, I know, from personal experience, the need

1 for a facility like this. Unfortunately, also due
2 to personal experience with this woman while
3 serving on the Planning and Zoning Board, it has
4 been found that she is not completely trustworthy
5 on keeping her word."

6 "She originally applied for and billed this
7 facility as a senior care facility. When the City
8 officials found out her plans to use it as a drug
9 rehab facility, instead of a senior care facility,
10 is when the City denied her CO because the area
11 where her building is located is residential
12 homes."

13 "There is ample proof as part of the public
14 record available to show that she has been, and in
15 some cases still is, associated, through her numerous
16 business holdings with people who have defrauded,
17 manipulated and abused veterans and rehab patients.
18 Again, this is a matter of public record."

19 "To be clear, this objection is not because
20 this facility will be a detox center. It's fear of
21 the possibility of having our veterans abused,
22 manipulated, and the Veterans Administration
23 defrauded by this individual so she can profit from
24 their pain."

25 "I know from first-hand experience of seeing

1 my son dealing with the suicides of some of his
2 battle buddies, hearing the story of him cutting his
3 buddy down that was trying to hand himself.
4 Thankfully my son was in combat but he's still
5 alive today."

6 "The need is real, but so is the need to
7 ensure that whoever we pick is a hundred percent
8 above-board with a squeaky clean (indiscernible)
9 record. This person applying tonight is not that
10 person."

11 "I urge you to deny this request and let's be
12 proactive, instead of reactive, for our veterans'
13 safety."

14 That concludes the e-mail.

15 MR. CURTIS: Thank you, City Clerk. Is there
16 anybody in the public that wishes to speak on this
17 item?

18 THE CLERK: Yes, we have four people with
19 their hands raised, so we will go in order. The
20 first identifies as Susan Butler.

21 MR. CURTIS: Susan Butler, if you would
22 unmute your mic?

23 SUSAN BUTLER: Hello, can you hear me?

24 MR. CURTIS: I can hear you, yes, we can hear
25 you.

1 SUSAN BUTLER: Hello. Thank you for this
2 opportunity to speak. My name is Susan Butler,
3 1620 Northwest 66th Terrace, Margate. I'm a
4 taxpaying resident of Margate and a veteran.

5 When I first heard of facility last year at a
6 commission meeting, my first reaction was how nice
7 for the veterans. Then, after thinking about it
8 for a few days and learning that it was going to be
9 in a residential area, it scares the heck out of
10 me. PTSD comes with violence and addiction. You
11 will be introducing both into this neighborhood.

12 Rarely does a facility achieve 100 percent
13 success in treatment. As many as 20 percent can
14 and will walk away. Yes, it's a voluntary
15 treatment and it will be a residential neighborhood
16 they will walk into unprepared for reality. Is
17 Margate prepared for the consequences?

18 I then learned at another commission meeting
19 that the facility was originally a drug and alcohol
20 rehab but it was changed to PTSD for veterans and
21 first responders. I guess if you put veterans in
22 the mix, you may expect everyone to be politically
23 correct and who would say no to vets? I have seen,
24 online, Ms. Jimenez state veterans and civilians.
25 How many vets does it take to be politically

1 correct? One, two? As much as I despise stolen
2 valor, I despise using veterans for personal gain
3 and soliciting empathy.

4 I know how the VA works. I know there's a
5 mandate that states veterans are entitled to any
6 treatment within 30 days of asking, and if the VA
7 cannot accommodate, they can go outside of the
8 system and Uncle Sam will pick up the tab. If
9 you're bringing in homeless vets, there's a cash
10 cow there. How long will they stay? How long will
11 the money come in?

12 We know most homeless vets have PTSD and
13 addiction. When they leave, where to next? Our
14 neighborhood.

15 One final thought. Enough citizens have each
16 brought enough evidence and concern about the
17 background of the facility owners, and rezoning for
18 this facility, it's your decision how to vote, if
19 you haven't already decided. Please do not change
20 the zoning to allow this facility.

21 The videos I have seen tonight were posted
22 online this weekend boasting a place for quote,
23 unquote, "Her homeless vets babies." Are we doing
24 homeless veterans housing or PTSD? Make up your
25 mind and stick with it.

1 I have no objection to treating our veterans;
2 I have an objection to this facility in the
3 residential area. I believe the Disabilities Act
4 does not apply. This application is not
5 reasonable. Thank you.

6 MR. CURTIS: Thank you for your comments, Ms.
7 Butler.

8 It looks like Ms. Elsa Sanchez has her hand
9 raised.

10 ELSA SANCHEZ: Yes, good evening. Can you
11 hear me?

12 MR. CURTIS: Good evening, Ms. Sanchez.

13 ELSA SANCHEZ: I have a couple of questions
14 or things to say about it. I understand that, at
15 the meeting from May 20th, our City Attorney said
16 that the proper process for it was to rezone for
17 CF1. As I don't think that has been done, because
18 in order to do this the neighbors have to be
19 notified, a sign has to be put up, and the
20 neighbors have to have a chance to speak about it,
21 and I don't think that has occurred. It is
22 important for things to be done properly, otherwise
23 this could set a precedent and it could happen
24 again in any other neighborhood that this could go
25 on. So I really am opposed for this to happen.

1 Also, another thing, in the past couple of
2 days, there has been a lot of talk on social media,
3 and with certain allegations, and I want to make
4 sure that the City has researched these allegations
5 and has cleared and that whatever has been implied
6 is not true, and for the safety of our city and for
7 total compliance with what our city demands.

8 So, those are my two requests for the proper
9 procedures to be done for rezoning, if it's
10 necessary, and for this to be checked, these
11 allegations to be checked and cleared. Thank you.

12 MR. CURTIS: Thank you, Ms. Sanchez.

13 It looks like the next speaker is Manny Lugo.
14 Mr. Lugo, can you hear us?

15 MANNY LUGO: Yes. Can you hear me okay?

16 MR. CURTIS: Good evening. Yes, we can hear
17 you.

18 MANNY LUGO: Thank you for letting me speak.
19 This is Manny Lugo, 1129 East River Drive, Margate.

20 I hope that our City Manager approves the
21 process of continuing the Application to the
22 Veterans Administration, so that this program can
23 get started up. There's a great deal of objections
24 to it. I think there's a confusion between
25 problems that there have been with sober homes,

1 well founded problems, but this is a Veterans
2 Administration program for veterans.

3 As a Vietnam veteran myself, I think it
4 deserves a fair shot to prove to the community that
5 it's useful, that it's beneficial, and that they
6 don't have -- that all of the concerns that have
7 been expressed will -- can be re-examined in the
8 future.

9 My understanding is that this program is
10 going to be reevaluated in about a year, and the
11 urgency to get this program applied for right now
12 is a date deadline. So, I hope that the City
13 Manager will allow this application to continue and
14 the program to move forward. It will be
15 reevaluated in the near future and I think it's
16 worth a shot.

17 It's a good thing for Margate. It's a good
18 thing for Margate veterans, like the senior center
19 that Margate has been proudly hosting for a long
20 time. It's going to be something that we can be
21 proud about in the future, and I hope that Mr.
22 Curtis can go ahead and approve this Application to
23 continue. Thank you.

24 MR. CURTIS: Thank you, Mr. Lugo.

25 Joseph, I can't -- I believe the next name

1 that is up is Le?

2 THE CLERK: L-E, Le.

3 LE PEERMAN: Mr. City Manager, City Attorney,
4 yes, this is Le Peerman and one of the
5 commissioners that originally voted on this
6 facility to be a senior assisted living facility
7 with medical help.

8 I think you would be hard pressed to find any
9 of the five commissioners that voted that night to
10 have wanted it to be a detox center.

11 To me, at this moment, this not about the
12 veterans; this about the process, and the process
13 should be to go to rezoning, so that the people
14 that live around this facility get a chance to
15 speak. I think you said four people raised their
16 hand. You know well and good that, once you send
17 out the notices to the people and the sign goes up,
18 more than four people will come and give their
19 opinion.

20 City Attorney, I'm not sure if you can answer
21 this question or not, but once this is approved, is
22 there any guarantee that this is only going to be
23 for veterans, or can they open it up to anyone?

24 MS. SMITH: Ms. Peerman, this is going to be
25 for public input at this time. However, that will

1 be something for consideration by the City Manager.

2 LE PEERMAN: Thank you. I just think this
3 process is bypassing the rezoning, and what is
4 coming is not what she was approved for at that
5 commission meeting. Thank you.

6 MR. CURTIS: Thank you, Ms. Peerman. Next
7 person with their hand raised is Nate Deleon.

8 NATHANIEL DELEON: Hello, everybody. Thank
9 you for your time.

10 I'm basically going to talk about an
11 experience --

12 MR. CURTIS: Good evening, sir. Please state
13 your name for the record.

14 NATHANIEL DELEON: My name is Nathaniel
15 Deleon.

16 MR. CURTIS: Good evening.

17 NATHANIEL DELEON: Good evening. Thank you
18 for your time.

19 I have worked 17 years at Fort Lauderdale at
20 Citrix Systems, and I called in today to speak
21 about myself and the experience I have had with
22 drug addiction.

23 Basically, I was exposed at a young age, at
24 the age of 13. My brother-in-law exposed me and my
25 brother to cocaine, and that led to, you know,

1 certain -- leading to bad habits. Basically, I was
2 known to steal to basically help out my brother-
3 in-law that exposed me at that age, and once I was
4 exposed that caused me to have addiction, an
5 addictive personality, and memory loss and ADHD.

6 Now, you know, at a young age, being exposed
7 to that type of substance, you know, it has a
8 mental effect on you, and it -- it changes you.
9 The effects of the substance abuse on the family,
10 it's greatly noticed, also. So, yes, it's not
11 just me personally, but it's my family.

12 So, four out of five of my siblings, they
13 were caught in the cycle of drug addiction and my
14 older sister is currently in jail for fraud due to
15 drugs. You know, it has been over 15 years that
16 she has been battling this drug addiction, this
17 disease that has affected her life so much that I
18 personally adopted two of her children. Leanna
19 Rodriguez, she's 23 years old right now, and she
20 has lived with me for 12 years, and her brother
21 Julian Miranda, who is just 17, he has been living
22 with me since he was 15, and it's all because of
23 this disease that causes, you know, these issues.

24 Now, part of -- I have a twin brother and my
25 twin brother is a veteran. He was in Operation

1 Iraq Freedom, you know, and we do have a justice
2 system, a just justice system. He was, at the age
3 of 18, constantly going to jail for stealing. He
4 was in jail, and then he was released and he was
5 given the opportunity to serve his country.

6 So, he put himself out there during the worst
7 times that, you know, we have seen in the last
8 couple years. He was basically, in 2003, 2004, he
9 went to Iraq, and '04 and '05, he was in
10 Afghanistan. He was in the 82nd Airborne Division,
11 and currently his service connected disability with
12 70 percent connected evaluation, but the war did
13 affect him, it did cause him to get PTSD. The war
14 ceased but the battled continued with him. He --
15 he went through three months of intensive treatment
16 in an addiction treatment facility --

17 MR. CURTIS: Mr. Deleon, I apologize for
18 interrupting, I'm sorry, but your three minutes are
19 up. I appreciate your comments, thank you.

20 NATHANIEL DELEON: Okay. Thank you.

21 MR. CURTIS: It looks like the next speaker
22 is Lauren Beracha. Ms. Beracha, can you hear us?
23 You will need to unmute your mic.

24 LAUREN BERACHA: Can you hear me?

25 MR. CURTIS: Yes, good evening, we can hear

1 you. Can you state your name for the record?

2 LAUREN BERACHA: Lauren Beracha, 6950
3 Northwest 14th Place, Margate. Thank you for the
4 opportunity to speak.

5 I have listened to everything that the
6 gentlemen have said and I appreciate their input.
7 I don't know if any of them are Margate residents,
8 and that is what the issue is over here.

9 I have no issue with having a veterans'
10 facility. Unfortunately, I have a nephew that was
11 a veteran that ended up passing away from drugs and
12 at least two people, a nephew and somebody else.
13 So there is definitely a need for a facility.

14 However, I don't feel, from things that, not
15 people's comments but documented information on the
16 person that is talking about running the place and
17 their partner, there is a lot of information out
18 there that makes it very frightening to have a
19 facility run by this person, in Margate.

20 I don't know, and I heard Ms. Sanchez ask if
21 any of these thing were looked into, and I guess
22 you can't answer that question, and that is a big
23 question.

24 I also feel, in going along with the other
25 speakers, that the people in the neighborhood

1 should certainly have the right to make a decision,
2 because being exposed to drug use of people that
3 were very close to me, I know, even with the best
4 intentions, in a residential neighborhood, it is a
5 very frightening experience, and a lot of people --
6 it's easy to say, you know, we want to do this and
7 want to do that, and I am all for any kind of
8 facility helping anybody, but it needs to be in the
9 right place, it needs to be not in a residential
10 area, unless those people on Melaleuca Drive say,
11 with open arms, okay, I'm okay with this, and you
12 know.

13 But aside from that, you know, I don't feel
14 that I, personally, and from what I have read, it's
15 not about me, it's about Margate, and it's about
16 protecting our residents, and, you know, I am on
17 different boards and I don't make individual
18 decisions for myself. My decisions are made for
19 the main -- everybody involved and not my own
20 personal, and I have done a lot of investigating
21 on the person --

22 MR. CURTIS: Ms. Beracha, I apologize for
23 interrupting, but your three minutes are up.

24 LAUREN BERACHA: Thank you for letting me
25 speak.

1 MR. CURTIS: Thank you for your comments.
2 Mr. City Clerk, I don't see any other hands raised
3 but would you kindly make your statement about
4 raising your hand if somebody wishes to speak?

5 THE CLERK: Somebody just raised their hand.

6 MR. CURTIS: Thank you. Richard Zucchini?
7 Mr. Zucchini, unmute your mic. Can you hear us?

8 RICHARD ZUCCHINI: Yes, can you hear me?

9 MR. CURTIS: Good evening, sir, yes, we can.
10 Please state your name for the record.

11 RICHARD ZUCCHINI: Richard Zucchini, 380
12 Lakewood Circle East, Margate, Florida.

13 I actually was not going to speak but
14 previously I heard Former Commissioner Le Peerman
15 state that this wasn't approved for this use. I
16 want to just correct the record that while the
17 Application for the special exception was for an
18 ALF/skilled nursing facility, the commission, at
19 that time, voted five-zero in favor of approval as
20 a group care facility. That was the language that
21 was used in Resolution 15-010.

22 If this was only approved as a skilled
23 nursing facility, then the resolution should have
24 said that, but the resolution said very clearly
25 this was approved as a group care facility, and

1 within the Code of Margate this residential
2 treatment facility is within the definition of
3 group care facility.

4 So, Le Peerman was a part of the commission
5 that actually approved it for this use, because
6 they approved a generalized statement of approval
7 under group care facility.

8 In addition, I have read a lot on the social
9 media platforms, and it's one thing for innuendo
10 and accusations in that platform. It's another
11 thing to bring it to this platform and, quite
12 frankly, I think it's very disappointing and very
13 dangerous, but I ask and I hope that the City makes
14 the right decision. This was approved as a group
15 care facility. Thank you.

16 MR. CURTIS: Thank you, Mr. Zucchini.

17 Joseph, I don't see any other hands raised,
18 but would you please make your announcement, if
19 somebody wishes to speak, they can raise their
20 hand?

21 THE CLERK: Yes. If anybody from the public
22 wishes to speak at this time, now is the time to do
23 that. If you logged into the Zoom interface from
24 your computer or logged in from your cell phone,
25 please select the (indiscernible) option in the

1 software indicating that you wish to speak at this
2 time. If you called in by phone, please press star
3 nine to raise your hand to indicate that you wish
4 to speak.

5 We will give it a few moments to make sure
6 that the public has the opportunity to be heard on
7 this item.

8 MR. TEAL: I think Dr. Nunez wanted to say a
9 few words.

10 THE CLERK: City Manager, the only
11 participant with their hand raised is Emilio
12 Mantero, who is one of the panelists for --

13 MR. CURTIS: Mr. Mantero, you have three
14 minutes to speak, if you will unmute your mic.
15 Please state your name for the record. Mr.
16 Mantero, your microphone is still -- it looks like
17 you're on unmuted.

18 EMILIO MANTERO: Can you hear me?

19 MR. CURTIS: Yes, we can hear you. Good
20 evening. Please state your name for the record.

21 EMILIO MANTERO: Dr. Emilio Mantero. I'm a
22 practice psychiatrist in in Florida. I have been
23 practicing for almost 30 years. I have trained at
24 the VA at the Jackson Memorial program, University
25 of Miami, and I am have the pleasure of taking care

1 of veterans throughout my career.

2 I have also participated in a PTSD clinic at
3 the VA and I'm very -- hello?

4 MR. CURTIS: Yes, we can hear you.

5 EMILIO MANTERO: And I am very proud of this
6 project. I think the veterans are underserved and
7 under-cared, and I'm very pleased with a program
8 like this in which we can attend patients have been
9 neglected for several years.

10 I understand the complexity of zoning and I'm
11 not an expert on such a thing, but what I can tell
12 you is that the problem is obviously very needed
13 for our community and I'll be happy to entertain
14 any questions regarding the subacute care that we
15 will provide. I will lead the team.

16 I think I have the qualifications and the
17 experience throughout my career and in facilities
18 such as these, of subacute care, for patients with
19 mental illness and substance abuse. That's all I
20 have to say.

21 MR. CURTIS: Thank you, Mr. Mantero.

22 EMILIO MANTERO: Thank you.

23 MR. CURTIS: Anybody else wishing to speak on
24 this hearing tonight, please raise your hand. All
25 right. I see no hands raised.

1 Anybody here in the building, Ms. Jimenez,
2 Mr. Lichtman, would you like to make a comment?
3 You have three minutes. Please.

4 MIRYAM JIMENEZ: (Indiscernible).

5 MR. CURTIS: Please state your name for the
6 record.

7 MIRYAM JIMENEZ: Miryam Jimenez. First of
8 all, I do not know why (indiscernible) the
9 residents of Margate and so much opposition and so
10 much (indiscernible). (Indiscernible).

11 So, people on Facebook are trying to do
12 anything, any horrible thing regarding my plans.
13 (Indiscernible) DCF will not approve my license,
14 which (indiscernible) Dr. Mantero (indiscernible)
15 and the licenses themselves, all the doctors they
16 have one and (indiscernible) Dr. Mantero, Dr.
17 Nunez, Dr. (indiscernible) hospital.

18 (Indiscernible) trying to do this since 2019,
19 June 2019, which I agree with it to (indiscernible)
20 recommendation of a hospital, a VA hospital. The
21 director recommended me to go to (indiscernible)
22 try to get a contract. Unfortunately, that
23 contract is pretty much gone, which was -- is a VA
24 because it's the fault of the City of Margate.

25 (Indiscernible) people were allowed stay as

1 much as 120 days and anybody has Substance Abuse
2 Disorder and PTSD know that it's such a privilege
3 to be in a facility where you can have a chance,
4 housekeepers (indiscernible) for 120 days, given
5 treatment seven days a week, 24 hours a day, as
6 needed, and that was a privilege, and I lost it
7 because of the City of Margate.

8 Now, I can provide the service but I would
9 have to go through a vendor, so just simply cut 75
10 percent of the revenue, which is okay, I allow it,
11 but it is really very bad because of that Facebook
12 community. It's assassination of character,
13 anything that they are trying to do to me, which I
14 don't get it because I have done nothing except try
15 to open my facility, to provide jobs.

16 My facility will provide an average of 49
17 jobs. The people that are staying in my facility
18 will need haircuts, will need nails done, my
19 employees will put gas, they will eat outside, all
20 that will be money coming to Margate.

21 The people do not leave my facility. It is
22 -- I'm preparing for something wrong, that the
23 people will get in and out, it is incorrect --

24 MR. CURTIS: Thank you, your three minutes
25 are up. I appreciate your comments.

1 Anybody else wish to make public comments?

2 MR. TEAL: My time is up, but I would like to
3 say something, but if I'm not allowed to, I just
4 want to state my objection on the record.

5 MS. SMITH: Mr. Teal, this is not a formal
6 proceeding. This is an administrative proceeding.
7 We did give you over 30 minutes at the beginning.
8 Again, this is for public input and I think that we
9 have heard from you, and the City Manager has heard
10 from you, and from your client, of course.

11 MR. TEAL: Understood. There were certain
12 comments that were made that I would like to
13 address that would be productive, so I'm just sharing my
14 objection for the record. Thank you.

15 MR. CURTIS: All right. Seeing no other
16 hands raised, nobody in the room wishing to speak,
17 I just want to thank everybody for their comments
18 tonight. I will take this information into
19 consideration when rendering a decision.

20 With that said, Mr. City Clerk, we will close
21 the meeting at 7:24 p.m. Thank you.

22 (Thereupon, the proceedings were concluded at
23 7:24 p.m.)

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CERTIFICATE OF REPORTER

STATE OF FLORIDA

COUNTY OF BROWARD

I, Tyesha Scott, Certified Electronic Reporter, certify that I was authorized to and did report the foregoing proceedings, and that the transcript is a true and correct record of my electronic notes.

I further certify that I am not a relative, employee, attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorneys or counsel connected with the action, nor am I financially interested in the action.

Dated this 12th day of August 2020.



Tyesha Scott, C.E.R.

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MARGATE CARE FOR HEROES

EVIDENCE IN AID OF REASONABLE ACCOMMODATION REQUEST¹

<u>Business Plan</u>	Exhibit A
<u>Application</u>	Exhibit B
<u>Declaration of C. Wesley Blackman</u>	Exhibit C
<u>Declaration of Dr. Jairo Nunez</u>	Exhibit D
<u>Transcript - May 20, 2020 commission meeting</u>	Exhibit E
<u>Henry Iler's Expert Report (Regarding Traffic)</u>	Exhibit F
<u>Excerpt from Transcript of Richard Nixon's Depo.</u>	Exhibit G
<u>2015 Resolution</u>	Exhibit H
<u>Excerpt from Motion to Dismiss Hearing</u>	Exhibit I
<u>Excerpt from Summary Judgment Order</u>	Exhibit J
<u>VIP Memory Care Materials</u>	Exhibit K

¹ These documents will be used in addition to the video tour of the facility.



Exhibit A

TELEPHONE

ADDRESS

WEB



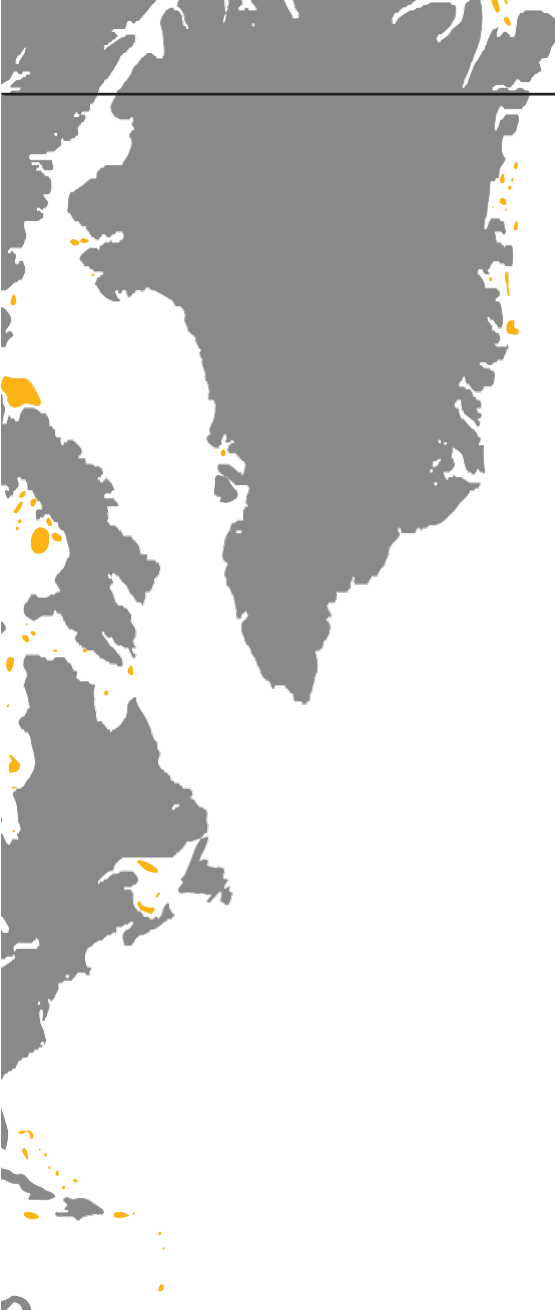
QUALITY OF LIFE GROUP CARE FACILITY

Business Plan

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS PLAN





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<u>3</u>	<u>EXECUTIVE OVERVIEWS</u>
<u>4</u>	<u>ACCELARATION</u>
<u>4</u>	<u>EXECUTIVE LEADERSHIP</u>
<u>5</u>	<u>MISSION STATEMENT</u>
<u>6</u>	<u>DESCRIPTION OF SERVICES</u>
<u>7</u>	<u>TREATMENT PRACTICES</u>
<u>9</u>	<u>CLINICAL PERSONNEL</u>
<u>10</u>	<u>ADMISSION CRITERIOR</u>
<u>12</u>	<u>SERVICES</u>
<u>13</u>	<u>BUSINESS OBJECTIVES</u>
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<u>19</u>	<u>REGULATORY & LEGISLATIVE</u>

• EXECUTIVE SUMMARY

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS DESCRIPTION

Quality of Life is the vision of Ms. Jimenez, who, through the tragic loss of a loved one, is personally motivated to help others. The facility was first envisioned in 2016, with an anticipated grand opening set for August 15, 2019. The agency is registered in the State of Florida as a S-Corporation, subject to the laws and regulations therein.

LICENSURE

Quality of Life will be licensed by the Agency of Health Care Administration (AHCA) in accordance with Chapter 64E-12 of the Florida Administrative Code, Chapter 394 of the Florida Statutes, and Section 381.006(16) of the Florida Statutes. Relevant materials are attached to this proposal as Exhibit A.

64E-12 Residential Treatment

“Residential Treatment” is a group care facility and provides services on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component.” “This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require residential treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.”

Quality of Life will be a group-care-facility as defined and meet the definition and regulations in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code. As used in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code, the term “group care facility” means any public or private school, assisted living facility, adult family-care home, adult day care center, short-term residential treatment center, residential treatment facility, home for special services, transitional living facility, crisis stabilization unit, hospice, prescribed pediatric extended care center, intermediate care facility for persons with developmental disabilities, or boarding school. The department of health may adopt rules necessary to protect the health and safety of residents, staff, and patrons of group care facilities. Rules related to public and private schools shall be developed by the Department of Education in consultation with the department. Rules adopted under this subsection may include definitions of terms; provisions relating to operation and maintenance of facilities, buildings, grounds, equipment, furnishings, and occupant-space requirements; lighting; heating, cooling, and ventilation; food service; water supply and plumbing; sewage; sanitary facilities; insect and rodent control; garbage; safety; personnel health, hygiene, and work practices; and other matters the department finds are appropriate or necessary to protect the safety and health of the residents, staff, students, faculty, or patrons. The department of health may not

adopt rules that conflict with rules adopted by the licensing or certifying agency. The department of health may enter and inspect at reasonable hours to determine compliance with applicable statutes or rules. In addition to any sanctions that the department of health may impose for violations of rules adopted under this section, the department of health shall also report such violations to any agency responsible for licensing or certifying the group care facility, which is the Agency of Health Care Administration. The licensing or certifying agency may also impose any sanction based solely on the findings of the department of health.

ACCREDITATION

The agency will be fully accredited by The Joint Commission. The Joint Commission is a private, not for profit organization established in 1951 to provide accreditation to health care organizations within the United States. The Joint Commission accredits nearly 21, 000 health care organizations in the United States. The Joint Commission provides deemed status and is recognized by the Centers of Medicare and Medicaid Services (CMS) as the industry “Golden Seal” for organizations that provide the highest quality healthcare.

EXECUTIVE LEADERSHIP TEAM

Quality of Life has assembled an experienced Executive Leadership Team:

Miryam Jimenez, Owner

Ms. Jimenez has developed a thriving real estate business with vast holdings. She specializes in procurement and selling of residential and commercial real estate. It is through the death of a loved one that Ms. Jimenez is driven to help individuals and their families who are dealing with behavioral health issues.

Emilio Mantero-Atienza, MD, PhD

Dr. Mantero-Atienza is a highly respected board-certified, psychiatrist and author who has over 50 years of experience working with those who suffer from behavioral health issues. He specializes in Medication Assisted Therapies, Medication Assisted Treatment in Mental Health Services, and Evidenced Based Treatment. Dr. Mantero acquired a PH.D. in Clinical Biochemistry.

Mary Jane Fitzpatrick, RN, JD, Consultant

Ms. Fitzpatrick, RN, Behavioral Health Consultant specializing in nursing administration, medical-legal, and risk management. She is considered an expert in Joint Commission quality standards and the Agency for Health Care Administration regulatory requirements. Ms. Fitzgerald is a member of the Florida Bar and is a Registered Professional Nurse.

Linda Potere, MBA, LHCRM, CHCQM, LADAC, CAP-Program Director

Linda Potere is a behavioral health consultant to a wide variety of behavioral health organizations holding the positions of Quality Assurance Director, Corporate Compliance

Officer, and Risk Manager. Her duties and responsibilities include: (1) achieving and maintaining licensure; 2) certification, accreditation and regulatory compliance for all state, local, and federal licensure and accreditation bodies; 3) certification and compliance with risk management, Center for Medicare Services and Medicaid Standards; 4) coordinate and implement of Joint Commission and CARF standards in behavioral & hospital health care settings; and 5) insuring compliance and training of staff in Performance Improvement, team building, and additional training needs for accreditation survey for Community Mental Health Centers, Methadone Clinics, and Partial Hospitalization Programs for both Mental Health and Substance Abuse services.

Cathy Claud, MNM, CAP, CPP, ICADAC, CRRA-Consultant

Ms. Claud has over 35 years of experience in the development and management of health care systems, specializing in systems of care for children and families dealing with .behavioral .health disorders Specifically, Ms. Claud’s dedication, experience, and passion for the work, forms the basis of her professional standards of excellence in serving the community.

Quality of Life will employ approximately 49 (part and/or fulltime) employees in the following positions:

- | | |
|---------------------------|-------------------------------|
| Chief Operating Officer | Licensed Nurses |
| Compliance Officer | Case Managers |
| Admissions Director | Mental Health Counselors |
| Drivers | Behavioral Health Technicians |
| Group Therapy Facilitator | Certified Massage Therapist |
| Janitorial/Cleaning Staff | Yoga Instructor |
| Chef | |
| Assistant Chef | |
| Secretarial | |
| Medical Director | |

MISSION STATEMENT

Our Mission

To provide the highest quality of evidence-based mental health care to active duty and reserve military personnel that are involve in heightened stress levels and trauma, as well as the elderly military personnel that were affected by and are suffering from Posttraumatic Stress Disorder (PTSD). Quality of Life aims to address Veterans’ needs during reintegration into civilian life.

A report posted by the Mental Health First Aid for Veterans organization states that “thirty percent of active duty and reserve military personnel deployed in Iraq and Afghanistan have a mental health condition requiring treatment – approximately 730,000 men and women, with many experiencing post-traumatic stress disorder and major depression. Sadly, less than 50 percent of returning veterans in need receive any mental health treatment. The Veterans Administration reports that approximately 20 veterans die by suicide every day.”



DESCRIPTIONS OF SERVICES.

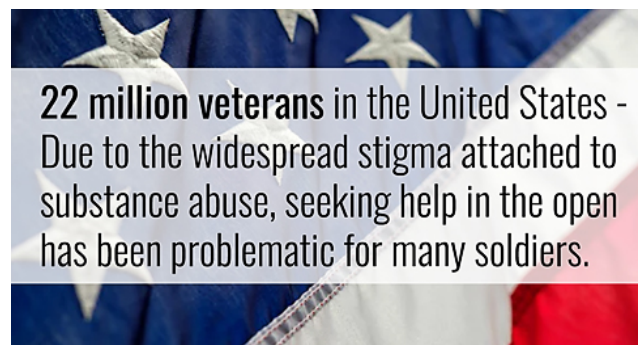
Quality of Life Program Description

The program will specialize in Evidence Base Treatment The facility will provide a structured group treatment setting with 24 hour per day, 7 days per week supervision for residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support and assistance. The residents served in this facility have a moderate capacity for independent living.

(1) Services.

Each patient shall receive 34 hours of services each week, with a minimum of 14 hours of counseling by Licensed Therapists. **Quality of Life** will provide or arrange for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the patient as identified in the treatment plan as follows:

- a) Individual counseling.
- b) Group counseling.
- c) Counseling with families.
- d) Mental Health Issues education, such as strategies mental health related issues or relapse, health problems related to mental health issues, and motivational enhancement and strategies for achieving a stable mental health lifestyle.
- e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management.
- f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the patient with alternative means of self-



expression and problem resolution.

- g) Training or advising in health and medical issues.
- h) Employment or educational support services to assist patients in becoming financially independent; and
- i) Mental health services for the purpose of:
 1. Managing patients with disorders who are stabilized.
 2. Evaluating patients' needs for in-depth mental health assessment.
 3. Training patients to manage symptoms; and
 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems, which may arise during treatment

(2) Caseload.

Licensed Therapists will have a caseload that will not exceed 8 patients at one time.

(3) Staffing Coverage and Pattern.

The staffing coverage and pattern for the facility shall be maintained at a minimum of 1-15 staff to resident ratio with never less than two staff on the premises when residents are present. The facility shall have procedures to mobilize additional staff 24 hours daily in the event of emergency need. The facility will have a telephone tree to mobilize additional staff 24 hours daily in the event of emergency needs.

Evidence Base “TREATMENT PRACTICES”

PROLONGED EXPOSURE (PE).

Prolonged exposure is typically provided over a period of about three months with weekly individual sessions, resulting in eight to 15 sessions overall. The original intervention protocol was described as nine to 12 sessions, each 90 minutes in length. Sixty to 120-minute sessions are usually needed in order for the individual to engage in exposure and sufficiently process the experience.

Licensed Therapists begin with an overview of treatment and understanding the veteran’s past experiences. Licensed Therapists continue with psychoeducation and then will generally teach a breathing technique to manage anxiety.

Generally, after the assessment and initial session, exposure begins. As this is very anxiety-provoking for most patients, the therapist works hard to ensure that the therapy relationship is perceived to be a safe space for encountering very scary stimuli. Both imaginal and in vivo exposure are utilized with the pace dictated by the patient.

- **Imaginal exposure** occurs in session with the patient describing the event in detail in the present tense with guidance from the therapist. Together, patient and therapist discuss and process the emotion raised by the imaginal exposure in session. The patient is recorded while describing the event so that she or he can listen to the recording between sessions, further process the emotions and practice the breathing techniques.
- **In vivo exposure**, that is confronting feared stimuli outside of therapy, is assigned as homework. The therapist and patient together identify a range of possible stimuli and situations connected to the traumatic fear, such as specific places or people. They agree on which stimuli to confront as part of in vivo exposure and devise a plan to do so between sessions. The patient is encouraged to challenge him or herself but to do so in a graduated fashion so as to experience some success in confronting feared stimuli and coping with the associated emotion.

COGNITIVE PROCESSING THERAPY (CPT).

Cognitive processing therapy is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters.

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

COGNITIVE BEHAVIORAL THERAPY (CBT).

Therapists use a variety of techniques to aid patients in reducing symptoms and improving functioning. Therapists employing CBT may encourage patients to re-evaluate their thinking patterns and assumptions in order to identify unhelpful patterns (often termed “distortions”) in thoughts, such as overgeneralizing bad outcomes, negative thinking that diminishes positive thinking, and always expecting catastrophic outcomes, to more balanced and effective thinking patterns. These are intended to help the person reconceptualize their understanding of traumatic experiences, as well as their understanding of themselves and their ability to cope.

Exposure to the trauma narrative, as well as reminders of the trauma or emotions associated with the trauma, are often used to help the patient reduce avoidance and maladaptive associations with the trauma. Note, this exposure is done in a controlled way, and planned collaboratively by the provider and patient so the patient chooses what they do. The goal is to return a sense of control, self-confidence, and predictability to the patient, and reduce escape and avoidance behaviors.

Education about how trauma can affect the person is quite common as is instruction in various methods to facilitate relaxation. Managing stress and planning for potential crises can also be important components of CBT treatment. The provider, with the patient, has some latitude in selecting which elements of cognitive behavioral therapy are likely to be most effective with any particular individual.

TRAUMA-FOCUSED PSYCHOTHERAPY (TFP).

Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD. "Trauma-focused" means that the treatment focuses on the memory of the traumatic event or its meaning. These treatments use different techniques to help you process your traumatic experience. Some involve visualizing, talking, or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. They usually last about 8-16 sessions.

CLINICAL PERSONNEL

Licensed medical personnel, i.e. physicians and nurses.

Licensed clinical personnel, i.e. Licensed Clinical Social Workers, Mental Health Counselors.

Certified Behavioral Health Technicians.

Certified Massage Therapist/Yoga Instructor.



SECURITY

Quality of Life services are provided in the privacy of a self-standing gated facility, monitored with all around security cameras. The facility will follow protocols proven to work in other VA residential inpatient facilities. The patients stay 60 to 120 days, receive mail at the facility and will have visitation privileges after two weeks of treatment; however, visitation is earned and needs to be approved by their doctor or the clinical director. Guest will have to pass a full body search prior to enter in contact with their visitor. Residents' passes to the outside of the facility are earned after several weeks in the facility and, upon their return, the patients will have to undertake a full body search by a **Quality of Life** employee of the same sex, and drug and alcohol test prior to enter in contact with other patients in the facility.

Our services are voluntary; therefore, we do not provide services to individuals who are court mandated and resistive to the therapeutic process.

All program participants are pre-screened to ensure their level of motivation and ability to maximum their opportunity for success in the program.

ADMISSION CRITERIA

- a. Ambulatory or capable of self-transfer
- b. Able to participate in treatment programming and services;
- c. Free of major medical conditions requiring ongoing 24 hours per day, 7 days per week nursing services;
- d. Assessed as having the potential, with staff supervision, to self-administer medication, maintain personal hygiene, and participate in social interaction; and
- e. Does not exhibit chronic inappropriate behavior which disrupts the facility's activities or is harmful to self or others.
- g. Self-administers medication with staff supervision,
- i. Maintains personal hygiene and grooming with staff supervision

Quality of Life takes a strength-based approach that empowers patients and their families to go beyond simply pointing out problems and deficits. We take a problem-solving approach that stabilizes veteran's while working to identify and prevent future problems. We understand that our veterans and their families need the skills, knowledge, and support in a wide variety of personal and social functions. **Quality of Life** takes a broad holistic view to patient treatment. Our veteran's will be treated with respect and dignity. Patients will be free from neglect, abuse, and exploitation and have open access to guardian(s), a n d advocates as appropriate.



Services provided include but at are not limited to: Intake, Assessment and Discharge Planning; Development of Individualized Treatment, Treatment Plan; Individual, Group and Family Therapy; Case Management; and Recreational Activities.

QUALITY OF LIFE WILL PROVIDE (SERVICES)

- Plan, arrange, and provide for transportation to medical/dental appointments.
- A planned activity program including arrangement for utilization of available V A community resources.
- Continuous observation, care and supervision as required.

- Assistance in meeting necessary medical and dental needs.
- Assistance with taking prescribed medications in accordance with physician's instructions, unless prohibited by law or regulation.
- Food services (three nutritious meals daily, snack, unrestricted access to fruit and vegetables and arranging of special diets if prescribed by a physician or dietician.
- Maintenance or supervision of patient cash resources, electronics, or other property if necessary.

The Treatment Plan will be developed for the patient, by the treatment team consisting of medical, clinical, and program staff.

The plan includes the following:

- 1) Use of a strength/deficit list.
- 2) Behavioral objectives in written agreements that focus on individual outcomes.
- 3) Realistic target dates that also permit frequent feedback to the patient on progress.
- 4) Revisions to the plan when there is a change in objectives, goals, or services.
- 5) The veteran's active participation in the development, modification and evaluation of the plan.
- 6) The accurate and complete documentation of the veteran's progress and problems to be addressed.
- 7) Regular evaluation of the service plan to occur on an as-needed basis. Physician, Psychologist and the Licensed Therapist will design an evaluation plan for patients. The evaluation will be a model for use in measuring the success of patient objectives

Upon discharge of a patient, all cash resources, personal property, and valuables that have been entrusted to **Quality of Life** will be surrendered to the patient.

Patients and are given copies of all discharge instructions and policies and procedures. Signed copies of the policies and procedures are maintained in the veteran's file records. In addition, a licensed mental health professional shall complete and provide to the veterans a typed discharge summary which includes demographic information, date of admission, DSM-V diagnosis, current emotional and/or behavioral problem, continuing therapeutic and educational needs, medication, and reason for discharge.

The licensed mental health professional shall also provide a signed discharge report within 14 days of the date of discharge. This report will include the reason for admission, reason for discharge, course of treatment (including medications), the discharge diagnosis, report of all medical and dental services received during the veteran's stay, the

prognosis and recommendations for further mental health treatment, education programs, or placement.

BUSINESS SUMMARY

INDUSTRY OVERVIEW

For the U.S. Department of Veterans Affairs (VA), nothing is more important than supporting the health and well-being of the Nation’s Veterans and their families. A major part of that support is providing timely access to high-quality, evidence-based mental health care. VA aims to address Veterans’ needs, during Service members’ reintegration into civilian life and beyond.

The VA Office of Mental Health and Suicide Prevention Guidebook provides information on the variety of mental health services that VA offers on both a national and local level. These programs and services are rooted in several core values:

FOCUS ON RECOVERY

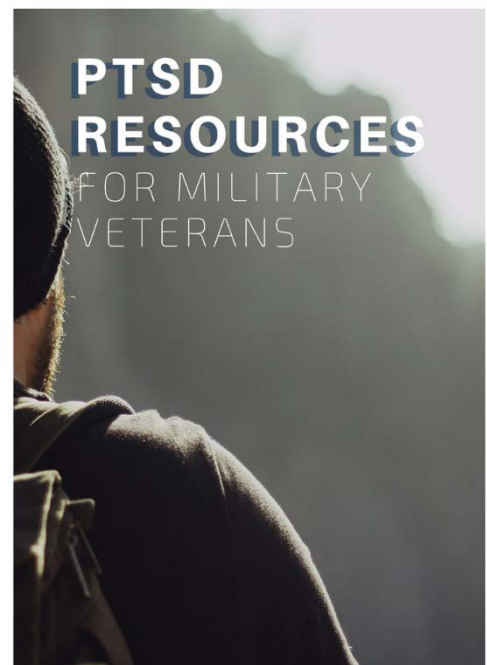
Keeping a focus on recovery from mental health challenges or substance use issues empowers Veterans to take charge of their treatment and live a full and meaningful life. This approach focuses on the Veteran’s strengths offering respect, honor, and hope to Veterans and the family members who support them.

VA provides treatments that are proven to be effective for mental health concerns. These treatments are time-limited and focus on helping Veterans recover and meet their goals. To learn more about evidence-based mental health treatments, please visit treatmentworksforvets.org. You can also view a video, “Evidence-Based Treatment: What Does It Mean,” and other brief videos about evidence-based treatments for Posttraumatic Stress Disorder on the website for the VA National Center for PTSD.

VA health care providers work together to provide safe and effective treatment for the whole person — head to toe, inside and out using a Whole Health approach. Timely medical care, good nutrition, and exercise — along with a sense of purpose are just as important to mental health as to physical health. Veterans take an active role in their care by partnering with their providers to improve their health and well-being.

WHOLE HEALTH

It all starts with a simple question: What matters most to you? That’s the first step in the Whole Health approach, which is designed to help Veterans achieve and maintain their best all-around



health and well-being. Through a Whole Health Approach, VA is committed to empowering, equipping, and treating Veterans according to their preferences and priorities. Learn more about Whole Health and the impact this is having in helping Veterans live their life to the fullest by visiting the Whole Health for Life website.

BUSINESS GOALS AND OBJECTIVES

Short Term (0-3 Months)

Design and implement a prestigious, residential treatment facility for military VA, specializing in addressing Veterans' needs during their reintegration into civilian life, as well as providing treatment for the elderly Veterans affected by PTSD or other mental health disorders.

- 1) Inpatient Residential Care.**
 - a. Community approval.
 - b. Apply and acquire license from the Agency for Health Care Administration (AHCA)
 - c. Employ highly professional consultants to assist with implementation.
 - i. Hiring
 - ii. Orientation
 - iii. Competency training
 - d. Design and implement Performance Improvement
- 2) Implement Marketing Plan**
 - a. Open House
 - b. Local medical groups; physicians / hospitals
 - c. Veteran's Administration
 - d. Web based applications
- 3) Maintain a 50% capacity by 90 days**

Long Term (4 -12 Months)

- 1) Apply for and acquire Joint Commission Accreditation.
- 2) 100% compliance with all performance measures, including safety.
- 3) Maintain 80% capacity by 12 months.
- 4) 12 Month: Reach financial goal established in the Financial Plan
- 5) To acquire more licenses so that we can provide more levels of services.
- 6) Develop and implement Outpatient services with supportive housing.

LEGAL ISSUES

Quality of Life affirms that its promoters have and will continue to abide by all regulatory requirements. The agency is or will be regulated by the following:

City of Margate: Planning and Zoning: ensure proper land use.

Broward County Health Department: regulates and licenses professionals and cleanliness of environment.

Broward County Fire Department: regulates and inspects facility for safety.

The Joint Commission: Accreditation of services and physical environment.

Agency for Health Care Administration: regulates and inspects provision of care and environment.

MARKETING SUMMARY

Miryam Jimenez, Owner, is known throughout Florida, with well established relationships in the business community. Ms. Jimenez will personally handle marketing the agency as a premier Group Care Facility/VA Residential Treatment Facility. Sharing her passions and hope for those affected by mental health is her primary marketing strategy.

TARGET MARKETS

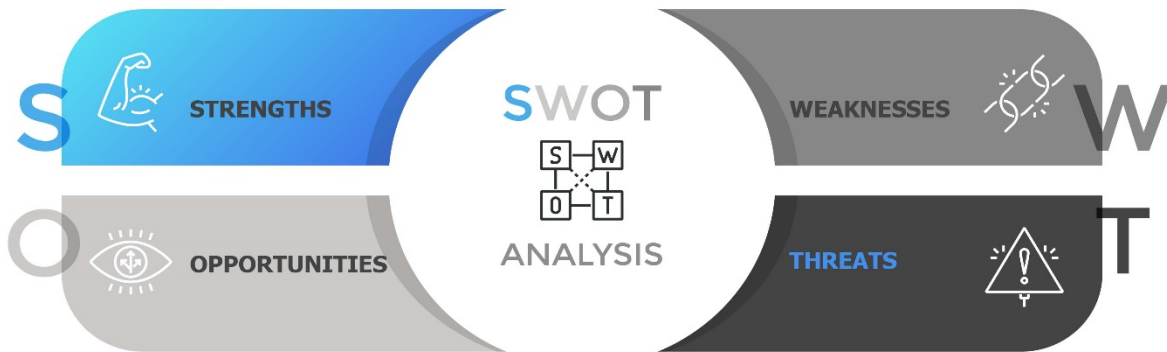
The agency will target veterans with co-occurring mental or physical health concerns, i.e. PTSD, Trauma, etc.

Ms. Jimenez will target referral sources such as the Veteran's Administration, physicians, behavioral health professionals, hospitals and the community at large to share her vision and information regarding the services.

PRICING STRATEGY

The Company has completed a thorough analysis of its pricing. Most of our pricing will be regulated by the government since our target clients are the military veterans. The facility will be accepting all insurances available to veterans, United Health Group, Medicare, Optum Behavioral Health, VA CCN Southeast Region, etc.

Once the facility has met the financial goals set forth in the Financial Plan, providing scholarship for services may be awarded at the discretion of the owner.



SWOT ANALYSIS (Strengths, Weaknesses, Opportunities and Threats) ANALYSIS

As part of the agency’s strategic planning process, the Executive Leadership Team analyzed the organization’s internal and external environment by completing an analysis of the strengths, weaknesses, opportunities and threats (SWOT).

Organizational strengths are those attributes of the organization that are helpful to achieving the goals and objectives, the weaknesses are the attributes of the organization that are harmful to achieving the objectives. The opportunities are external conditions that are helpful and promote the achievement of the agency’s objectives and the threats are external conditions which could do damage to the agency’s performance.

SWOT ANALYSIS

Expectations of persons served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Therapeutic Groups • Individual counseling • Qualified staff • Solid Program Schedule • Individualized care • Location • “client input into our treatment” • Financially secure • Safe, comfortable. 	<ul style="list-style-type: none"> • New facility • Program limited to residential level 1 and 2 	<ul style="list-style-type: none"> • Expansion into Outpatient Services in other locations. • Agency financially positioned to increase services • The first VA inpatient treatment facility in Broward County. 	<ul style="list-style-type: none"> • City limitations of available viable licenses.

Expectations of stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Ethical • Good Staff • Good Program/Treatment • Established Program • Accepted by community • Maintains property • Fiscally responsible • Administratively responsive • Ease of access to services • Good Reputation 	<ul style="list-style-type: none"> • Limited services due to limited available licenses. 	<ul style="list-style-type: none"> • Working with the Government. Federal Governments new budgets benefits VAs 	<ul style="list-style-type: none"> • The City preventing the facility to open.

Competitive environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Experienced, owner • Good, Experienced staff • Licensed clinicians • Financially solvent • Quality of Care • Good recovery environment 	<ul style="list-style-type: none"> • New facility • Limitation of services due to limited licensing 	<ul style="list-style-type: none"> • Good community relationships • Abundant labor force • The only VA inpatient treatment facility in Broward 	<ul style="list-style-type: none"> • Limitation of Services due to limitation of licensing

Financial threats			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Viable management team • Financially solvent • External Accountant 		<ul style="list-style-type: none"> • Experienced accountant • Annual Budget 	

Organization's capabilities (HR; Program Development, Technology, etc.)			
Strengths	Weakness	Opportunities	Threats
HR: <ul style="list-style-type: none"> Experienced, knowledgeable owner Multi-disciplinary team Administratively self-contained Licensed Doctors and clinicians Strong IT Misc. <ul style="list-style-type: none"> AHCA Licensable Financial resources EMR ready 	HR: <ul style="list-style-type: none"> New staff need to be trained to bond as a team. 	<ul style="list-style-type: none"> BHT Training and Certification available Abundant professional workforce 	<ul style="list-style-type: none"> City of Margate litigation
Service Area Needs (Waiting lists, Ineligible clients, Program Needs)			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> AHCA Licensable Financial Resources to care for facilities Planned ratio of clients/staff Easy access to services Accepts insurance Government contracts 	<ul style="list-style-type: none"> City zoning may not allow the services to be provided to the Military VAs 	<ul style="list-style-type: none"> Federal government commitment to provide much needed services for the VAs. 	<ul style="list-style-type: none"> Issues with City zoning dept.
Demographics of Area Served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Desirable South Florida location The only VA inpatient facility in Broward County. Excellent access to Police and Fire Area served not limited to South Florida 	<ul style="list-style-type: none"> NIMBY 	<ul style="list-style-type: none"> Government new contract and expansion to other services for the VA Weather Marketing in areas up north when cold 	<ul style="list-style-type: none"> NIMBY City not allowing QOL to open.
Relationships with external stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Government contracts Referral agreements Good working relationships Good communication 		<ul style="list-style-type: none"> Large market of possible referral agencies Community Education 	

Regulatory Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Licensed and in full compliance by AHCA Knowledgeable and licensed staff Proactive involvement 	<ul style="list-style-type: none"> NIMBY: Zoning City not allowing the facility to provide services for the VA 	<ul style="list-style-type: none"> Sen. Rick Scott supporting the VA in the State of Florida Big budget allocated for the VA 	<ul style="list-style-type: none"> City Zoning not allowing the Facility to open.
Legislative Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Knowledgeable staff 		<ul style="list-style-type: none"> To provide more services to the VA as they become available with more licensing 	<ul style="list-style-type: none"> Zoning limitations

Technology			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> New facility with state of the art capabilities and technology IT technology Financial assets Gated Facility 	<ul style="list-style-type: none"> New System Integration only for the first 30 to days 	<ul style="list-style-type: none"> Staff training Support from the VA hospitals with new technology Consultants To provide new medical equipment 	<ul style="list-style-type: none"> City not allowing new medical services

Performance Analysis			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Electronic Medical Record Willing staff 		<ul style="list-style-type: none"> Performance measures in EMR National performance measures Access Databases 	

REGULATORY AND LEGISLATIVE ENVIRONMENT:

In Broward County and throughout the nation, municipalities are strengthening their stance of the “NIMBY” (“Not in My Back Yard”) principle, making it harder to implement treatment facilities.

Quality of Life continues to work with local and state advocacy and regulatory bodies that advocate for excellence in providing mental health treatment to the VAs.

COMPETITION

Demand for mental health services is driven by availability of new drugs, treatments, and the healthcare funding policies for the military VA. The profitability of individual facilities depends on controlling costs and attracting referrals from the VA outpatient facilities. There are no large companies to compete with since the nearest VA inpatient facility is in Miami-Dade County as a part of the VA hospital. Self-standing small facilities such as **Quality of Life** will effectively provide superior patient service, integrating treatment with follow-up procedures, and specializing by treatment or demographic group.

National analysts identify the following agencies in Palm Beach, Date and Broward County as reputable competition for the services **Quality of Life** will offer.

CORPORATE COLLABORATIONS

Quality of Life has partnered with HOOP4VETS a not for profit subsidiary of Falana Transition Living, LLC., to provide an extra valued added service to the company structure. HOOP4VETS is considered a general manager (“Operational Partner”) in this venture and is responsible for the operation and coordination of all services provided in the facility. We have made this strategic partnership, because of the passion and commitment to excellence of the CEO/Executive Director Shaneka R. Falana. As the operations arm of **Quality of Life**, they bring the following skills and proficiencies to the table.

- Leadership
- Conflict management
- Organization
- Decision-making
- People management
- Data entry skills
- Data processing skills

- Dependable
- Reporting skills
- Deadline-oriented
- Budget development
- Critical thinking skills
- Teamwork
- Stress tolerance
- Influencing and leading

The strategic partner's skill set has completed a team that we know will bring **Quality of Life** to our Veterans who deserve that and more for ensuring our freedoms as Americans.



Exhibit B

Reasonable Accommodation Request Form

Name of Applicant: Margate Care for Heroes¹
c/o Miryam Jimenez
954 608 4067
miryamjimenez@vaqualityoflife.com

Address: 603 Melaleuca Drive, Margate, FL 33063

Address of housing or other location at which accommodation is requested:
603 Melaleuca Drive, Margate, FL, 33063

Describe qualifying disability or handicap:

The prospective patients of Margate Care for Heroes (“MCH”) suffer from post-traumatic stress disorder (PTSD) and other co-occurring disabilities, including substance abuse. Under the Fair Housing Act, 42 U.S.C, 3601-3631 (FHA) and the American with Disability Act, 42 U.S.C 12101 et seq (ADA), people who suffer from such disabilities are entitled to reasonable accommodations.

The ADA defines “disability” as: “(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.” 42 U.S.C. § 12102(1) (2009). Here, the patients of MCH suffer from PTSD, which is constitutes a mental impairment that substantially limits their major life activities. *See Rossbach v. City of Miami*, 371 F.3d 1354, 1357 (11th Cir.2004); *Forbes v. St. Thomas Univ., Inc.*, 768 F. Supp. 2d 1222, 1228–29 (S.D. Fla. 2010); *Singh v. Geo. Wash. Univ. Sch. of Med.*, 508 F.3d 1097, 1100 (D.C.Cir.2007). The phrase “major life activities” means important functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. *Cash v. Smith*, 231 F.3d 1301, 1305 (11th Cir. 2000).

Also under the FHA and ADA, persons in recovery from alcohol or other substance abuse use are considered disabled and thus entitle to the statutes’ protections. *Jeffrey O v. City of Boca Raton*, 511 F. Supp. 2d 1339, 1346-7 (S.D. Fla. 2007); *MX Group, Inc. v. City of Covington*, 293 F 3d 326, 336-340 (6th Cir 2002); *Innovative Health Sys v City of White Plains*, 117 F. 3d, 37, 48-49 (2d Cir. 1997): 42 U.S.C. 12210(b): and 28 C.F.R. 35.104(A)(ii) (listing “drug addiction” as a physiological impairment). Such persons are specifically included within the federal definition of “handicapped individual.” *See also* 42 U.S.C. 3602(h) and 24 C. F. R. 100.201(a)(2)

¹ Please be advised that the applicant concurrently submitted a Change of Zoning Application on June 2, 2020, and that said application is pending before the City.

Thus any person in active recovery and/or treatment from some form of addiction to substances and/or alcohol are therefore specifically included within the definition of “handicapped individual.” See 42 U.S.C. 3602(h) (Fair Housing Act) and 24 C.F.R. 100.201(a)(2) See also *City of Edmonds v. Oxford House, Inc.*, 514 U.S. 725, 115, S.Ct. 1776 (1995). The Fair Housing Act itself was amended to include handicapped individuals within its parameters, and to guarantee the ability of these individuals to live in the residence of their choice within the community. Congress intended the FHA to protect the rights of handicapped persons to live in a residence of their choice in the community.

Licensed services providers that propose to provide services to qualifying Individuals with disabilities, such as people in recovery for addiction and/or PTSD have standing as “person[s] alleging discrimination on the basis of disability” under the Americans with Disabilities Act. 42 U.S.C. 12133 and 28 C.F.R. 35.130(b)(6); *A Helping Hand, LLC v Baltimore County Md.*, 515 F.3d 356, 364, (4th Cir, 2008) Similarly, those who wish to provide housing for handicapped persons have standing under the Fair Housing Act. See, e.g., *Judy B. v. Borough of Tioga*, 889 F. Supp. 792, 797, (M.D. Pa. 1995); *North Shore-Chicago Rehab., Inc. v. Village of Skokie*, 827 F Supp. 497, 507 n.3 (N.D. Ill. 1993); *Horizon House Dev. Servs., Inc. v Twp. of Upper Southampton*, 804 F. Supp. 683, 692 (E.D. Pa. 1992) *aff’d mem*, 995 F.2d 217 (3d Cir. 1993).

Please note that it is illegal under the ADA and its implementing regulations to exclude treatment programs from zoning districts where other similar quasi-residential/medical uses are allowed, or to apply different standards for their approval. See *Pathways v. Town of Leonardtown*, 133 F. Supp. 2d 772, 777-78 (D. Md. 2001)(defendants’ interpretation of a psychiatric rehabilitation program as a “school” or “adult day care facility”, instead of an “office” and/or “medical office”, raised a triable issue of fact the Commission’s decision was due to impermissible discrimination).

Describe the accommodation and the specific regulation(s) and/or procedure(s) from which accommodation is sought:

According to regulations on the Margate Zoning Code of Ordinance in January 2015 the Property was approved by resolution 15-010 as a Group Care Facility (GCF) (ALF) as in Section 2.2, which was able to provide residence and/or supervision and services for individuals who are handicapped, aged, disable or undergoing rehabilitation including nursing homes. Also, the regulations were, that, the property was to be located within 1,000 feet separation from another GCF to preserve the residential neighborhoods of the city while also ensuring that disable individuals inhabiting GCF experience a true neighborhood lifestyle. According to the Southern District of Florida’s Court order, the Property was not to be affected by the new zoning code of 2017 and that this (GCF)(ALF) can provide medical care and services that are

incidental to the approved use. Also, if one is to take this property to enforce the new Code of Ordinance modification in 2017, an ALF is described as a Long Term Care Facility that could provide housing and register nursing services to patients also allowing medical services in the facility.

We are requesting to reasonable accommodate the procedure and instead of using the Long Term Care Facility as an AFL to use this Long Term Care Facility as a Community Residential Treatment Facility to reasonable accommodate the Veterans that are suffering from Post-Traumatic Stress Disorder and Substance Use Disorder to be allowed to reside and to be treated for their Mental health issues.

The accommodation sought does not require a fundamental alteration of the City's Zoning Code, as various facilities that offer a mix of residential and medical services occupy properties with the same R-3 zoning category as MCH (see VIP Memory Care Pavilion). The proposed use is thus consistent with the City's current land use scheme. The Property and surrounding area are ideal to host MCH, as the facility is very close to West Atlantic Boulevard and a variety of different land uses. The facility is also close to other multi-family and single family residential properties, which would offer tranquility to the veterans as they recover. The facility is not a hospital, and will not offer the highly medical services found in hospitals. It will also generate far less traffic than the prior use in 2014 of 10 apartment units.

Reasons the reasonable accommodation may be necessary for the individual with disabilities to use and enjoy housing or other service:

The proposed reasonable accommodation for the Property is necessary because there are no Veterans-only Community Residential Treatment Facilities in Broward county or Palm Beach County currently. Despite the dire need for such facilities in our community, the only such facility is located in Miami Dade County – 32.2 miles away and offers 36 beds, which are a part of the VA hospital:

Bruce W. Carter. Department of Veterans Affairs Medical Center.
1201 Northwest 16th Street
Miami, FL 33125-1624

See below the list of the local facilities which are all outpatient with limited hours of operations and some of them are closed due to the Coronavirus.

Facility Closed
2100 Southwest 10th Street
Deerfield Beach, FL 33442-7690

Limited services and hours

901 Meadows Road
Boca Raton, FL 33433-2300

Limited services and hours

4800 Linton Boulevard
Suite E300
Delray Beach, FL 33445-6597

Facility Closed

7369 Sheridan Street
Suite 102
Hollywood, FL 33024-2776

Facility Closed

3702 Washington Street
Suite 201
Hollywood, FL 33021-8283

Facility Closed

1492 West Flagler Street
Suite 102
Miami, FL 33135-2209

Limited services and hours

7305 North Military Trail
West Palm Beach, FL 33410-6400

The number of Veterans with PTSD varies by service era:

- **Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF):** About 11-20 out of every 100 Veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year.
- **Gulf War (Desert Storm):** About 12 out of every 100 Gulf War Veterans (or 12%) have PTSD in a given year.
- **Vietnam War:** About 15 out of every 100 Vietnam Veterans (or 15%) were currently diagnosed with PTSD at the time of the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS). It is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime.

Other factors in a combat situation can add more stress to an already stressful situation. This may contribute to PTSD and other mental health problems. These factors include actions taking in wartime, the politics around the war, where the war is fought, and the type of enemy faced.

Another cause of PTSD in the military can be military sexual trauma (MST). This is any sexual harassment or sexual assault that occurs while in the military. MST can happen to both men and women and can occur during peacetime, training, or war.

Among Veterans who use VA health care, about:

- 23 out of 100 women (or 23%) reported sexual assault when in the military.
- 55 out of 100 women (or 55%) and 38 out of 100 men (or 38%) have experienced sexual harassment when in the military.

There are many more male Veterans than there are female Veterans. So, even though military sexual trauma is more common in women Veterans, over half of all Veterans with military sexual trauma are men.

One out of 10 veterans with PTSD also suffers from substance use disorders. Despite this fact, substance use disorders are commonly overlooked and undertreated among veterans. Whether this is due to the stigma around substance abuse disorders or because of possible repercussions from undertreated PTSD, substance abuse among veterans is on the rise, and when left untreated can be detrimental to everyday life. While military reports of illicit drug use among personnel have remained lower in number than civilian reports, abuse of alcohol and prescription drugs has skyrocketed among veterans.

The urgency for reasonable accommodation of the Property is due to the immediately need to obtain the City's approval of a zoning letter on City letterhead (example attached), which is required to obtain a license which takes a minimum of 30 day to process. **The deadline to submit a contract to participate in the Veterans Integrated Service Network (VISN 8) is July 20, 2020.** It is very important to obtain this contract because it will provide the budget to pay for patients' treatment in an inpatient facility from 30 to 120 days. Since this is a private facility the payment for treatment will start 30 days after the patients have been treated and does not include a budget for the setup or any accommodation of the facility. We urge the City leaders to support the veterans by speeding this process along in an effort to not to lose out on this contract. Together we can save lives.

Due to mental health issues such as PTSD and SUD, a disturbing number of veterans take their own lives in the U.S. On average, approximately 7,300 Veterans die from suicide each year. Despite significant efforts and billions of dollars invested by the state and federal governments across the nation, suicide rates among Veterans rose 26

percent from 2005 to 2016. In Florida alone, nearly 600 veterans die from suicide each year at a rate slightly higher than the national average.

Finding a solution to this public health crisis requires an aspirational, innovative, all-hand-on-deck approach—not government as usual. The VA alone cannot achieve an effective or lasting reduction in the Veterans’ suicide rate. To make a real impact, Federal, State, and Local providers of resources must partner together pool resources and coordinate care and delivered of services efficiently

In Florida we recognize these challenges and are taking proactive steps to break down bureaucratic barriers and requesting the City of Margate to work together to support our effort so that we are able to offer resources as a much needed Residential Treatment Facility to the Veterans in need of our help the most before they reach a crisis point

Name, address and telephone number of representative, if applicable.

Miryam Jimenez
5379 Lyons Rd Suite 154
Coconut Creek, FL, 33073
954 608 4067
miryamjimenez@vaqualityoflife.com

Signature of Disabled Individual or Representative, if applicable, or Qualifying Entity:

/s/ Miryam Jimenez
President of MCH
Date: June 5, 2020

Dear Ms. Jimenez,

Please allow this correspondence to serve as confirmation that your intended uses of the property located at 603 Melaleuca Dr, Margate, Florida (the "Property") as a DCF Licensed Residential Level 1 treatment facility and as an AHCA licensed Residential Treatment Facility are permitted uses at that location.

Exhibit C

DECLARATION OF C. WESLEY BLACKMAN, AICP

I, C. Wesley Blackman, AICP, declare under penalty of perjury:

1. I am a professional urban planner with more than 35 years of experience.
2. My expertise include land use, zoning, traffic analysis and historic preservation.
3. I also have significant experience with reasonable accommodation requests under the Americans with Disabilities Act (ADA) and Fair Housing Act (FHA).
4. My C.V. is attached hereto.
5. I have reviewed Quality of Life Corp.'s (d/b/a Margate Care for Heroes) ("MCH") business plan.
6. On July 18, 2020, I toured the outside of the facility and the surrounding area. I drove by it twice before I found it. If it weren't for the red, white and blue bunting on the two rather substantial gates, it would not have drawn my attention. The building at 603 Melaleuca Drive backs up to the single family zoned area to the west and north of the property.
7. The hedge and the fence do an excellent job of screening the parking area from the surrounding properties. Concerning the surrounding area, the property's orientation is toward other multifamily and institutional uses. Its parking lot and vehicular circulation are all east and south of the "L" shaped building.
8. There is a house of worship with its own parking area directly east of the property. This means the back of the building faces the back of the single family buildings to the north. There is a large vacant space between the subject property and the single family structure to the west. All access to the subject property is gated and off of roads that serve institutional and multifamily uses. The access points are on the east and south sides of the subject property, secured by locked gates and oriented away from the single family zoned properties.
9. The property is in excellent physical condition and there is also a substantial landscaped setback from the adjacent access roads.
10. I have reviewed Appendix A, Zoning of the City of Margate Code of Ordinances, particularly Section 2.2, Article XVI Multiple Dwelling R-3 District (subject property zoning district), Article XXXIII Off-Street Parking and Loading, and the City of Margate Zoning Map.
11. I reviewed the staff report dated July 17, 2020 regarding 603 Melaleuca Drive Request for a Reasonable Accommodation from Andrew Pinney, AICP, Senior Planner for the City Margate.

12. I have also reviewed the Equipment and Furniture Plan and the Site Plan (final revisions for both dated 9/7/16) prepared by Simon Architectural.
13. Article XXXIII contains the following Section 33.3. - Amount of off-street parking. (6) Convalescent homes, nursing homes, retirement homes, and other similar institutions for the care of the aged and inform [sic]: One (1) parking space for each five (5) beds for patients or inmates, and one (1) parking space for each employee. (7) Uses not specifically mentioned: The requirements for off-street parking for any residential uses not specifically mentioned in this section shall be the same as provided in this section for the use most similar to the one sought, it being the intent to require all residential uses to provide off-street parking as described above. All non-residential uses shall be required to provide off-street parking, in accordance with an approved Master Parking Plan.
14. In the event that the facility provides 36 client beds, according to the above parking standard, the required number based upon the number of beds would be eight (8) parking spaces. The site plan and staff report indicate that there are 21 parking spaces on the property, with one handicapped space. According to the Code, this limits the amount of employees on the property at any one time to a total of 13. If the number of client beds happen to be less, then there may be more parking for staff, the total number of employees on site at one time could be higher. This could be part of an approved Master Parking Plan as called for in Article XXXIII.
15. The total occupant load of 104 cited in the staff report is a hypothetical, unrealistic number based upon the type of occupancy, the size of the building and life safety considerations. That occupancy number has *no relation to the business plan* submitted with the application and does not relate to the required parking in any way.
16. In Section 2.2, the City's definition of Hospital is as follows: "A hospital licensed under Chapter 395, F.S., and Part II of Chapter 408, Florida Statutes." The proposed Veterans Inpatient Residential Treatment facility would be licensed under Chapter 397, F.S. for substance abuse and is by definition not a hospital according to the City of Margate.
17. I reviewed the Traffic Statement for Atlantic Margate Medical Center prepared by Dan A. Tintner, P.E. and Thomas Hall of Carnahan Proctor and Cross, Inc. dated May 6, 2015. This is noted as "Defendant's Exhibit 61" and is included with the City of Margate's staff report. I noted that this Traffic Statement does not concern the subject property, is more than five (5) years old, relies on Institute of Traffic Engineers Trip Generation Manual, 9th Edition's category for a *hospital use*, which MCH is very clearly not, and does not accurately reflect the requested use of 603 Melaleuca Drive.
18. The building described in the irrelevant traffic report is more than twice the square footage of the building on the subject property and concerns a use that is *much* more intensive than the applicant's proposal. This Traffic Statement is not relevant to the applicant's request.

Dated this 21st day of July 2020.

Wes Blackman

C. Wesley Blackman, AICP

C. WESLEY BLACKMAN, AICP

Lake Worth, FL 33460 ♦ 561-308-0364 ♦ wesblackman@gmail.com ♦ www.linkedin.com/in/wesblackman

PROFESSIONAL EXPERIENCE

Urban Planning, Zoning, and Public Relations Professional, CWB Associates, Lake Worth, FL, 2004 to present

Advise sophisticated real estate investors, property owners, and public-sector clients on land use, zoning, development review procedures and applications, code development and research, and comprehensive planning and historic preservation issues and projects. Serve as expert witness for administrative reviews and court proceedings involving land use, zoning, and preservation, perform due diligence reviews, and maintain public relations and communication. Work on large mixed-use urban redevelopment, collaborate with allied professionals, and stay informed of changing regulations.

- Completed two separate zoning and development approval analyses for major thoroughfares in Town of Palm Beach for different clients.
- Produced report analyzing pros and cons of various development scenarios for most famous retail street in Town of Palm Beach.
- Developed subject-matter expertise in zoning, reasonable accommodation, congregate living facilities, and historic preservation.
- Successfully represented over 100 clients to date in development review applications.

Planning Director, Kilday Associates, Lake Worth, FL, 2003 to 2004

Managed four planning department employees for premier land planning consulting firm in Palm Beach County, working in fast-paced environment during boom in local land-development economy. Prepared land use and zoning applications for private and public clients and submitted to local governments across South Florida. Consulted on land use matters, made presentations, and conducted in-depth project research related to island access and sovereign submerged lands.

Director of Projects, Trump Organization, Mar-a-Lago Club and Trump International Golf Club, Palm Beach, FL, 1993 to 2003

Spearheaded planning, development, government/public relations, and historic preservation and directed restoration efforts and intricate work necessary to convert 18-acre estate from residence to private club; property included 215-acre championship golf course and clubhouse and 62-acre addition to golf course. Served as project manager for construction-related activities and collaborated with local authorities to gain approval for necessary amenities and projects to operate successful private club compliant with safety standards and local regulations; continually requested additional changes.

- Secured support for Mar-a-Lago project with Town of Palm Beach and allowed settlement of multi-million dollar lawsuit between Trump Organization and town. Analyzed traffic studies and presented expert testimony to Town Council demonstrating potential traffic impact less than originally stated and positive long-term results.
- Transformed Mar-a-Lago estate from residence to private club within 2 years. Met Town of Palm Beach's lengthy requirements, obtained necessary approvals through National Trust for Historic Preservation and Palm Beach Landmarks Preservation Commission, and secured permits through government agencies and utility providers.
- Received Florida Trust for Historic Preservation Award for Outstanding Achievement, Mar-a-Lago Adaptive Reuse and American Institute of Building Design Award for Innovative Special Construction Techniques, Trump International Golf Course.
- Provided sustainable economic engine for Palm Beach by achieving results in high-profile, high-stakes environment within challenging political scenario, against formidable opposition and under high scrutiny from employer and regulatory agencies.

Additional Experience:

Planner, City of West Palm Beach. Prepared traffic and utility elements of state-mandated comprehensive plan, reviewed site plans, and presented recommendations before advisory boards and City Commission.

Trump Organization, continued

Planner, City of East Lansing. Appointed to serve Planning Board, Downtown Development Authority, and Economic Development Corporation.

Consultant, Wilkins and Wheaton Engineering, Kalamazoo, MI. Specialized in community and economic development.

APPOINTMENTS

Palm Beach County Land Development Regulation Advisory Board, Chairman, 2000 to present

- Advisory Board for Florida's largest county. Review and make recommendations to Palm Beach Board of County Commissioners on Unified Land Development Code (ULDC) changes for large unincorporated areas of county.

City of Lake Worth Planning, Zoning, and Historic Resources Preservation Board, Board Member, 1998 to 2001; Chairman, 2001 to 2008

- Established historic preservation program; implemented zoning-in-progress to control residential development.

Palm Beach County Planning Congress, Board Member, 1995 to present; Treasurer, 2007 to present; and President, 2000 and 2003

- Helped to sponsor and plan twelve annual ethics conferences and participate as presenter and attendee.

Lake Worth Historic Resource Preservation Board, Chairman, 2011 to 2015

- Reviewed Certificate of Appropriateness requests for properties within six historic districts and 2,600 structures.

Lake Worth Community Redevelopment Agency, Chairman, 2008 to 2009

- Awarded \$23 million Neighborhood Stabilization Program 2 grant, one of seven communities chosen.

Historical Society of Palm Beach County, Board of Governors, 2002 to 2008

- Rehabilitated 1916 County Courthouse building and converted to museum.

AFFILIATIONS

American Planning Association
American Institute of Certified Planners (AICP)

EDUCATION

Bachelor of Arts *cum laude*, Business Administration with Finance emphasis, Alma College, Alma, MI

CERTIFICATION

AICP Certification, current, 194 continuing education credits completed to date, including law and ethics credits

Exhibit D

DECLARATION OF JAIRO NUNEZ. M.D.

I, Jairo Nunez M.D., declare under penalty of perjury:

1. I am a psychiatrist and I am Board Certified by the National Board of Psychiatry.
2. Most recently, I had practiced with the Orlando Veterans Affairs Medical Center at Lake Nona for seven years before my retirement on July 31, 2019.
3. I am prepared to begin practicing again on a part-time basis by providing therapy to patients.
4. My C.V. is attached hereto.
5. A significant portion of my practice has been devoted to treating veterans with Post-Traumatic Stress Disorder (PTSD) and patients who suffer from Substance Use Disorders.
6. PTSD is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault. Often, it impairs the major life activities of patients.
7. Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD and one that I use often in my treatment of patients. "Trauma-focused" means that the treatment focuses on the memory of the traumatic event or its meaning. The treatments use different techniques to help patients process traumatic experiences. Some involve visualizing, talking, or thinking about the traumatic memory.
8. There are about an average of 20 veteran suicides a day in United States, due to mental health issues, including PTSD.
9. At this moment, because of the COVID-19 pandemic, the VA especially has a dire need for physicians who are qualified to offer treatment to veterans.
10. I have reviewed Quality of Life Corp.'s (d/b/a Margate Care for Heroes) ("MCH") business plan and I have viewed photographs of the facility. I have also had many discussions with Ms. Miryam Jimenez regarding the facility, and I agree to provide care and services in the facility if the City permits it to open.
11. The facility that MCH plans to open is not a hospital and would not require hospital licensing. Rather, it is a residential treatment facility that would provide care and services at a subacute level, rather than at an acute level.
12. Patients of MCH would have to stay a minimum of 90 days in the facility.
13. If the City allows MCH to open, I would endeavor to provide the best possible care to veterans at MCH.

14. Substance use disorders are diseases that have a physiological and psychological components. The consequences of substance use disorders are vast and varied and affect people of all ages and backgrounds. When people enter treatment, substance use disorders have often taken over their lives. Substance use disorders disrupted how they function in their family lives, at work, and in the community, and have made them more likely to suffer from other serious illnesses. Most individuals seeking treatment are eager for help and require both medical and emotional support services. Substance use disorders impair the major life activities of patients including work, family life, and relationships.
15. Treatment must address the needs of the whole person to be successful. The goal is to provide the best possible outcome for the resident.
16. Subacute treatment for people in recovery is best accomplished at a facility like MCH's where the clients have a substantial support group of individuals who have endured similarly traumatic events and can progress through treatment together.
17. I support MCH's application to open the residential treatment facility for veterans in Margate.
18. I believe the City should support veterans by approving MCH's application so my colleagues and I may continue to provide much needed medical care and services to one of our nation's most vulnerable populations.

Dated this 20th day of July 2020.

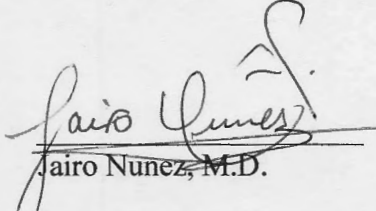

Jairo Nunez, M.D.

Exhibit E

1 CITY OF MARGATE
2 Meeting Minutes ID 2020-186

3 VETERAN'S CARE FACILITY IN MARGATE

4 May 20, 2020

5
6 The City of Margate Commission Meeting was held on
7 May 20, 2020, commencing at 4:56 p.m., in person
8 and in teleconference via Zoom Webinar. The
9 meeting was called to order by Mayor Tommy Ruzzano.

10
11
12 Committee Members:

13 Commissioner Caggiano attended via Zoom

14 Commissioner Simone attended via Zoom

15 Commissioner Arserio attended via Zoom

16 Vice Mayor Schwartz attended via Zoom

17 Mayor Ruzzano attended in-person

18 City Manager Cale Curtis attended in person

19 City Attorney Janette M. Smith attended in person

20 City Clerk Joseph J. Kavanagh attended in person

1 VETERAN'S CARE FACILITY IN MARGATE

2 (Recording of the meeting began at 4:56 p.m.)

3 DISCUSSION

4 MAYOR RUZZANO: All right. Next, we're going to
5 item 8C Discussion, and this is discussion of the
6 Veteran's Care Facility in Margate. And I just want to
7 go over some things real quick, why this item is here
8 and how it got here.

9 You know, Margate, we just talked about it being
10 a patriotic city. We love our veterans. We love
11 everybody that represents the USA, and there were some
12 comments going around and I wanted to try and hit them
13 before they became bigger comments or bigger theories or
14 whatever.

15 But, there were some comments going around that
16 Margate doesn't want to support a Veteran's Care
17 Facility, and I'm going to make this very general and
18 I'm going to say on behalf of me and other commissioners
19 will be able to speak on it, that I do support veterans
20 care facilities.

21 I know they're needed and I want to say to
22 people that think that we don't, we do. We just want to
23 do it the right way and we want to make sure we're
24 hitting everything possible right rather than coming
25 back and fixing things or trying to fix things.

1 There's been some things that's popped up in our
2 city and the commission doesn't get to see these things
3 at times, and they just pop up. It doesn't always come
4 before us, so what I wanted to do tonight was just bring
5 up some general discussion if we were to have a
6 veteran's care facility in our city.

7 What are some of the things that we can address
8 now in our code or whatever it may be so we don't have
9 to come back at the last minutes and say well, you know,
10 we could have changed this and it would have prevented
11 that.

12 So, I just want to go through a couple of things
13 that I have here before anybody goes to their mike and
14 hitting on similar items. I just want to put in some
15 questions here.

16 I'm not looking for any answers. Hopefully, we
17 will get answers but here are just some questions and if
18 the city attorney and the city manager would like to
19 listen. These are some big questions and concerns that
20 our residents have if we were to have a veteran's care
21 facility in our city.

22 COMMISSIONER ARSERIO: Is it possible we could
23 recess? And I don't mean to disrespect, you know, they
24 served our country and everything, but to me it's been
25 four-and-a-half, almost five hours. Can we take like a

1 five minute recess?

2 And I wanted to ask before we started this, but
3 you know, with the raising the hand and the muting I
4 couldn't get to it before we started the conversation.

5 MAYOR RUZZANO: That would be -- is it something
6 we can just keep? Is it possible we can roll on real
7 slowly and --

8 COMMISSIONER ARSERIO: Sure.

9 CITY CLERK KAVANAGH: Pause the recording. Shut
10 off the audio and just -- I can put up something that
11 long.

12 MAYOR RUZZANO: All right. Is everyone okay
13 with a five minute recess or --

14 COMMISSIONER CAGGIANO: How about -- is five
15 minutes enough or is ten minutes necessary?

16 VICE MAYOR SCHWARTZ: I'm good with five.

17 COMMISSIONER CAGGIANO: Okay.

18 MAYOR RUZZANO: All right. We'll start back up,
19 say at 9:25. Is that okay for everybody?

20 VICE MAYOR SCHWARTZ: No, that's ten minutes.
21 Okay.

22 COMMISSIONER ARSERIO: Thank you. I appreciate
23 it.

24 MAYOR RUZZANO: No problem. Are you going to
25 put something on there?

1 CITY CLERK KAVANAGH: Yeah, I'll do that. I'm
2 going to mute everyone's mike.

3 MAYOR RUZZANO: Okay.

4 (Recess taken.)

5 (Meeting resumed.)

6 COMMISSIONER CAGGIANO: Antonio? How you doing,
7 Antonio?

8 VICE MAYOR SCHWARTZ: Your mike is live.

9 COMMISSIONER CAGGIANO: Okay. Wait, are we live
10 for everybody?

11 VICE MAYOR SCHWARTZ: I can hear you. I don't
12 know about anybody else.

13 MAYOR RUZZANO: I'm here.

14 COMMISSIONER CAGGIANO; I'm only saying hello to
15 Antonio.

16 VICE MAYOR SCHWARTZ: I can hear him too.

17 COMMISSIONER SIMONE: I'm here.

18 VICE MAYOR SCHWARTZ: Okay.

19 COMMISSIONER CAGGIANO: Hello, Joanne.

20 VICE MAYOR SCHWARTZ: I think we're all live
21 now.

22 COMMISSIONER CAGGIANO: Joanne, I got to give
23 you a thumbs up.

24 COMMISSIONER SIMONE: Yep. Thank you. I
25 appreciate it.

1 MAYOR RUZZANO: Okay. We're back.

2 VICE MAYOR SCHWARTZ: And well said.

3 COMMISSIONER CAGGIANO: All right.

4 MAYOR RUZZANO: All right. Can you hear us,
5 guys?

6 VICE MAYOR SCHWARTZ: Yep.

7 MAYOR RUZZANO: All right. We still have people
8 on, Joseph?

9 CITY CLERK KAVANAGH: Yes. We have 31 people in
10 the chat.

11 MAYOR RUZZANO: All right.

12 VICE MAYOR SCHWARTZ: Wow.

13 MAYOR RUZZANO: All right. So, opening up this
14 -- was the discussion of basically veterans care
15 facilities in our city, and not -- there's some concerns
16 that I have along with some people. And real quick, I'll
17 just mention their names.

18 Brian Corchens (ph), Jan Coglin (ph), Mannie
19 Lugo, Teresa Decristofaro, Frank Schwartz, Elsa Sanchez,
20 Briggs, -- Miller, Susan McQueen, Colin Fucchi (ph), Gona
21 Zama (ph), Eddie Decristofaro, Rob Kawisky (ph), and the
22 last one, this was the best one, was Larry Hordack (ph),
23 and he basically said, you know, go into this with eyes
24 wide open. And quite honestly, thank you for that because
25 basically that's what I'm doing here.

1 So, if we were to get a veteran's care facility,
2 the questions that have been asked of me and I don't have
3 answers, and hopefully going down this list we can maybe
4 find some of these answers or find that they're co-related
5 or whether the city has no control over it.

6 So, the first one I had was, "Can a veteran's
7 care facility serve first responders?" And that question
8 I guess came about because there was consideration of
9 possibly if a veteran's care facility came into the city,
10 can our first responders, I mean our police and fire, can
11 they also be involved with the veteran's care facility for
12 whatever reasons? So, that's one question.

13 Next one, "Is a veteran's care facility an
14 opioid drug rehab? Is it the same thing?" I don't know.
15 I don't know the answer. Do you guys have any answers or
16 do you know of anything related to this, just please chime
17 in.

18 Is a veteran's care facility geared more towards
19 substance abuse, physical or psychological therapy? I
20 don't know. If there was a veteran's care facility -- oh,
21 wait. Is there a V -- a veteran's care facility in
22 Broward right now? Can somebody answer that? Any idea?

23 Is a veteran's care facility a detox? This one
24 might be able to be answered, but I'm not sure. What
25 locations are available right now if somebody wanted to

1 open up a detox in the city, and Janette, correct me if
2 I'm wrong. If they got -- during now they can open up in
3 a CF-1?

4 ATTORNEY SMITH: Yes.

5 MAYOR RUZZANO: Am I close to that?

6 ATTORNEY SMITH: Yes, Mayor.

7 MAYOR RUZZANO: Okay. "Will a veteran's care
8 facility be administering general medicine or drug
9 treatment?" I don't know that. "Can it be in a single-
10 family residential neighborhood?" I think by city code
11 that it's not permissible.

12 ATTORNEY SMITH: No.

13 MAYOR RUZZANO: Okay. "Is a veteran's" -- this
14 is a good question. I didn't know this one. "Is a
15 veteran's care facility a 24-hour operation?" "Does the
16 state supervise or relegate -- regulate veteran's care
17 facilities unions?"

18 "Is there a minimal size for a veteran's care
19 facility," and I guess they could say Margate, and I don't
20 know if we know that answer.

21 "Would people in the city with drug problems be
22 eliminated from going to a veteran's care facility?" All
23 right. "Is a veteran's care facility a profit or a non-
24 profit business?" We've got about four more.

25 "Will veterans who suffer from PTSD and drug

1 addiction qualify for a veteran's care facility?" They
2 got the 24 hour -- oh, no. "Will the veteran's care
3 facility be staffed 24 hours and if so, what positions?"

4 "Will the veteran's care facility have
5 pharmaceutical drugs on site?" "When considering where a
6 veteran's care facility goes, is traffic impact being
7 looked at?" One person told me there is a veteran's care
8 facility located -- the closest one is in Sunrise. I
9 didn't verify that.

10 "And are the veteran" -- this is the last one --
11 "at a veteran's care facility, what is the scope of
12 treatment at a veteran's care facility?"

13 So, these were about 18, 19 questions that, you
14 know, raised or were asked to me from residents which I
15 don't have an answer of. And I hope that maybe some of
16 these, prior to a veteran's care facility coming, we'll
17 have some answers as to what Margate's code is and what we
18 can and cannot do.

19 And like I said before, there are projects that
20 have happened in the city in the past, for whatever
21 reasons how they happened, and one of them we use as an
22 example is the school in the Peppertree Plaza. It came
23 right by us and it was basically approved. There was
24 minimal commission participation in that.

25 So, if something is to happen or a veteran's

1 care facility is to come to Margate, I would love to see
2 certain expectations of it just on the outside of it. The
3 looks of it, the landscaping of it. You know, maybe a big
4 statue saying, "Veteran's Care Facility," with you know, a
5 bronze statue of a veteran.

6 So, these are just little things that we can hit
7 in the beginning rather than the end when we're up against
8 the wall and -- great business, but there was some items
9 there -- we were supposed to get a trellis along Atlantic
10 Boulevard, and that was one of the reasons why the project
11 moved forward because we were promised some things. For
12 whatever reason it didn't happen.

13 So, I just want to make sure that if we do get a
14 veteran's care facility, what's the best way to attack it
15 to get the answers to the questions that we want prior to
16 it.

17 So with that, I'm just going to open it up in
18 case anybody has any questions or any commissioners would
19 -- you want to say anything about it?

20 CITY CLERK KAVANAGH: Commissioner Arserio.

21 MAYOR RUZZANO: Commissioner Arserio? Can you
22 hear us, Antonio?

23 COMMISSIONER ARSERIO: Yes. Yep. It just takes
24 me a second because I un -- I keep it muted while I'm not
25 talking.

1 MAYOR RUZZANO: Got it.

2 COMMISSIONER ARSERIO: First of all, I want to
3 thank all of our veterans out there. I know that my
4 uncle, my cousin, and my grandfather who's a World War II
5 and Korean War Veteran and is still alive at 93 years old.

6 So, I have the utmost respect for veterans and
7 having a fire -- a father who's a retired firefighter, I
8 have the utmost respect for first responders. With that
9 being said, I think that this -- the veteran's care
10 facility that we've been hearing about.

11 It's kind of -- the word is being tossed around
12 loosely, so are we talking about -- is there a specific
13 location in Margate where this is -- are we just talking
14 about veteran's care facilities in general?

15 MAYOR RUZZANO: Basically, it's just veteran's
16 care facilities in general just to let the public --

17 COMMISSIONER ARSERIO: So I --

18 MAYOR RUZZANO: -- rumors that are going around
19 that Margate is not veteran friendly.

20 COMMISSIONER ARSERIO: Right. So --

21 MAYOR RUZZANO: So, we do have from what I was
22 told, veteran's care facilities locations that we can open
23 up in the city. It's under -- I think it's called a CF-1
24 zone or a CF-1 --.

25 COMMISSIONER ARSERIO: So, I don't think that we

1 can desig -- here's the dilemma I'm in. I have no problem
2 with a veteran's care facility, but as the people pointed
3 out, what does that mean and can we designate a property
4 just for veterans or is it the business promising just to
5 help veterans.

6 From there, what does that look like? You know,
7 are we talking about an assisted living facility that
8 caters towards senior veterans like my grandfather who is
9 trying to find a place to live as a senior? Is it to help
10 people like that? Is it to help people, you know,
11 veterans maybe, that have recently come back from Iraq or
12 Afghanistan or firefighters that maybe went to MSD and
13 suffer PTSD?

14 I have no problem with that, and to an extent,
15 you know, depending on the location, I don't have a
16 problem if a detox facility is at a hospital setting.

17 But you know, it's tough because again, they're
18 just -- people are throwing out veteran's care facility.
19 What does that mean? So you know, I don't know if staff
20 was able to put it together.

21 I now -- I had asked if we could get, like, a
22 map of the city and say, "Okay, first of all we are a
23 patriotic city and we love our veterans." We have a lot
24 of veteran programs. I'd like to be able to tell the
25 residents, look, if you want a veteran's detox facility,

1 this is our hospital district.

2 Please, we welcome you open arms. If you want
3 to be a veteran's care facility that's an assisted living
4 facility for seniors, hey, we welcome you too. This is
5 where you can do it.

6 So, is that kind of the -- why we're having the
7 discussion is hey, if you want to do it in this form, you
8 can do it here. If you want it in this form, you can do
9 it there because just to say veteran's -- and I'm not
10 blaming anyone here. I'm just -- it's such a broad term
11 it could be a number of things.

12 And then then other question is, you know, let's
13 say it's, like, some people say it's a detox facility.
14 Well, then it's a medical facility so if that owner --
15 let's say we do allow some type of veteran care facility
16 that doesn't facilitate detox or what have you.

17 What happens if that person sells that property?
18 You know, that property's going to become extremely
19 valuable once -- if someone was to get that type of
20 designation, do they just turn around and, you know --
21 yeah, great.

22 We're here to help the veterans. They get their
23 designation and they say, okay, my property tripled. Now
24 I'm selling. I'm out of here and now we're stuck with a
25 detox facility with no control. So, you know --

1 MAYOR RUZZANO: Also this is kind of why I'm
2 bringing it up because if somebody wanted to open one in
3 our medical district, what exactly is a veteran's care
4 facility? I don't know. Are they open 24 hours? I don't
5 know. Can they change their title? Are veteran's care
6 facilities detox centers? So these are a bunch of
7 questions I don't know.

8 It may be -- decipher is what they are, but if
9 you're able to maybe put it on a code without any federal
10 regulations, you know, I think we would actually know what
11 we would be looking at when that project come before us if
12 it has to even come before us. So, these are kind of the
13 things that I'm looking at. So --

14 COMMISSIONER ARSERIO: No, I appreciate you
15 having the discussion. I appreciate the questions that
16 you read. I know I can't comment on your questions on
17 social medial, but I read every single one of them and I
18 see both sides of the argument.

19 MAYOR RUZZANO: Yeah.

20 COMMISSIONER ARSERIO: I just want the residents
21 to know that we all care about our veterans, but we want
22 to make sure that our veterans and our first responders
23 are not being used as pawns either because I would take
24 great offense to that, that you're saying, you know, I'm
25 not going to get into specifics but I've heard -- it was

1 this, now all of a sudden we're hearing about a veteran's
2 care facility.

3 So, I just want to make sure that we're -- our
4 veterans, our first responders aren't being used a pawn to
5 get something and then it's turned into something else.

6 MAYOR RUZZANO: Okay. And that was one of the
7 questions I had was first responders, you know, are they
8 in the program as well, and I don't know. These are
9 questions that, I don't even know if we can address them
10 in -- . Vice Mayor, are you there?

11 VICE MAYOR SCHWARTZ: Yes, thank you. First of
12 all, I think they were great questions sent into you,
13 probing questions, and I appreciate the public's interest.
14 And I appreciate your saying that we are having this
15 conversation because it's so easy to throw something out
16 and assume that if we don't answer it, it must be true.

17 There are no people more patriotic than the
18 people in this city, from the flags that are now going up
19 for the veterans to the other things we do. There should
20 never be any question, and I would agree with Commissioner
21 Arserio, this isn't about using people to get what you
22 want in places --.

23 But I do know that the city attorney can tell
24 you the areas where certain things are zoned, and where we
25 don't even have the opportunity to change anything because

1 we can't.

2 And so I'm glad we're having this discussion
3 because rumors circulate, people assume certain things.
4 And none of that would be true and I don't want to see
5 it's veterans today. It's firefighters tomorrow. It's
6 women in distress the next day.

7 It's whatever the umbrella is that will get the
8 most play and the most money. So I appreciate this and all
9 the questions that were asked because -- thank you.

10 MAYOR RUZZANO: Thank you. Anybody else?

11 CITY CLERK KAVANAGH: Commissioner Caggiano.

12 MAYOR RUZZANO: Commissioner Caggiano, are you
13 there?

14 COMMISSIONER CAGGIANO: Yes, I am. I want to
15 even add one more item about how patriotic our city is.
16 Remember, we voted to give 100 percent disabled veterans a
17 tax break in our city.

18 We celebrate veterans. My dad is a 33-and-a-
19 half year, retired from the Navy Reserve. He was after 30
20 -- they actually told him to leave. They said you've been
21 here long enough, go home.

22 And so -- and I'm going to agree with the mayor,
23 the vice mayor, Commissioner Arserio. I mean, I'm sure
24 I'm not speaking for Commissioner Simone but I'm sure even
25 she agrees that we're a city that loves our veterans and

1 we do everything we can to make sure that they're
2 comfortable, safe and we have programs for them.

3 So -- and as I spoke -- when I spoke at the last
4 Veterans Day at Veterans Park, I said it's important that
5 we help vets. It's not -- it's important that we just
6 don't talk about helping them but we actually do help
7 them, not just blow smoke up this, all right?

8 And we've put our money where our mouth is.
9 We've done things for veterans. So let's hear about
10 what's going on. I spoke to the city attorney about what
11 a veteran's facility -- what does it mean to have a
12 veteran's facilities? Questions, by the way, were
13 excellent questions.

14 And we need to know, what does it take to put
15 one, and all their designations. Between a veteran's care
16 that's a detox, just as Commissioner Arserio had said as
17 well as commissioner -- vice mayor, and as your questions
18 are. We need to know, in general, this is a city that
19 will do almost anything for its veterans. In specifics,
20 we need to know what's going on, and thank you.

21 MAYOR RUZZANO: Anybody else?

22 CITY CLERK KAVANAGH: Some members of the
23 public.

24 MAYOR RUZZANO: All right. We've got some
25 members of the public. How many do we have, I'm curious.

1 CITY CLERK KAVANAGH: Let's see. We have Mr.
2 Lugo, Mr. Decristofaro, Mr. Artner, and Ms. Jimenez.

3 MAYOR RUZZANO: Okay. We're going to take these
4 individually, so if we ask if you're there and you're not
5 there, we'll come back to you.

6 CITY CLERK KAVANAGH: Mannie Lugo called. So,
7 if you want to him first, he's --

8 MAYOR RUZZANO: All right. We're going to call
9 Mr. Lugo right now because I want to say thank you for the
10 discussion on this because I'm not 100 percent sure I know
11 what a veterans care facility is, and I'm willing to
12 learn.

13 And going back to what Commissioner Caggiano
14 said, we are probably dealing with a patriotic city.
15 There are top priorities. We put veterans parking in
16 every one of our public areas. We give our veterans 100
17 percent waiver -- a 100 percent disabled veterans a waiver
18 on the fire assessments.

19 We have programs for permitting where we are,
20 you know, we help our veterans with permitting costs and
21 stuff like that. So you know, we go above and beyond our
22 veterans.

23 COMMISSIONER ARSERIO: CRA Program.

24 VICE MAYOR SCHWARTZ: CRA program.

25 COMMISSIONER CAGGIANGO: That's correct. The

1 CRA Program. Thank you, Antonio. I raised my hand for
2 that.

3 MAYOR RUZZANO: Yeah. We have a military -- We
4 have a -- program we've put in place first to hit our
5 veterans. So you know, we do as much as we can. The
6 parking spots out here at city hall and we'll be listening
7 to anything we can to help our veterans.

8 But in veterans care facility, I don't know
9 exactly what it is and I think it's something we probably
10 should look into because we support our veterans and we
11 want to know what we're going to be getting into when this
12 happens in our city. All right. Mr. Lugo, are you there?

13 MR. LUGO: Yes, sir.

14 MAYOR RUZZANO: How are doing, Mannie?

15 MR. LUGO: I'm hanging in there.

16 MAYOR RUZZANO: All right. Go ahead.

17 MR. LUGO: --

18 MAYOR RUZZANO: Go ahead. We hear you.

19 MR. LUGO: Okay --

20 COMMISSIONER ARSERIO: Can -- I heard him really
21 good last time. Can you just get him closer to a mike?

22 MAYOR RUZZANO: Mannie, can you go a little
23 slower? A little louder if you can.

24 MR. LUGO: Yeah.

25 MAYOR RUZZANO: Is that better?

1 VICE MAYOR SCHWARTZ: Not really.

2 MR. LUGO: Okay. Let me try and get it on
3 speaker. Is that better?

4 MAYOR RUZZANO: If you guys hear him, give me
5 the thumbs up. I can't --

6 VICE MAYOR SCHWARTZ: Tell him to say something.

7 MAYOR RUZZANO: Mannie, say something. Hello?

8 MR. LUGO: --

9 VICE MAYOR SCHWARTZ: No.

10 MAYOR RUZZANO: Try the other microphone maybe
11 or something? Is that one on?

12 COMMISSIONER ARSERIO: Whatever we used last
13 time worked perfect. I could hear him very clearly, but
14 not this time.

15 CITY CLERK KAVANAGH: Mr. Lugo, can you give it
16 another try?

17 MR. LUGO: Yeah. I'll give it another try.

18 MAYOR RUZZANO: Is that working? --

19 VICE MAYOR SCHWARTZ: It's just a lot of
20 feedback. Unless you're going to repeat it, it's going to
21 be hard to understand him.

22 COMMISSIONER CAGGIANO: Yeah. Please repeat
23 what he's saying because we're not understanding.

24 MAYOR RUZZANO: Joseph, would it help if I put
25 it by my mike, would it?

1 CITY CLERK KAVANAGH: We can give it a shot.

2 MAYOR RUZZANO: All right. I'm going to put him
3 by my microphone. Let me know if you guys hear him.
4 Mannie, are you there?

5 MR. LUGO: Yes. Yes, I am, sir. Is this
6 better?

7 COMMISSIONER ARSERIO: Yeah.

8 VICE MAYOR SCHWARTZ: A little bit.

9 MAYOR RUZZANO: Head shake. All right. Go
10 ahead. Let's go.

11 MR. LUGO: Headshake.

12 MAYOR RUZZANO: Just go nice and slow, Mannie so
13 we can hear.

14 MR. LUGO: First thing I think is, you're
15 calling it a veteran's facility and I think you should
16 refer to it as a veteran's residence. There's a big
17 difference. You're talking about a place for people to
18 live. A place for veterans to live. A lot of veterans
19 are stuck in nursing homes and they get coverage from the
20 government to be stuck in local nursing homes.

21 Last year, President Trump passed a law trying
22 to get private support for veterans to get out because of
23 the suicide rate and the homelessness rate. So, there's a
24 prioritization of what is typically in veteran's
25 administration so they're not going private. Is that

1 okay? Is everybody talking? Does everybody hear?

2 MAYOR RUZZANO: Yeah. We hear you, Mannie. Go
3 ahead.

4 MR. LUGO: Okay. So, we have a prioritization
5 of resident -- veterans resident's facilities, and that's
6 a 24-hour operation under medical supervision. I didn't
7 know. I was trying to understand all the details, but
8 this is a positive thing for Margate.

9 It needs to be fast tracked because there's an
10 urgency to getting the federal application. The federal
11 application itself I understand is going to cost thousands
12 of dollars. It's got to go through Tallahassee and a
13 consultant has to send it to the federal government.

14 So, we're looking at a possibility of losing a
15 very significant income not just in income to Margate.
16 These are high paying jobs, stable jobs that are long term
17 jobs that are going to adjust the situation we're in with
18 high unemployment and there's so much turmoil being part
19 of our --

20 So, I'm hoping that you're willing to listen to
21 the would-be provider and understand the need, the urgent
22 need to get the -- to get this facility approved so that
23 the application for the federal government can go in and
24 possibly result in a large income for Margate

25 MAYOR RUZZANO: Are you still there?

1 MR. LUGO: Yes, sir.

2 MAYOR RUZZANO: Okay. All right. We hear you
3 loud and clear, Mannie. Is there any closing you want to
4 say or --

5 MR. LUGO: Yeah, I think this is -- there's an
6 emergency to get his done. To talk to the proprietor and
7 negotiate with the proprietor for getting this facility
8 as far as Margate code approved so that this application
9 for the federal government can proceed on a fast track
10 basis. It means jobs, it means income for Margate, and it
11 means a great service to veterans that need a residency.

12 MAYOR RUZZANO: All right. Thank you, Mannie.
13 I really appreciate that.

14 MR. LUGO: Okay.

15 MAYOR RUZZANO: Thank you.

16 MAYOR RUZZANO: I put his speaker on your phone,
17 next to the speaker.

18 CITY CLERK KAVANAGH: Smart.

19 MAYOR RUZZANO: It's a little bit away, you
20 can't hear it. All right, guys. I think our next caller
21 is --

22 CITY CLERK KAVANAGH: Next one is Mrs.
23 Decristofaro.

24 MAYOR RUZZANO: All right. This is -- Eddie,
25 are you there? Eddie Decristofaro?

1 MR. DECRISTOFARO: Yes, I am.

2 MAYOR RUZZANO: All right. We hear you loud and
3 clear. Can you guys hear him?

4 VICE MAYOR SCHWARTZ: Yes.

5 MAYOR RUZZANO: All right. Go ahead.

6 MR. DECRISTOFARO: Okay. I don't know if all of
7 you know this, but I used to be or is a disabled veteran
8 and for the last seven years, I was his caretaker.

9 So after I spoke with Mayor Ruzzano this
10 morning, I did a little research. And the things I did
11 come up with, they told me as a veterans care center
12 that would not be the same as a detox or alcohol rehab.
13 They have different programs and different facilities
14 for that.

15 So if there is concerns of people thinking that
16 they're going to open up as a veteran's care center and
17 then switching over, according to the people I spoke
18 with today at the US Department of Veterans Affairs,
19 they said no. There is another location for alcohol and
20 drug abuse and addiction problems.

21 MAYOR RUZZANO: Right.

22 MR. DECRISTOFARO: So, I'm hoping that may
23 alleviate one of the concerns that -- some of the
24 questions I saw on Facebook.

25 MAYOR RUZZANO: All right, Eddie. I appreciate

1 that. Can you send us that information? Send it to
2 Joseph?

3 MR. DECRISTOFARO: Absolutely. I'll give her
4 the name and number of the person that I've spoken with.

5 MAYOR RUZZANO: All right. Let me ask you a
6 question. Do you know if that's long term or is that
7 -- were they --

8 MR. DECRISTOFARO: Normally, it's only up to six
9 months.

10 MAYOR RUZZANO: Okay. That goes to what Mr.
11 Lugo was saying. Okay.

12 MR. DECRISTOFARO: Yeah, it's not long term at
13 all. And the other thing, you have to check if this
14 person is trying to open up a veteran's care center, are
15 they working directly with the US Department of Veterans
16 Affairs or is this going through like, another state or
17 government entity.

18 MAYOR RUZZANO: Okay. Thank you, Eddie.

19 COMMISSIONER ARSERIO: Is Mr. Decristofaro
20 talking about a specific location because he keeps
21 mentioning provider and I think he has valid points.
22 I'm not here to dispute, you know, but you know, he's
23 mentioned -- it sounds like specific property here.

24 MAYOR RUZZANO: Eddie, were you referring to a
25 specific property?

1 MR. DECRISTOFARO: No, not necessarily. Just
2 when I've seen on Facebook that there may be people
3 interested in opening up something in the city.

4 MAYOR RUZZANO: All right. Eddie, thank you. I
5 appreciate that.

6 MR. DECRISTOFARO: Thank you.

7 MAYOR RUZZANO: All right. Who's next, Joseph?

8 CITY CLERK KAVANAGH: Next is Mr. Artner.

9 MAYOR RUZZANO: All right, Troy (ph). You're
10 still there, huh?

11 MR. ARTNER: OF course, I am.

12 MAYOR RUZZANO: How are you doing?

13 MR. ARTNER: I'm doing well. Okay. Here is
14 what I can tell you. I am talking about a specific
15 location and a specific person who wants to open a
16 veteran center here in Margate, and here's what I --

17 I asked very similar questions and here's the
18 information I got, and I hope that this person will call
19 in. I know there were some issues with the phone with
20 calling in.

21 I tried to text her and get her connected. I
22 don't know if she's listening or not, but I hope that
23 she is calling in. If not, I can relay any questions or
24 whatever to her.

25 Number one. It is not a detox. Now, veterans

1 it is -- the focus is on PTSD with this particular
2 center. It is not a detox and it is not a, you know,
3 alcohol anonymous program or something like that.

4 It is for veterans with PTSD. From what I have
5 heard from the person, they are working directly with
6 the Veteran Administration, so there's nobody in
7 between.

8 The people there -- there will be pretty much no
9 traffic because the people that come there, they have to
10 be approved. I don't know exactly how that approval
11 process goes, but they have to be approved in order to
12 be admitted to that facility.

13 Once they get to the facility, they don't get
14 there with their own car. They get picked up and get
15 basically transported to the facility. Once in the
16 facility they are there for 60 to 90 days. There's no
17 walking around in the streets. There's no having
18 visitors, I believe.

19 So, there's no traffic other than the traffic
20 when you get transported to the facility. They stay in
21 there 60 to 90 days. As far as I was told, they pretty
22 much give everything to the facility staff; phones and
23 everything, all personal belongings, and they get
24 treated for their PTSD there.

25 There's going to be medical staff 24/7 and it's

1 not going to be a residence where they live permanently.
2 Now they can drop out of the program, but they're not
3 just going to get set in front of the gate.

4 If they leave the program, they get picked up
5 and get transported to where they have been picked up
6 before the program. So there's no drug induced people
7 running around and nothing like that.

8 It is a very controlled environment, and I
9 actually took the time and I met with that person and I
10 saw the facility and the facility is amazing. That
11 person hasn't spared a dime on anything. I mean just
12 the kitchen alone -- everything stainless steel and very
13 hygiene, you know, with hygiene in front -- in mind.

14 The whole the whole facility is top notch on the
15 inside. On the outside you would not even know that
16 this is a facility. It just looks like a building with
17 a fence and a gate period.

18 I really urge the commission to give this
19 another look and do something with this quick because
20 like Mr. Lugo said, veterans with PTSD they are out
21 there and we need to help them.

22 And I know that Margate is a patriotic city. We
23 do a lot for our veterans but having that in the city of
24 Margate would really put us with a big fat dot on the
25 map.

1 I really would highly appreciate it if you guys
2 could let that happen ASAP because I think it's a great
3 thing. And residents, I understand the concerns. I
4 totally do, but like I said, I have spoken with that
5 person and I have asked the same questions.

6 And I am not a person who necessarily wants a
7 detox center next to my house but that facility where
8 it's located, I think we would -- favor and the city a
9 favor because from what I have heard, and I hope the
10 person is hearing me now and called in, may correct me
11 if I'm wrong, but I do believe that's a federal contract
12 that's she getting. So, that's all I have to say.
13 Thank you.

14 MAYOR RUZZANO: Quick question. I won't give an
15 answer, but when you said they get dropped off, who
16 drops them off and who picks them up?

17 MR. ARTNER: I didn't -- I don't know who
18 exactly. I believe there's a medic, a transport service
19 that -- see, the people, they can't just walk in there
20 and say, "I have PTSD and I want to be in there."

21 MAYOR RUZZANO: Okay.

22 MR. ARTNER: They have to go through an
23 evaluation process through the Veterans Administration
24 first, through a VA Hospital or whatever at that
25 process. I haven't asked how that process works, but

1 they have to be approved.

2 And once they approve, this area that approves
3 that, this department, arranges the transport. That's
4 how I understood it. Now I'm -- I may be wrong. Maybe
5 the facility arranges the transport but -- and I don't
6 know if this is a limo service or I mean, probably not a
7 limo service but, you know, if this is a medical
8 transporter or just a private company that transports,
9 you know, patients from A to B.

10 I don't have those details, but I was, I was
11 told they're picking up the patients. They're coming
12 there, the gate opens, they drive in, the gate closes
13 and that's it. The person is in there for 60 to 90
14 days.

15 COMMISSIONER ARSERIO: I have a question.

16 MAYOR RUZZANO: Wherever they go, we're going to
17 have to -- some questions that have to be asked. I
18 appreciate that. Thank you, Charlie.

19 MR. ARTNER: You're welcome.

20 MAYOR RUZZANO: Who's next?

21 COMMISSIONER ARSERIO: The last speaker and I
22 appreciate his input, he specific -- I mean, he said he
23 toured the facility, so what facility are we talking
24 about here? He said it specifically. He toured the
25 facility.

1 MR. ARTNER: Yeah, it was me, Charlie.

2 COMMISSIONER ARSERIO: Yes, thank you, Charlie.
3 And thank you for your input. I'm curious what facility
4 you toured.

5 MR. ARTNER: It's -- Tommy, help me out. It's
6 across the street from the church. Geez, I forgot the
7 address.

8 MAYOR RUZZANO: -- applied. You wouldn't have
9 to go two years to become a veteran's care facility.

10 COMMISSIONER ARSERIO: Because if it's the
11 property I'm thinking of, they just filed to open up a
12 halfway house. So, if it's the property I'm thinking
13 of, I don't know what's changed but I'm pretty sure that
14 they applied for a halfway house, like, within the last
15 week or two. Not a veteran's care facility.

16 I'm really confused because, you know, I was
17 curious of this was a specific -- not you, Mr. Artner.
18 I appreciate your input. I'm just confused.

19 MR. ARTNER: It is -- I don't know if it's
20 behind the church. It's para -- it's west of 441 close
21 to Atlantic. Well, what's that street -- sorry --
22 Arlene, do you know the address?

23 MAYOR RUZZANO: Melaleuca Drive. I think we all
24 know --

25 MR. ARTNER: Melaleuca Drive, yes.

1 COMMISSIONER ARSERIO: Well, then my
2 understanding with this address too is even if everyone
3 of these commissioners said yes, we have -- we don't
4 have the authority to do that. It's not zoned for it.

5 MR. ARTNER: Well, that is another issue and I
6 don't want to bring this up but I mean, I can talk to
7 one of you offline because I don't know if I have the
8 authority to talk with you.

9 COMMISSIONER ARSERIO: Because I'm not against
10 it. I want to be very clear. I'm not taking a position
11 for or against.

12 MR. ARTNER: With that --

13 COMMISSIONER ARSERIO: Looking at this open but
14 I don't even know -- even if we all say 5-0, that we
15 even have the authority to do it. Assuming it's a
16 specific location.

17 MAYOR RUZZANO: We're policy makers and we can
18 do pretty much a lot of things.

19 VICE MAYOR SCHWARTZ: Tommy, I can't understand
20 you. You're very low.

21 MAYOR RUZZANO: I just said we're policy makers.
22 We -- things.

23 VICE MAYOR SCHWARTZ: Thank you.

24 MAYOR RUZZANO: Nothing's been proposed
25 specifically to us at this us at this point, so I'm just

1 asking you guys to reserve and not be so specific on
2 this and the residents want to call in and be specific,
3 just listen. There's no need to engage with them. Let
4 them speak their mind.

5 COMMISSIONER ARSERIO: Well, yeah. I'm engaging
6 positively. I appreciate Mr. Artner's input but like I
7 said, I just -- I want to be clear what we're talking
8 about here. If we're going to talk about the issues,
9 let's talk about the issues and not hide behind
10 anything.

11 I'm not saying -- and I'm not accusing anyone of
12 hiding, but I want to help the vets. Let's talk about
13 the facility. if it's in general, let's talk in general
14 but --

15 MR. ARTNER: Commissioner Arserio, if you would
16 like we can talk -- take that offline because I think
17 there's a reason why Mayor Ruzzano said what he said
18 just now, and I would leave it like that. I can give
19 you much more detail offline if you don't mind.

20 COMMISSIONER ARSERIO: Sure. I have a question
21 for the city attorney in general. If some facility
22 somewhere, 123 Holiday Springs Boulevard opens up like
23 this, right, and there's a zoning change. Now the
24 property is zoned for medical use.

25 Now, this person or that person, Person A, is

1 operating a veteran's care facility. They get the
2 designation. Now their property is more valuable.
3 What's to stop them from selling it to somebody else and
4 now the property's already designated that use and they
5 say you know what? We're not going to help veterans.
6 We're going to straight up detox.

7 MAYOR RUZZANO: And I was just going to say that
8 I wouldn't ask for an answer to a hypothetical question.

9 COMMISSIONER ARSERIO: Well, it's a serious
10 question. I'm a realtor. I deal with real property.
11 This is a real thing. You're asking possibly to rezone
12 a property. Can -- I want to know if somebody has a
13 property and it's designated for medical use and they
14 say it's a veteran's care facility?

15 And I'm not saying I'm against that but what if
16 that person -- maybe this person has great intentions.
17 What if the person they sell to doesn't? What do we do
18 then?

19 MAYOR RUZZANO: Okay. It's not --

20 COMMISSIONER ARSERIO: And I think that's a fair
21 question. I'm not pointing to a specific property. I'm
22 talking in general.

23 MAYOR RUZZANO: Be more specific because it
24 happened in the city on Banks Road, I'm pretty sure it
25 was, where we changed the zoning of the property. You

1 probably made a huge impact on the property. So, it can
2 happen but --

3 COMMISSIONER ARSERIO: Correct. But in that in
4 that deal, in that arrangement when the property sells,
5 I believe it is a non-conforming. Once a property
6 sells, it can't be a -- that facility again.

7 So that's why -- you bring up a good point,
8 Mayor, and that's why I'm asking the question. Would it
9 be like the other facility where once that person sells
10 it, it can no longer be that facility again? And this
11 person --

12 VICE MAYOR SCHWARTZ: Mr. Arserio, let me
13 interrupt you. It's a non-conforming thing that the
14 city commission already voted to allow it to go back to
15 residential. That's off the table because that was
16 already taken care of because the person who was --
17 intends one day to sell it already had it returned.

18 So it's not a matter of whether its use changes,
19 the city commission already approved that use to go back
20 to residential from community facility because we're
21 both talking about the same place, and I voted on that.
22 So right now --

23 COMMISSIONER ARSERIO: Right. And I'm the P and
24 Z Board. I did too.

25 VICE MAYOR SCHWARTZ: Right. So that zoning

1 doesn't -- it's already been taken care of in that case.

2 COMMISSIONER ARSERIO: For that property, but if
3 this is --

4 VICE MAYOR SCHWARTZ: Correct.

5 COMMISSIONER ARSERIO: -- is rezoned somewhere
6 else, and they get the designation, and they have good
7 intentions, but what if in a couple years they sell the
8 property and now what happens?

9 VICE MAYOR SCHWARTZ: I'm going to tell you that
10 if a facility goes in where it's zoned, then that's not
11 an issue.

12 COMMISSIONER ARSERIO: Right.

13 VICE MAYOR SCHWARTZ: Then there's never an
14 issue.

15 COMMISSIONER ARSERIO: Right. And that's
16 what --

17 VICE MAYOR SCHWARTZ: If it goes where it
18 belongs --

19 COMMISSIONER ARSERIO: And I don't disagree with
20 you and I said from the beginning, I'm open to detox. I
21 am open to a detox facility for our veterans, and I'll
22 go on the record saying that in the appropriate place.

23 VICE MAYOR SCHWARTZ: Correct.

24 COMMISSIONER ARSERIO: So where is that place,
25 do you know? And I asked the staff to have a map and

1 I'm kind of disappointed that we have zero backup on
2 this.

3 I asked for a map of -- because I want to help
4 the veterans and I want to help businesspeople that want
5 to help veterans, and it would have been nice to point
6 to a map and say if you want to help veterans with
7 detox, we welcome you. Here's where you can do it.

8 If you want to be an assisted living facility
9 for veterans, here's where you can do it. And so -- I
10 don't know. I'd like to circle back on this once we
11 have more information.

12 MAYOR RUZZANO: That's exactly why we're having
13 this meeting.

14 COMMISSIONER ARSERIO: But you know what? I'm
15 not here to -- look -- we have no backup on this. So
16 we're -- I agree, and I'm not going against you. I
17 agree with you and I appreciate you putting it on the
18 agenda but I would have expected fast -- but some
19 backup.

20 I mean, I asked for this -- I think with enough
21 time. It's not like I called up this morning and said
22 let me get a map of the city and show --

23 I asked well in advance for this, and I'm just
24 disappointed that we have nothing to help because
25 there's people watching that want to open up facilities

1 in our city to help veterans and I want to help them,
2 but no one here has a clue where they can operate.

3 And I think it's a little bit embarrassing on
4 our part as a city that we don't have this map or some
5 type of guide to point them in the right direction.
6 It's not against anyone in particular, but as a team I
7 think that we failed with this, and that's just my
8 opinion. Maybe I'm wrong but...

9 MAYOR RUZZANO: All right. Is there anybody the
10 next caller? Is there anybody else? I think we're
11 trying to do something. Is there another caller?

12 CITY CLERK KAVANAGH: Miriam Jimenez.

13 MAYOR RUZZANO: Miriam?

14 CITY CLERK KAVANAGH: Yes.

15 MAYOR RUZZANO: Miriam, are you there? Can you
16 hear us? Hello, Miriam? Is your mic muted, Miriam?

17 CITY CLERK KAVANAGH: No, she's unmuted.

18 MAYOR RUZZANO: Hello, Miriam?

19 CITY CLERK KAVANAGH: Miriam, can you hear us?

20 MAYOR RUZZANO: Is there anybody else after?

21 CITY CLERK KAVANAGH: Yes, a phone number
22 calling, but I don't know who their name is.

23 MAYOR RUZZANO: Okay.

24 CITY CLERK KAVANAGH: You can go to that.

25 MAYOR RUZZANO: All right. Caller, can you hear

1 us?

2 CITY CLERK KAVANAGH: Caller ending in 067. Are
3 you there?

4 MAYOR RUZZANO: Caller ending in zero --

5 MS. JIMENEZ: Yes.

6 MAYOR RUZZANO: Hello?

7 MS. JIMENEZ: Can you hear me now?

8 MAYOR RUZZANO: Yes. Please say your name,
9 please for the record and your address. Hello?

10 MS. JIMENEZ: Yes. Can you hear me now?

11 MAYOR RUZZANO: Yes. We hear you. Who are we
12 speaking with?

13 MS. JIMENEZ: Okay. This is Miriam Jimenez.

14 MAYOR RUZZANO: Okay. All right. All right.
15 Go ahead, Ms. Jimenez.

16 MS. JIMENEZ: Okay. The issue is in -- the
17 facility is located in 603 Melaleuca Drive and their
18 situation is a facility as Commissioner Arserio was
19 saying. Yes, you can do this in facilities.

20 The different in here is this facility is
21 actually already ready. It cost over \$3 million
22 dollars. It's a beautiful facility as, I think it was
23 Mr. Gardner (ph) according to the record, and we have a
24 VA contract already.

25 So, we have the money allocated from the VA with

1 a very strict contract. This is not a contract that
2 it's just for housing. It does provide for treatment
3 for PTSD.

4 And so, we have the facility. We have the
5 contract, and we have the VA dying at 22 per day. The
6 only thing that we need is contracts put on the city
7 to be able to see if we can work together.

8 It is not a detox and the only reason why I
9 actually was switching it for a detox because I couldn't
10 get the certificate of need for my --, but the different
11 is it's a very institutional type of facility, so it's
12 very medical. Big difference from assisted living with
13 no medical.

14 So you don't have to rezone it for the buyer to
15 be there. It's what it goes inside. It's the wiring
16 it's to be able to provide a medical institutional too,
17 to be legal under ACCA to be able to operate.

18 It will be inspected. It will be -- accredited.
19 I'm planning to actually with the permission of the city
20 expand it and my long term goal is to work also with the
21 first responders.

22 In a matter of fact, when I offered it for
23 Covid-19, I have Mr. Jason with me from Broward County
24 Professional Fire Fighters, and he came to the facility.
25 He viewed the facility, also Brandon Fulton (ph), the

1 vice president, and they loved the facility. They
2 actually joked; they say they wanted to move to it
3 because the beds were so comfortable.

4 So, you're talking luxury. You're talking it
5 will have a private chef. It will have 24 hour doctors,
6 nurses, transportation. One of the things when I
7 discussed it with a director of the VA, that the VA are
8 suffering is on time treatment. Very important.

9 Most of the time they call and they have a
10 problem, and they get access and they don't have anybody
11 to pick them up. We will pick them up. I will have a
12 chauffer 24/7 on a vehicle dedicated to that in the
13 facility.

14 So, we really are trying to do something very
15 nice. it is going to be good for everybody. They --
16 our mission is to provide the highest quality of
17 evidence-based mental health care for active duty or
18 reserve person to provide post-traumatic stress
19 disorder.

20 It will be evidence-based. It will be with the
21 latest technology. Right now, it is -- the treatment
22 will be for longer exposure, connected pro -- therapy.
23 -- therapy. Eye movement therapy. All very, very,
24 treatment for PTSD.

25 They can stay -- and whatever it's called first,

1 I don't remember the name. They can even stay for six
2 months in the facility. Normally, it depends.
3 Normally, they -- the treatment by 90 days, they get
4 much better. They can be reintegrated back into
5 society.

6 We will be working with other companies. One of
7 the person that I will be working with is actually
8 listening to the conversation. I cannot hear her, but
9 they can hear her. She has an non-profit that will work
10 also with a veteran. They provide long term housing.

11 As a matter of fact, a long term, I'm actually
12 contemplating with everybody's helping to provide -- to
13 buy a piece of land in like Loxahatchee to provide --
14 what you call a little home, and we will be willing to
15 give you guys a demonstration.

16 So, we not trying to do a fly by night
17 operation. We try to do a world class operation that
18 can serves for PTSD, not only the VA but the first
19 responders. Any questions?

20 MAYOR RUZZANO: No. I was questioning your
21 place, Ms. Jimenez, and specifically, none of the
22 commissioners were, but I appreciate your calling in and
23 I will Arserio thank you and I don't think any of the
24 commissioners have a question for you. All right.
25 Thank you for calling in, Ms. Jimenez.

1 MS. JIMENEZ: My pleasure. Thank you so much.

2 MAYOR RUZZANO: All right. Do we have another
3 call?

4 CITY CLERK KAVANAGH: We have a member of the
5 public named Rich A. Richard, but they cut off the --

6 MAYOR RUZZANO: Rich A., are you there? Rich?
7 Rich A., are you there?

8 MR. ZUCCHINI: Hello? Can you hear me?

9 MAYOR RUZZANO: Yes.

10 VICE MAYOR SCHWARTZ: Woo.

11 MAYOR RUZZANO: -- Hold on. Okay. Can you hear
12 me?

13 MR. ZUCCHINI: Yes. Okay. Yes, I did want to
14 speak about this.

15 MAYOR RUZZANO: All right. Who are we speaking
16 to?

17 MR. ZUCCHINI: This is Richard Zucchini. 380B
18 Lake wood Circle East.

19 MAYOR RUZZANO: Okay.

20 MR. ZUCCHINI: And we are speaking about a
21 specific property that Ken -- that was purposefully
22 built for a medical use. Both the building plans, both
23 the certificate of occupancy, bot the plans that have
24 been -- were signed by the VRC and including a special
25 exception that was granted by the commissioners on this

1 property.

2 So, it's got a long history. And it's a very
3 difficult, unfortunate history. What I would like to
4 say about this is that this facility that -- first off,
5 Mayor, thank you very, very much for raising the
6 consciousness of the problem of PTSD.

7 It is a very serious issue for our veterans. As
8 mentioned before, we have 20 to 32 suicides a day for
9 this issue. We don't have a treatment facility like
10 this in Broward County. And I have also toured the
11 facility and it is beautifully done.

12 It's \$100,000 stainless steel, commercial
13 kitchen, marble on the floors, it's beautifully done.
14 But the issue at hand is zoning, and what I would like
15 to say is as follows.

16 There is a controversy and there are issues on
17 both sides of this issue, of this project, where the
18 zoning at one point was available. However, a zoning
19 change took place in May of 2017, which I dissipated as
20 a member of the planning and zoning board, and that was
21 my first meeting.

22 And I made a rookie mistake by not asking staff,
23 who does this affect? Does it affect anyone? And in
24 fact, staff didn't even volunteer that information. And
25 lo and behold, someone was affected. So, there are

1 issues back and forth.

2 So I've heard criticisms that it could
3 potentially be, if it says CF-1, it could be a detox.
4 It could be this or that or, you know, I've actually
5 heard that criticism from one resident who was a former
6 member of the planning and zoning board that agreed to
7 convert an R-3 property to a CF-1 to operate hundreds of
8 beds halfway house.

9 Now if you want to talk about impact to a
10 neighborhood where you have residents coming in, coming
11 out, and so on. This facility is totally different.
12 This is a medical, purposefully medical built facility
13 and it's recognized by the county as a medical facility.
14 It is assessed in value as a medical facility, and the
15 taxes being paid to the county, as well as the market
16 share is based on a medical facility.

17 What I want to get to is, I think there is a
18 capacity for some resolution here. And that is yes,
19 zoning did change subsequent to the building of this
20 very expensive property and very well built, and
21 afterwards zoning changed.

22 However, through assemblage, the owner of this
23 property has the square footage in land area that
24 qualifies for a CF-1. That actually would solve the
25 entire issue of zoning.

1 You know, when people talk about well, there's a
2 storied past, and you know she wants to operate a detox.
3 Yeah, when she was given no other choice, she applied to
4 do a detox because at that time, there was no other
5 choice. Well, we have another choice now.

6 And we want to speak about how we want to
7 support veterans, and you know what? It gets
8 uncomfortable when we have to talk about the impact of
9 their service and what it has done to them in both
10 mentally, both with substance --

11 Look, if you go through that kind of experience,
12 you're driven to possibly do drugs. You're driven to
13 all sorts of bad behavior because it's a mental illness,
14 and it's mental illness that has to be treated. And
15 this facility is offering itself to treat that mental
16 illness for our veterans.

17 In addition to that, I know that the operator
18 said and vowed to expand it to support first responders,
19 and here is another very important, critical issue. And
20 the critical issue is, we don't -- we just want to sweep
21 the PTSD of first responders under the carpet.

22 We haven't really spent much money on it. The
23 actual facilities are not very close. We really haven't
24 used them and this is a desperate need. I'm going to
25 suggest a couple of things.

1 One thing I'm going to suggest is that the
2 commission create quickly a task force and the task
3 force would be comprised of fire fighters union leader,
4 mental health representative for the union, VA
5 representative, a development services director, our
6 planning and zoning chair, our board of adjustment
7 chair, and one commissioner, probably mayor, and look at
8 this issue in it's totality and ask all of the questions
9 that have been asked tonight and get those answers.

10 I want to make it very clear to the audience
11 that this operator has voluntarily signed an affidavit
12 that says she will not operate a detox facility. That
13 has been done and covered.

14 MAYOR RUZZANO: All right. Thank you, Rich.
15 I apologize because I don't have my clock on and people
16 are talking past the time. I apologize for that, but I
17 -- Rich, are you done?

18 MR. ZUCCHINI: Yes, I am. Thank you. Thank you
19 for that opportunity to speak.

20 COMMISSIONER ARSERIO: Don't hang up, Rich, just
21 in case.

22 MR. ZUCCHINI: Okay.

23 COMMISSIONER ARSERIO: I thought Rich brought up
24 some good points.

25 MAYOR RUZZANO: He did, but we have one more

1 caller and his name is?

2 VICE MAYOR SCHWARTZ: Kyle Teal.

3 CITY CLERK KAVANAGH: Kyle Teal.

4 MAYOR RUZZANO: Kyle Teal, so --

5 COMMISSIONER CAGGIANO: Antonio, you're not
6 coming in clear.

7 COMMISSIONER ARSERIO: I wanted to talk on the
8 last speaker if we can since he's gone. He brought up
9 some good points in terms of better task force. I kind
10 of like the task force theme.

11 I suggested some. I know the mayor suggested
12 some, so I wouldn't be against that, you know. I don't
13 know if we're talking about a single property or a broad
14 subject.

15 If we're talking about a broad subject here, I
16 think that we should have a spot on our city page for
17 veterans that they can go to. You can direct them to
18 the VA.

19 You can direct them to all types of issues.
20 Substance abuse, mental health, and even say in there we
21 welcome facilities that cater to veterans and point out
22 the map that I showed of where you could open these
23 facilities.

24 So, in terms of in general of veterans, I would
25 love to see a veteran committee or a veteran task force

1 and I'd love to see the city post information on it.

2 If we're talking about a specific facility, you
3 know, there's some issues. Apparently, we're under
4 litigation still. I want to see this property and
5 again, I am not saying that I am for or against, but I
6 can't even go see this property right now because I'm
7 being told that we're still under litigation. I'm told
8 that we can't talk about it because it's under
9 litigation.

10 So, I apologize if I'm coming across frustrated
11 to anyone, but I am a little frustrated that we can't
12 really talk about the meat and the potatoes here, and I
13 just want to share that with everybody. I'd like to
14 talk about this specific facility. I'd like to see it,
15 but I'm also being told that we can't discuss it. We
16 can't go see it. We can't do this; we can't do that.

17 MAYOR RUZZANO: All right. Commissioner, I
18 agree with you there, and I can tell you I spoke to the
19 attorney representing us and what I was told, the case
20 is not closed out yet. There's still some billing that
21 has to be done. I asked to please expedite it.

22 COMMISSIONER ARSERIO: And that's the thing,
23 because it's my understanding that, you know, I read an
24 article on margateneews.net that said that there's a time
25 certain on this, but how can we even address it if we

1 wanted to address it if we can't because we're under
2 litigation. So, that's just my frustration, you know?

3 MAYOR RUZZANO: -- you guys could not reach out
4 to the city attorney and do a three-way call with
5 representing counsel and find out what the intentions
6 are and when he feels that this will be done. Pretty
7 much ask him all the questions on -- He's undetermined.
8 He's in the hands of the courts up above. City
9 attorney, did you say something?

10 CITY ATTORNEY SMITH: Yes, sir. Thank you,
11 mayor. I just want to be clear.

12 MAYOR RUZZANO: Can you guys hear her?

13 CITY ATTORNEY SMITH: Can you hear me?

14 VICE MAYOR SCHWARTZ: Yes.

15 CITY ATTORNEY SMITH: I just want to be clear
16 that I'm still in litigation that we are -- here's a
17 motion that's been held in abeyance.

18 I want to say that, and I think it's important
19 to say that there is a proper process that needs to be
20 proffered. This is the process that's in our code. If
21 she's looking to rezone that property, then the process
22 would be to rezone it to a CF-1.

23 At this time, we do not have an application for
24 a rezoning in front of us. On May 15th, just because
25 we're on this topic, on May 15th we did receive the same

1 request for an LBTR, which is a business tax receipt
2 asking for us to approve the medical use facility.

3 In LBTR zoning, we do not allow a medical use
4 facility, so the opportunity is to submit the CF-1, the
5 rezoning to CF-1 to the city and let it go through its
6 course.

7 Even if you have a task force, and I can
8 understand it. I appreciate it. I think, born and
9 raised in Broward County, I don't know of a better city
10 as the city of Margate, you know, and I'm proud of that.
11 And if that's what we're looking to do, I just wanted to
12 also say that let's get it to a CF-1. That's the
13 medical use and that's where the application that needs
14 to be submitted and that's where it needs to be done.

15 Unfortunately, just entering in an LBTR, will
16 continue to get denied. The halfway house that was
17 mentioned earlier by Commissioner Arserio was denied
18 because it's not a permitted use.

19 Additionally, it's my understanding after
20 speaking with staff, once again, the LBTR that was
21 submitted back in June of 2019 will be denied again
22 because it's not a permitted use.

23 So, I think I'm giving the information that's
24 necessary to get us where I think, you know, at least
25 get the opportunity to get to the next level. Other

1 than that, CF-1 is our hospital district and these types
2 of facilities are welcome.

3 Residential treatment facilities are welcome in
4 that designation. I don't have anything to show anyone,
5 but again, I just wanted to make it clear for all of my
6 commissioners, I want to make it clear that again, I
7 know that you're for veterans, and if you feel a task
8 force will help to get it going around, I welcome that
9 as well. I hope that clears up some information, Mayor?

10 MAYOR RUZZANO: Yes it does. It does, and I
11 appreciate that. Thank you very much.

12 CITY ATTORNEY SMITH: And I know -- is on the
13 line if there is any questions. I mean, he is my
14 subject matter expert and I'm sure he'd be willing to
15 answer any questions if you have them.

16 MAYOR RUZZANO: Okay. Thank you very much and
17 you know, I just want to echo the -- what I'm hearing
18 from the commission. We love our veterans. We care for
19 them.

20 If we can possibly make something happen going
21 through the correct channels, we're going to try our
22 best to do that and I appreciate it and our hands are
23 kind of tied at this moment.

24 But I think by what the attorney is saying and
25 the reactions that you're getting from the commission

1 and the calls, maybe we can get to where we want to be.
2 Hopefully, we can. With that being said, we have one
3 more caller?

4 CITY CLERK KAVANAGH: Yes, Mr. Teal.

5 MAYOR RUZZANO: Mr. Teal?

6 CITY CLERK KAVANAGH: Teal, with a "T."

7 T-E-A-L, Teal.

8 MAYOR RUZZANO: Teal. Mr. Teal, are you there?

9 Arlene, can you hear us? Arlene's mike --

10 VICE MAYOR SCHWARTZ: I'm sorry. My question
11 is, is that not her attorney?

12 MR. TEAL: It is.

13 MAYOR RUZZANO: I don't know.

14 VICE MAYOR SCHWARTZ: Is this something we can
15 have this converse -- that we can do? That we can
16 listen to?

17 MAYOR RUZZANO: Calling in as a speaker?

18 MR. TEAL: Yes.

19 VICE MAYOR SCHWARTZ: I'm just asking our
20 attorney.

21 CITY ATTORNEY SMITH: Yes.

22 MAYOR RUZZANO: I don't know -- for listening.

23 VICE MAYOR SCHWARTZ: Okay.

24 MAYOR RUZZANO: All right. How are you doing,
25 Mr. Teal?

1 MR. TEAL: Good evening. I know it's late, so
2 I'll try to keep it brief for everybody. I wasn't
3 planning on speaking this evening, but I would like to
4 provide a little context and I'm grateful for the
5 opportunity, so thank you, Mr. Mayor and the
6 commissioners for putting this question on the agenda
7 for discussion.

8 And I agree with Commissioner Arserio. Let's
9 talk about the issues directly and without restraint and
10 frankly, the law allows us to do so. I am counsel for
11 the property owner.

12 Although I don't know a whole lot about this
13 particular application, the business proposal for a
14 veteran's care facility except that it's a great
15 proposal and it's not a detox.

16 I want to make clear that the litigation is
17 over. That the lawsuit pending before the city is over.
18 Underlying litigation is finished. We are not pursuing
19 any further appeals. We are here before you extending
20 an olive branch and wanting to have a collaborative,
21 productive discussion with the city about what can we do
22 in this property.

23 How can we open the doors? You had a vacant
24 facility for years sitting there in Margate and it's --
25 it is a beautiful facility. People have talked about

1 that during this meeting and it's such a shame and it
2 makes no sense. It hasn't made sense from the
3 beginning.

4 And I don't want to discuss the litigation, but
5 I will just say that we never wanted to sue the city in
6 the first place, but we were left with no choice when
7 the former city attorney would not release my client's
8 certificate of occupancy.

9 But now, the case is done and the case is over.
10 The court had -- has addressed our differences and I'm
11 -- and we are willing to move forward with what the
12 court has said. And we understand that there cannot be
13 a detox at that property, and this proposal is not for a
14 detox.

15 So, I understand about that the insurance
16 attorneys are concerned about their pending Motion for
17 Attorneys Fees and Costs that they want to file against
18 my client, but this fees motion has nothing to do with
19 the case which is over and there's no telling how long
20 the fee motion will take to resolve.

21 I can tell you that there's no basis for
22 attorney's fees and if the city hits those then we'll
23 appeal it, and you're looking at another year of a
24 vacant facility in Margate; and that makes no sense. It
25 makes no sense.

1 So, let me just back up a minute and say it's
2 good to finally speak with all of you and to extend this
3 olive branch. And I wish this conversation had happened
4 a long time ago, but it is what it is.

5 And I'm glad that you have Jeanette as your city
6 attorney because my dealings with her have been very
7 cordial and productive and quite pleasant; and candidly,
8 that was not the tenor of my conversations with your
9 city attorney in 2017. But suffice to say, we did not
10 want to file suit. It was a last resort to get the CO
11 released, and we had to.

12 So as you heard, my client wants to work
13 collaboratively with all of you and she has a beautiful
14 facility that can help people and create jobs in the
15 City of Margate during the worst economic crisis since
16 the Great Depression.

17 I know there's a business proposal that my
18 client has submitted to the city and that the city's
19 approval of a zoning form for ACCA purposes licensure
20 is, you know, we get this done.

21 So, it's very -- it's a very important
22 opportunity that you have as a city to help our veterans
23 who are suffering because of their sacrifices they've
24 made for our country.

25 And let me tell you, my grandfather, you know,

1 he's a brigadier general and I've been dealing with
2 this, you know, since the shutdown, since the quarantine
3 and he's going through physical therapy now from a
4 horrible injury.

5 He's 90 years old and can't -- it's hard for him
6 to find adequate care. It's been hard on my family.
7 He'd be very proud to know what my client's advocating
8 for and I mean that. And this is a facility that
9 provides -- that will provide or should provide needed
10 care for veterans. This is what I know and I've gotten
11 to know Miriam through the years, through our
12 representation and I can tell you that she is committed
13 to helping people.

14 She -- yes, she has a different style, whatever
15 you want to say about that but she's committed to this
16 and not only that, she's a true businessperson who can
17 make a viable facility happen with the proper tools.
18 And you know, whether those tools can be provided is up
19 to you as the City of Margate.

20 And I want to stress right now how critical the
21 timing is to receive the city's blessing to perceive
22 this project. Now, I understand there's a very limited
23 window of time to secure a contract with the VA that
24 would allow the open -- the doors to open at this
25 particular property and if the city doesn't provide that

1 necessary zoning letter very soon, you know, there's a
2 risk of losing that contract.

3 So, I know there's been discussion about the
4 halfway house letter and Commissioner Arserio
5 understandably raised this issues. I believe that was a
6 backup plan that Miriam proposed as I understand it.

7 What's crazy about the whole situation is that
8 my client could have opened up a halfway house tomorrow
9 and nobody can do anything about it. The halfway house
10 is residential. She's zoned R-3, which is multi-family
11 residential and the halfway house is just a residential
12 building like an apartment complex where people in
13 recovery in for addiction happen to live.

14 And the law's very clear on this and it cannot
15 be stopped. So, people in halfway houses, as the city
16 codes says it, it's a recovery residence, quote unquote.
17 You know, that's just an apartment complex. That's a
18 place where people live.

19 So that's, you know, that's something that she
20 could open up and then, you know, people who are in the
21 complex like that can walk the streets and come and go
22 as they please and go to work and come back.

23 You know, I don't know if that's what the city
24 wants, but that is a possibility and it would be a much
25 easier route. But that's not the route that she wants

1 to take.

2 You know, Commissioner Arserio asked another
3 great question. What's to stop them from selling the
4 property? Whoever owns the property that would be doing
5 this veteran's care facility. And candidly, you know,
6 we're talking about this property; let's be real. And
7 she's been saying this to me, I've been saying this to
8 her and she'd be okay with me saying this to you.

9 I told her to sell a long time ago. To me, it's
10 not worth all this trouble to get your doors open. If
11 you'd ask me, just sell the property but she's not. She
12 didn't do it then; she's not going to do it now. She's
13 not going to do it when she's open. She wants to make
14 this happen.

15 So, it's crazy to me but it is what it is and
16 she wants to create a viable business and help people in
17 this down economy. I think it's a great thing. So, I
18 understand that Jeanette discussed the possibility of
19 rezoning. I think that my client is fine, you know,
20 with discussing that. I don't know. I need to discuss
21 that with her.

22 We can deal with whatever the city thinks is
23 best because the code, to be honest, many portions of it
24 are about as clear as mud and it's been that way since
25 2015 and it's hard to make heads or tails of what's

1 going on in the city code.

2 There's no veteran's care facility provision in
3 there to follow as a guideline. There's no way to know
4 what, you know, -- I mean, it's a residential facility;
5 let's get that clear.

6 A veteran's care facility is primarily
7 residential and the court's order explicitly states that
8 my client can provide, quote unquote, incidental medical
9 care and services to the residents that are part of the
10 facility.

11 So you know, I don't know that a rezoning to
12 CF-1 is necessary. I really disagree with that
13 conclusion but in the spirit of cooperation and being
14 collaborative with Jeanette who's been again, a pleasure
15 to speak with and to work with, you know, that's
16 something that we can discuss.

17 But this is a residential facility. The
18 veteran's care facility and it's something that should
19 be allowed as of rights in a residentially zoned
20 property which is what my client has.

21 So, in short, in conclusion, I know it's late
22 again, but it's a pleasure speaking with all of you.
23 I've watched many of your meetings through the years and
24 I can tell that you really care about your city and it
25 is a very nice city. I've spent time there.

1 You know, Mayor Ruzzano, I think you're a
2 straight up guy. I think that you're -- that, you know,
3 all of you care greatly about the city and I appreciate
4 your time and attention to this. So, let's do something
5 right.

6 My client wants to help her community. She
7 wants to create jobs in Margate. Let's see how we can
8 make this happen. That's all.

9 ATTORNEY SMITH: Mr. Teal? I'm sorry, do it
10 now?

11 MAYOR RUZZANO: Yeah, sure.

12 ATTORNEY SMITH: Thank you. Mr. Teal, just --
13 I'd like to know, will you be representing Mrs. Jimenez
14 as you move forward in working on the application of the
15 zoning? Any of the things that we need to do? Are you
16 going to be representing her in moving this forward?

17 MR. TEAL: I don't know. I don't know that she
18 needs an attorney. It seems pretty straight forward to
19 me. It seems like she submits an application and she
20 goes through.

21 So look, I'm happy to happy facilitate whatever
22 I can, but it's my client's decision of course. But I
23 don't know that I'm necessary to be honest.

24 ATTORNEY SMITH: I just understand that
25 especially with the cost that gone into it with what has

1 happened previously, I didn't know if you were going to
2 continue with representation.

3 MR. TEAL: I don't know.

4 MAYOR RUZZANO: All right. Thank you, Mr. Teal
5 and I appreciate your calling in and giving us that
6 information.

7 MR. TEAL: Thank you, good evening.

8 MAYOR RUZZANO: Thank you. Have a good night.
9 Commissioner Arserio, are you there? Can you hear us?

10 COMMISSIONER ARSERIO: Yes, thank you.

11 MAYOR RUZZANO: Very good.

12 COMMISSIONER ARSERIO: I don't feel -- first of
13 all, thank you Mr. Teal for calling in and thank you
14 mayor, for having this discussion. We finally got to
15 the meat and potatoes of this, right? No more dancing
16 around.

17 So finally, I feel like we've made more progress
18 that we ever had -- have on this subject. So, without
19 you calling or without you putting this on the agenda
20 Mayor, this wouldn't have happened. So, thank you for
21 that.

22 At the same time, you know, I'm not an attorney
23 and I don't know Mr. Teal's experience in the law. But
24 what I do know is the commissioner's have what's called
25 safe harbor, and you know, until our attorney, right,

1 wrong, or indifferent, until she, you know, puts
2 something in writing that says we're not in litigation,
3 I don't feel comfortable going to the facility. I don't
4 feel comfortable talking about it.

5 And just let me be clear again. I am not taking
6 a position for or against this. In fact, I emailed
7 staff, the attorney, the city manager, weeks ago asking
8 because I was under the impression and I guess we are
9 still under litigation, I asked if we could have a shade
10 meeting and people can do a record's request on that.

11 But I asked if we can do one and I was told we
12 can't and I'm not here to argue that but again, that's
13 my frustration. I've been trying every step of the way.
14 I'm sure many of you commissioners have tried to look
15 into this, but it just seems like until we clear
16 direction and safe harbor, you know, I want to go and
17 tour this facility.

18 Miriam has reached out to me to see it. I'd
19 like to see it. I've had candidates reach to me and ask
20 to see it, but until we get more clarification,
21 unfortunately I just can't do that. I need safe harbor
22 and I just want everybody to know that I've been asking
23 to meet on this subject.

24 I asked it in the shade session understanding
25 it's litigation, but there's basically only two or three

1 reasons to have a shade meeting and this didn't qualify
2 as one. So, I just want to be clear that I'm trying
3 everything I can to look at the --

4 But quite frankly, until the last couple of
5 callers called in, it was really hard to do so I just
6 hope in the future, maybe we can get a little better
7 direction on where we are with this case and what can we
8 or can we not discuss, and you know, I turn it back to
9 you.

10 MAYOR RUZZANO: All right. I think the attorney
11 wants to say something here.

12 ATTORNEY SMITH: Commissioner Arserio, and again
13 to remind all the commissioners and sure, you know, with
14 Covid, a day feels like a week and a week feels like a
15 year right now.

16 It's truly hard to believe that it was only 12
17 days ago. It was May 8th I believe, that the petition
18 for a rehearing was denied. So you know, it -- like I
19 said, a day feels like a week and a week feels like a
20 year. So, it was only 12 days ago.

21 I do know that Mr. Teal has been quite candid
22 with me. He has put it in writing that he will not seek
23 a writ to the United States Supreme Court. I don't
24 think that they will.

25 However, there is a time period that has to

1 lapse for us to know for sure, that the time has been
2 exhausted. I'm sure, you know, if speaks that he will
3 agree with me.

4 The motion for the fees are the motion for the
5 fees. The issue, other than going potentially for a
6 writ, the issue has already been handled, the issue is
7 clear. So, we know what the outcome of the case is just
8 to your point. But with that said, we also want to get
9 the application in front of us. What exactly is -- she
10 asking to do, the rezoning of it.

11 Again, we can have a difference of opinions and
12 welcome to speak with him about that and make sure what
13 is being stated to be there will be there, and that's
14 where we're at. So, the rezoning to me is the fastest
15 course of action if that's the way that she wants to
16 proceed.

17 MAYOR RUZZANO: All right. Jeanette, just a
18 quick question. I heard him say that a veteran's care
19 facility doesn't have to go into a CR-3 or it can go
20 into an R-3. Is there any truth to that?

21 ATTORNEY SMITH: No, sir. It's our contention
22 that in an R-3 you cannot have a medical use facility.

23 MAYOR RUZZANO: Okay. And medical use falls in
24 line with the veteran's care facility, correct?

25 ATTORNEY SMITH: Correct. She's been the -- at

1 least again, as we're talking about this specific
2 subject, the proposal that was submitted is requesting
3 for a medical use facility, and again, staff is looking
4 through that proposal and that again, it needs to go
5 through the process so staff is able to go through like
6 any other business owner.

7 I don't want to treat her any better or any
8 worse and go through the process working with staff and
9 staff and I have talked about it and again, if we get
10 that application for the zoning, then we start going
11 through it. What she's giving us right now, asking for
12 an LBTR, asking us to sign the zoning form. We do not
13 feel that it comports the R-3 zone.

14 MAYOR RUZZANO: Okay. Thank you. Does anybody
15 have any questions? Any other commissioners on this?
16 No? All right --

17 CITY CLERK KAVANAGH: Vice Mayor Schwartz.

18 MAYOR RUZZANO: Vice mayor, are you there?

19 VICE MAYOR SCHWARTZ: I'm going to only make one
20 comment because it was my understanding that we were
21 talking about this in general and no one in specific.

22 But if we're going to say anything about
23 specific, I would caution the petitioner to stop saying
24 things about the City of Margate and the people who sit
25 up there with you normally, and whether we are for or

1 against anything that we have not given a comment on.

2 I think we would all agree in the right place
3 this is a great idea, but I think the rest of the
4 nonsense needs to stop because it polarizes the city
5 when most people don't know what the information is and
6 the application has not even begun to go through the
7 process.

8 There's a process for a reason no different form
9 anyone else and I think that needs to happen before we
10 litigate this in this way because I think that's
11 inappropriate.

12 And the questions you asked in the beginning,
13 have not been asked and those things have not been
14 answered rather, and those things are important. That's
15 all.

16 MAYOR RUZZANO: Thank you. Anybody else?

17 COMMISSIONER CAGGIANO: I've had my hand up for
18 a long time.

19 CITY CLERK KAVANAGH: All right. I don't see
20 it. We don't see it.

21 COMMISSIONER CAGGIANO: All right. Now, just
22 for clarification, transparency, I have been in Miriam's
23 place many times. It is beautiful. It's gorgeous.
24 It's a shame that it's closed and not doing something
25 positive for the community.

1 Earlier in the day, I spoke with the city
2 manager and the city attorney because I knew in my heart
3 that this general conversation was going to get to a
4 specific one quite quickly, and I -- and what I asked
5 the city attorney was to have a clear pathway for Ms.
6 Jimenez to be able to proceed in the process so that she
7 knows what the process is.

8 And that the most important part of the process
9 is going through planning and zoning if she wants to
10 have any kind of a change and I wanted the city attorney
11 to be able to present her with a list of what she has to
12 do and all the hurdles that she has to cross.

13 I'm hoping that that was done. So, I wish her
14 good luck. It's a beautiful facility, but as the city
15 attorney shared, she's got to jump through the right
16 hurdles. It's got to get through planning and zoning
17 and she's got to do the paperwork the correct way. And
18 I look forward to seeing the paperwork when it's done
19 and completed correctly. Thank you.

20 MAYOR RUZZANO: Thank you.

21 ATTORNEY SMITH: Commissioner Caggiano just to
22 respond and the public for everybody, I have worked with
23 staff. We have our subject matter experts who is our
24 planning and zoning. Again, I did hear your request.
25 The one thing that I don't want to do is treat any

1 business differently.

2 Additionally, for chartering, it's not my place
3 to give people advice. They need to work with staff in
4 pushing it through the system which is one of the
5 reasons that I -- if she is being represented by Mr.
6 Kyle Teal, attorney to attorney we have our
7 conversations.

8 But for me to speak and what the business or
9 resident, it will be considered construed that I am
10 giving them the legal advice and I don't want to do that
11 or put the city in that type of position. So again, --

12 COMMISSIONER CAGGIANO: So what -- so, let me
13 ask -- so what you're saying is that if any person came
14 up to you and said -- any person, any business owner who
15 wants to open a business in the city and says, "Hey I'd
16 like to put X, Y and Z business, in an area" and you
17 said to them, "That's the wrong place per zoning" and
18 they said, "How do I change zoning," you wouldn't even
19 tell them what the process is?

20 ATTORNEY SMITH: If someone came up and said
21 that generally, they would not come to your legal
22 counsel. They would go to your development services.

23 VICE MAYOR SCHWARTZ: Right, right.

24 ATTORNEY SMITH: Wouldn't counsel --

25 COMMISSIONER CAGGIANO: Okay. All right.

1 MAYOR RUZZANO: All right. Anybody else have
2 anything? We've got to --

3 CITY CLERK KAVANAGH: Commissioner Arserio.

4 MAYOR RUZZANO: Commissioner Arserio.

5 COMMISSIONER ARSERIO: Yeah. Commissioner
6 Caggiano, you did touch on something and I said this in
7 general, but I've noticed and maybe things have changed
8 since I was elected, but when I first came in I noticed
9 that -- and I'm not even talking about the subject that
10 you brought up.

11 If the business owners were going to development
12 services they'd be denied and they wouldn't be told why
13 and they're sent out the door. And while I agree with
14 the city attorney, we're not here to give legal advice,
15 at the same time, you know, I hate to turn a business,
16 someone that wants to come and open up a business in
17 Margate and just turn them away and not tell them why.

18 I really think that that should at least try to
19 point people in the right direction. I know that the
20 vice mayor has talked about maybe having some in the
21 past, some type of welcoming brochure or something that
22 when they get their license or when they go to apply it
23 says this is what you can do, this is what you can't do.

24 You know, obviously we can't cover every land
25 use issue and every, you know, business license. It's a

1 common thing, you know, someone wants a license for a
2 home business.

3 Me, I'm a commissioner and when I went to get my
4 business license for real estate in the city, you
5 wouldn't believe what I had to go through to get it and
6 I'm a commissioner. So, how does the everyday citizen
7 go and deal with it not knowing the process. So...

8 COMMISSIONER CAGGIANO: I agree with you. To
9 me, it's like selling -- it's like you want to get a job
10 done on your roof and the inspector comes and tells you
11 you failed and then walks away and doesn't tell you why.

12 COMMISSIONER ARSERIO: Yes, but going back to
13 veterans in general, I would like, you know, at some
14 point if we could consider maybe a veterans committee.
15 It doesn't have to be super, super formal but something
16 just every once in a while they get together to make
17 sure we're doing everything that we can for our vets and
18 if we could possibly put a veterans resource section on
19 our website.

20 Again, it doesn't have to be complex, but just
21 simple links to mental health, suicide, that's a big
22 deal with veterans. Maybe there we can put a help
23 number on there, you know, facilities for different
24 types of medical care, you know.

25 It doesn't address this specific property, but

1 it does address the broader subject that the mayor has
2 on, on all veterans and veteran care facilities. But if
3 we can get a reference section on our website for
4 veterans, it does mean a lot to me and it would probably
5 mean a lot to you too.

6 COMMISSIONER CAGGIANO: It would absolutely mean
7 a lot to me.

8 MAYOR RUZZANO: Thank you, guys. Just got a
9 couple of things before we end, you know, you made a
10 great point and we do have an American Legion in our
11 city and I'm sure maybe others we can reach out and look
12 at them.

13 I want to say to everybody thank you for being
14 involved in this seminar meeting (ph), and I just want
15 to say thank you for Ms. Rodi over there, Rita. You
16 know, we don't have any control over her or anything but
17 Kal (ph), if you can look at the issue. She worked at
18 almost a full day today to give her some leeway for
19 tomorrow it would be appreciative I'm sure.

20 And real quick, I just want to talk about the --
21 go back to the fireworks real quick. We talked about
22 social distancing and trying to not build up crowds. I
23 was made aware at the break that we're going to have to
24 shut down 7/441 where we usually shut it off.

25 So, that probably will help in controlling the

1 crowds, which we probably can control it with barricades
2 for parking on the grassy areas to prevent those large
3 crowds, even people wanting to get out of their car.

4 And I just want to make it clear, you know, the
5 comment made that, you know, if it was me, the -- would
6 be all over.

7 Listen, I go out I wear my mask. My family and
8 I we wear our masks. My kids haven't been out past our
9 block for a long time. Please, practice your social
10 distancing, wear your masks. It's not only for you but
11 we don't want to make other people uncomfortable.

12 And right now there are some people that are
13 afraid to go out because they don't know what to expect
14 when they go out. So just be considerate and kind and
15 just think maybe look at everybody as your grandmother
16 that you're going to come across.

17 COMMISSIONER CAGGIANO: Yeah, yes. Yes.

18 MAYOR RUZZANO: How would you treat it -- treat
19 them the same way. Respect them. We'll get through
20 this. It's going to take a while, but I have -
21 everybody --

22 I think we had some great discussions tonight.
23 The last item we talked about, you know, that possibly
24 might come before the planning and zoning board. I want
25 to thank you guys for recreating our planning and zoning

1 board so now we know who's on the board because in the
2 beginning of this meeting, we didn't really even know
3 who was on the board and whether the board was still up
4 and running.

5 So I want to thank you guys for that. Thank you
6 for everything. That's all I want to say. Is everybody
7 -- are we all good? All right. Guys, thank you. Stay
8 safe. I miss you guys. I haven't seen you and
9 hopefully we're going to have a surprise for you guys in
10 here when you guys come back.

11 COMMISSIONER CAGGIANO: Hey, maybe we should
12 have a social distancing lunch at WaWa or something.

13 MAYOR RUZZANO: All right. Guys, take care.
14 God bless, good night, and thank you guys so much. Take
15 care.

16 COMMISSIONER CAGGIANO: All right. Bye.

17 VICE MAYOR SCHWARTZ: Good night.

18 (Meeting adjourned at 10:56 p.m.)
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1 CERTIFICATE OF TRANSCRIBER
2

3 The above and foregoing transcript is a true and
4 correct typed record of the contents of the file, which
5 was digitally recorded in the proceeding identified at
6 the beginning of the transcript, to the best of my
7 ability, knowledge, and belief.

8
9 Signed this 20th day of July, 2020.

10
11 *Brenda Saliba*

12 Brenda Saliba, Transcriptionist
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Exhibit F

Quality of Life Group Care Facility: Planning Opinion

Prepared by: Henry Iler, AICP

March 26, 2018

Introduction

Mr. Iler is a professional urban planner. He has been retained by the Gunster law firm to render an opinion regarding the land planning issues in the case titled "Quality of Life and MMJ Financial Services v. the City of Margate." Specifically, he will address compliance of the Quality of Life group care facility with the special exception criteria contained in the City Code R-3 District (2015) and whether a rezoning of the subject parcel to the current CF-1 District would represent a "reasonable accommodation" under the ADA and FHA. In preparing this opinion, he has consulted and reviewed the following documents:

1. City of Margate Comprehensive Plan
2. City of Margate Zoning Code
3. Margate City Commission Meeting of 1-21-15 (transcript)
4. Quality of Life site and building plans
5. Margate Ordinance No. 1500.536
6. Margate Ordinance No. 15-010
7. FL Administrative Code Rule 65D-30.006
8. ITE Trip Generation Rates and Land Use Codes
9. Quality of Life Business Plan
10. Minutes of Regular Meeting of Development Review Committee for 11-26-2014
11. Opinions Regarding Planning & Zoning Issues, by Michele Mellgren, AICP
12. Petition for Writ of Mandamus and Complaint for Declaratory Judgement, Injunctive Relief and Damages

Case Facts

1. The subject 0.67-acre site is located at 603 Melaleuca Drive and zoned in the City's Multiple Dwelling R-3 District.
2. In 2014, MMJ Financial Services, Inc. completed the purchase of the subject parcel. At that time, the site was occupied by two (2) separate apartment buildings with a total of 10 dwelling units and parcel density of 15 dwelling units per acre. It is estimated that the buildings were constructed in 2004. Today, the exterior of the building site remains very similar to the prior multiple family use except that the owner has internally joined the two (2) buildings across a 5-foot wide sidewalk and constructed a black wrought iron fence around the entire parcel with gate-controlled entry to the parking lot. The single, combined building has a gross floor area of 8,266 square feet and the parking lot contains 22 spaces including one (1) handicap space.
3. The R-3 District allows all permitted uses in the R-2 and R-1 Districts. With these uses included, the primary permitted uses allowed by right in the R-3 District in 2015 were:

* Single family detached dwellings

- * Two-family dwellings (duplexes)
- * Multiple family buildings
- * Churches
- * Recreation facilities
- * Social centers
- * Water and wastewater plants
- *Transformer substations

4. The R-3 zone also allowed special exception uses at that time as stated below.

City Code Section 16.2(B): “Special exception uses: The following is authorized upon a finding by the city commission that a special exception to this article is warranted. Upon requesting said special exception by the city commission, the applicant must submit a boundary survey and legal description of the property involved, the proposed location of all buildings, accessways, open space and recreational facilities, accessory uses, fences and signage, screening and landscaping, lighting, and a conceptual paving, drainage and utility plan. The development review committee shall approve applicable site plan prior to consideration by the city commission.

(1) Nursing homes, convalescent homes, foster homes, retirement homes, family care facilities, group care facilities for the elderly and other similar institutions for the care of the aged (subject to the development standards in the RU-3A district).

(2) Family care facilities, group care facilities and other similar facilities for dependent children or the physically handicapped designed for sixteen (16) client or less and not providing psychiatric care (subject to the development standards in the RU-3A district).

The following criteria shall be taken into consideration by the city commission when evaluating special exception requests for the above-referenced facilities:

- (a) Proximity to hospital and emergency facilities
- (b) Accessibility for emergency vehicle services
- (c) Accessibility to public transportation
- (d) Impact on the surrounding area
- (e) Accessibility to shopping, entertainment and other support services.
- (f) Control of dangerous behavior by clients, loitering and disorderly conduct.
- (g) A demonstration that adequate building and grounds maintenance will be provided.
- (h) Proximity of nearest like facility. No group care facility shall be located within six hundred sixty (660) feet, as measured by shortest walking distance, of any other group care facility.
- (i) Provision of ample recreational facilities and landscaped area.”

4. In 2015, the Margate Code (Section 2.2) also contained the following definition of a Group Care Facility:

“A facility which provides residence, and/or supervision and services for individuals who are handicapped, aged, disabled, or undergoing rehabilitation including nursing homes, sober houses, halfway houses, convalescent homes, homes for the aged, foster and boarding homes, and retirement homes, whether the residents’ stay are mandated or voluntary. The city shall ensure that no group care facilities are located within a one-thousand-foot radius of any other group care facilities located in any of the residentially zoned areas.”

5. Quality of Life (QOL), in partnership with MMJ Financial Services, submitted a special exception application to the City in November 2014. The application was reviewed and approved by the City's Development Review Committee (DRC) subject to Board of Adjustment (BOA) approval of a 10-foot proximity variance. The City had determined that the QOL facility was 990 feet from another group care facility, thus the need for the 10-foot variance.

6. On January 6, 2015, the City BOA approved Quality of Life's request for a 10-foot proximity variance to Code Section 2-2 to allow the QOL facility to be within 990 feet of another group care facility.

7. On January 21, 2015, the Margate City Commission adopted Resolution No. 15-010 "approving with conditions a special exception use to permit a group care facility within the R-3 Multiple Family Dwelling District for Miryam Jimenez, located at 603 Melaleuca Drive, subject to the findings of the Development Review Committee."

8. In July 2015, the QOL plans were approved by the City including offices, bedrooms, kitchen, bathrooms, meeting room, in-patient and out-patient treatment areas, entertainment rooms and nursing stations.

9. The QOL facility is planned as an in-patient residential detoxification facility with the following operating procedures:

- a. All clients are voluntarily admitted and pre-screened for safety risk and motivation.
- b. Driving to/from the facility by clients would be prohibited.
- c. Clients are restricted to the facility and cannot walk outside the facility grounds.
- d. On-site supervision is provided 24 hours, 7 days/week, 365 days/year.
- e. Limited medical services are provided; no invasive procedures like IVs or surgery.
- f. On-site visitation by family/friends is discouraged.

10. Quality of Life will be licensed by the Department of Children and Families, Substance Abuse and Mental Health Program Office in accordance with Chapter 397, Florida Statute and Chapter 65D-30, Florida Administrative Code for the following services:

65D-30.006 (2): Residential Detoxification

"Detoxification" is a process involving sub-acute care that is provided on a residential or an outpatient basis to assist clients who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance abuse. The services provided are non-invasive, comprised of medication management and therapeutic activities.

65D-30.0061: Intensive Inpatient Treatment

"Intensive Inpatient Treatment" includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours per day, 7 days per week in a highly structured, live-in environment.

65D-30.007: Residential Treatment "Residential Treatment" is provided on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component. This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough

that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.

Zoning Pattern around the QOL Site

Exhibit 1 contains the City's Zoning Map with the QOL parcel delineated in red. The surrounding QOL neighborhood is roughly bounded by a canal on the west, NW 9th Street (Merrell Road) on the north, State Road 7 to the east and West Atlantic Boulevard on the south. This is a very walkable neighborhood area with commercial shopping and services nearby. The zoning pattern in this area is a combination of R-1, R-3, Transit-Oriented Corridor – Corridor (TOC-C) and Transit-Oriented Corridor – Gateway (TOC-G). The TOC-C and TOC-G districts permit a wide array of commercial and institutional uses.

The QOL site is zoned R-3 and that district extends to the east and south of the subject parcel. R-1 zoning is located north and west of QOL. The City's TOC-C and TOC-G districts are located approximately 200 feet to the east of the QOL parcel and 300 feet to the south. The QOL site is approximately 700 feet from the intersection of West Atlantic Boulevard and State Road 7, among the busiest roads in Margate.

The R-3 District in this area serves as a transition zone between the lower density R-1 single family district to the west and north, and the high intensity TOC-C and TOC-G Districts nearby to the east along State Road 7 and to the south along West Atlantic Boulevard.

QOL Facility Compliance with R-3 Special Exception Criteria

The R-3 Code in 2015 contained nine (9) criteria that were to be taken into consideration by the city commission when evaluating special exception requests. This section evaluates the QOL in-patient residential detoxification facility with respect to compliance with those criteria.

Proximity to Hospital and Emergency Facilities

The Northwest Medical Center on State Road 7 is located 2-3 miles north of the QOL site which gives the facility relatively close proximity to hospital and emergency facilities. The Medical Center doesn't provide detoxification treatment and other services. The proposed QOL use is in compliance with this criterion.

Accessibility for Emergency Vehicle Services

The closest fire and emergency medical services are Margate – Coconut Creek Fire Station 58 at 600 North Rock Island Road, approximately 1 mile from the QOL facility and Margate – Coconut Creek Fire Station 98 at 5395 NW 24th Street, approximately 2 miles from the QOL facility. Accessibility of the QOL facility for emergency vehicle services is very good. The proposed QOL use is in compliance with this criterion.

Accessibility to Public Transportation

A wide array of Broward County transit routes and bus stops are located along State Road 7 and West Atlantic Boulevard within easy walking distance of the site. Research is pending on the specific bus routes serving this area. The proposed QOL use is in compliance with this criterion.

Impact on the Surrounding Area

Area impact can be analyzed based on a number of factors including traffic, building and site compatibility, noise, light, dust, odor.

Traffic Impact

Exhibit 2 shows the weekday and peak hour trip generation rates and associated land use descriptions for low-rise multi-family housing and a number of care facilities of different types from the Institute of Transportation Engineers (ITE) Trip Generation Manual, 10th Edition. ITE is a nationally-accepted source for trip generation information. There are no specific ITE trip generation rates for an in-patient residential detoxification facility or any type of detoxification facility. However, the land use description contained in the ITE Manual that is very similar to an in-patient residential detoxification facility is Nursing Home which is described by ITE as follows:

“A nursing home is any facility whose primary function is to provide care for persons who are unable to care for themselves. Examples of such facilities include rest homes and chronic care and convalescent homes. Skilled nurses and nursing aides are present 24 hours a day at these sites. Nursing homes are occupied by residents who do little or no driving; traffic is primarily generated by employees, visitors, and deliveries.”

The description above is very similar to the operating characteristics of the QOL facility presented earlier especially the presence of trained medical staff and little or no driving by clients. Another similar facility according to the ITE description is Assisted Living; however it doesn't mention restricted driving as in the case of Nursing Homes which can have a significant impact on trip generation and public safety in the neighborhood. Several other potential ITE land use categories cannot be used for comparative purposes because their trip generation rates are expressed in terms of dwelling/occupied units and the QOL facility does not contain dwelling units.

The gross floor area of the QOL facility is 8,266 square feet and it was planned to have a capacity of 32 beds. Using these size and capacity figures, the ITE trip generation rate for Nursing Home is applied to show the estimated trip generation on the average weekday, AM peak hour and PM peak hour. The ITE trip generation rate for Low-Rise Multifamily Housing is used to estimate the trip generation of the prior apartment use (10 units) and is also applied in the table.

Use /Intensity	Weekday Trip Generation	AM Peak Hour Trip Generation	PM Peak Hour Trip Generation
Nursing Home 8,266 sq. ft.	54.9 trips	4.5 trips	4.9 trips
Low-Rise Multi-Family Housing 10 units	73.2 trips	14.6 trips	5.6 trips

Using the Nursing Home generation rate as a reasonable approximation of the potential trips to and from the QOL facility, the proposed facility would generate an estimated 25% less average weekday trips than the prior multi-family use. In the 7-9 AM peak hours, QOL would generate 69% less trips and in the 4-6 PM peak hours, 12% less trips. Thus, using the ITE Nursing Home trip generation rate as a surrogate for QOL trip generation, the QOL facility should have significantly less traffic impact on the surrounding area than the prior multiple family use.

Building and Site Compatibility

The QOL facility is utilizing 2 former apartment buildings constructed in 2004 (estimated), thus the buildings and site improvements have been a part of this neighborhood for 14 years. The owner has changed the exterior of the building and site very little from the former apartment use except to join

the 2 buildings over a 5-foot sidewalk adding a small amount of floor area and installing a black wrought iron fence and controlled gate entry. The architecture of the building remains the same. From the outside, the 1-story structure still has the appearance of the prior multi-family residential building. Exhibit 3 shows an aerial view of the area surrounding the facility. All buildings west of Melaleuca Drive are 1-story as is the QOL building and have similar architecture. East of Melaleuca Drive the building heights are 1-2 stories.

Noise

The facility will not permit music or other excessive noise outside the building. The QOL facility should have less noise impact on the surrounding area than the prior multiple family use.

Light

The QOL facility will have a lighting system appropriate to allow "24/7/365" monitoring of the premises. Light spillage outside of the facility should be minimal. Lighting plans for the site have been approved by the City.

Dust

Nothing in the QOL facility site, building and operational plans indicate that it will generate excessive dust. The review by the City's DRC committee contained no comments regarding excessive dust.

Odor

The only potential for odor emissions from the QOL facility would be from the kitchen; however this is not expected to create any significant adverse impacts on the surrounding area. The review by the City's DRC contained no comments regarding potential odor problems. Site and buildings plans for the facility, including the kitchen, have been approved by the City.

The proposed QOL use is in compliance with this criterion.

Accessibility to Shopping, Entertainment and Other Support Services

State Road 7 and West Atlantic Boulevard are located within easy walking distance of the subject site. Each side of these major roadways is lined with TOC-C and TOC-G zoned parcels and contain all manner of retail, entertainment, services and office uses. In addition, major Broward County transit routes run up and down these roads with good service headways (frequency of bus service). The proposed QOL use is in compliance with this criterion.

Control of Dangerous Behavior by Clients, Loitering and Disorderly Conduct

The operating procedures outlined earlier in this report stated that clients will not be permitted outside of the facility during their treatment stays. Thus, loitering, dangerous behavior and/or disorderly conduct will not be an issue with this use. The proposed QOL use is in compliance with this criterion.

Adequate Building and Grounds Maintenance

The applicant's plans demonstrate that the use and grounds will be properly constructed. The QOL Business Plan provides for adequate building and site maintenance services and funding. The proposed QOL use is in compliance with this criterion.

Proximity of Nearest Like Facility

The QOL site was judged by the City to be within 990 feet of another Group Care Facility pursuant to Code Section 2.2 (2015) which requires 1000-foot separation. QOL was granted a 10-foot proximity variance to

this separation requirement by the BOA on January 6, 2015. The proposed QOL use is in compliance with this criterion.

Provision of Ample Recreational Facilities and Landscaped Area

The QOL facility will not allow clients to walk outside for recreation purposes, thus recreational facilities are not necessary. The project site and landscape plans were approved by the City. The proposed QOL use is in compliance with this criterion.

Reasonable Accommodation

Under Margate City Code amendments adopted in 2017, special exception uses were removed from the R-3 District, group care facilities were eliminated as a special exception and the City's Community Facility CF-1 District was revised to include detoxification facilities as a permitted use. With these changes, according to the City, the only way for Quality of Life to receive approval today for a detoxification facility on the current site would be to request a rezoning from R-3 to CF-1.

Under CF-1, sites that contain detoxification facility must be at least 40,000 square feet in size and have at least 200 feet of street frontage. The QOL parcel is 29,117 square feet in size and thus would require a 10,883 square foot variance to the lot size standard.

A rezoning and lot size variance approval would represent a reasonable accommodation in this instance under the ADA and FHA. It would not fundamentally alter the nature of the City's CF-1 district or the zoning program as a whole for the following reasons:

1. There are 12 areas in Margate zoned CF-1 according to the Zoning Map. Of these three (3) have residential zoning on all four (4) sides, three (3) have residential zoning on three (3) sides, one (1) has residential zoning on two (2) sides and one (1) CF site has residential zoning on one (1) side. Thus, to have a CF site adjacent to residential property, such is the case with the QOL property, is not unusual in Margate and in fact is a locational characteristic of 67% of the current CF-1 sites.
2. There are three (3) existing CF-1 sites within 1500 feet to 2400 feet of the QOL property, so CF-1 zoning is not uncommon within ½ mile of the QOL parcel.
3. The QOL detoxification facility is being constructed inside an existing (formerly) multiple family residential building and would be generally compatible with the neighborhood as shown earlier in this report.

In conclusion, the granting of CF-1 zoning for the QOL property would not cause a fundamental alteration to the City's zoning code because CF-1 zoning currently exists next to residential areas in the case of 67% of the CF-1 sites, current CF-1 sites are within 1500-2400 feet of the QOL parcel and the proposed use is compatible with the surrounding neighborhood.



Henry Iler, AICP

Exhibit 1

Margate Zoning Map

Exhibit 2

ITE Trip Generation Rates and Land Use Descriptions

		WEEKDAY TRIP GENERATION						
ITE		INDEPENDENT	NUMBER	RATES			EQUATION	R ²
LUC	DESCRIPTION	VARIABLE	STUDIES	AVG	LOW	HIGH		
220	Multifamily Housing (Low-Rise)	Dwelling Units	29	7.32	4.45	10.97	$T=7.56(X)-40.86$	0.96
253	Congregate Care Facility	Dwelling Units	2	2.02	1.63	2.15		
254	Assisted Living	Beds	2	2.60	1.86	4.14		
255	Continuing Care Retirement Community	Occupied Units	9	2.50	1.98	4.71	$T=2.32(X)+176.28$	0.98
610	Hospital	1000 SF GFA	8	10.72	6.12	67.52	$T=5.88(X)+2723.70$	0.67
620	Nursing Home	1000 SF GFA	8	6.64	2.54	13.70	$\ln(T)=0.83\ln(X)+2.51$	0.60
630	Clinic	1000 SF GFA	3	38.16	25.25	86.21		

AM PEAK HOUR BETWEEN 7 AND 9 AM TRIP GENERATION

ITE		INDEPENDENT	NUMBER	RATES			EQUATION	R ²
LUC	DESCRIPTION	VARIABLE	STUDIES	AVG	LOW	HIGH		
220	Multifamily Housing (Low-Rise)	Dwelling Units	42	1.46	0.18	0.74	$\ln(T)=0.98\ln(X)-0.51$	0.90
253	Congregate Care Facility	Dwelling Units	5	0.07	0.05	0.16	$T=0.05(X)+2.13$	0.86
254	Assisted Living	Beds	9	0.19	0.08	0.43		
255	Continuing Care Retirement Community	Occupied Units	14	0.15	0.10	0.32	$T=0.13(X)+21.28$	0.95
610	Hospital	1000 SF GFA	20	0.89	0.52	5.45	$T=0.74(X)+126.36$	0.86
620	Nursing Home	1000 SF GFA	7	0.55	0.35	1.13	$\ln(T)=0.84\ln(X)$	0.60
630	Clinic	1000 SF GFA	4	3.69	2.27	9.36		

PM PEAK HOUR BETWEEN 4 AND 6 PM TRIP GENERATION

ITE		INDEPENDENT	NUMBER	RATES			EQUATION	R ²
LUC	DESCRIPTION	VARIABLE	STUDIES	AVG	LOW	HIGH		
220	Multifamily Housing (Low-Rise)	Dwelling Units	50	0.56	0.18	1.25	$\ln(T)=0.89\ln(X)-0.02$	0.86
253	Congregate Care Facility	Dwelling Units	6	0.18	0.15	0.30	$T=0.14(X)+5.10$	0.94
254	Assisted Living	Beds	9	0.26	0.11	0.53		
255	Continuing Care Retirement Community	Occupied Units	14	0.20	0.15	0.45	$T=0.13(X)+59.19$	0.95
610	Hospital	1000 SF GFA	19	0.97	0.44	6.94	$T=0.84(X)+100.56$	0.88
620	Nursing Home	1000 SF GFA	7	0.59	0.27	1.32		
630	Clinic	1000 SF GFA	5	3.28	1.93	7.00	$\ln(T)=0.72\ln(X)+1.97$	0.70

Source: Trip Generation 10th Edition

POTENTIAL INDEPENDENT VARIABLES

ITE	
LUC	
220	Dwelling Units, Occupied Dwelling Units, Residents
253	Dwelling Units, Occupied Dwelling Units
254	1000 SF GFA, Beds, Employees, Occupied Beds
255	Occupied Units, Units
610	1000 SF GFA, Beds, Employees
620	1000 SF GFA, Beds, Employees, Occupied Beds
630	1000 SF GFA, Employees

Land Use: 620 Nursing Home

Description

A nursing home is any facility whose primary function is to provide care for persons who are unable to care for themselves. Examples of such facilities include rest homes and chronic care and convalescent homes. Skilled nurses and nursing aides are present 24 hours a day at these sites. Nursing homes are occupied by residents who do little or no driving; traffic is primarily generated by employees, visitors, and deliveries. Assisted living (Land Use 254) and continuing care retirement community (Land Use 255) are related uses.

Additional Data

Time-of-day distribution data for this land use are presented in Appendix A. For the four general urban/suburban sites with data, the overall highest vehicle volumes during the AM and PM on a weekday were counted between 11:00 a.m. and 12:00 p.m. and 1:30 and 2:30 p.m., respectively.

The average numbers of person trips per vehicle trip at the three general urban/suburban sites at which both person trip and vehicle trip data were collected were as follows:

- 1.03 during Weekday, Peak Hour of Adjacent Street Traffic, one hour between 7 and 9 a.m.
- 1.12 during Weekday, AM Peak Hour of Generator
- 1.46 during Weekday, PM Peak Hour of Generator

The sites were surveyed in the 1980s, the 1990s, the 2000s, and the 2010s in Alberta (CAN), Florida, New Hampshire, New Jersey, New York, Ontario, Canada, and Texas.

Source Numbers

436, 502, 598, 734, 878, 971, 972

Land Use: 253

Congregate Care Facility

Description

A congregate care facility is an independent living development that provides centralized amenities such as dining, housekeeping, transportation, and organized social/recreational activities. Limited medical services (such as nursing and dental) may or may not be provided. The resident may contract additional medical services or personal assistance. Senior adult housing—detached (Land Use 251), senior adult housing—attached (Land Use 252), assisted living (Land Use 254), and continuing care retirement community (Land Use 255) are related uses.

Additional Data

Vehicle ownership levels were very low at congregate care facilities; the facilities' employees or services provided to the residents generated the majority of the trips to the sites.

The peak hour of the generator typically did not coincide with the peak hour of the adjacent street traffic.

The sites were surveyed in the 1980s, the 1990s, the 2000s, and the 2010s in Alberta (CAN), Ontario (CAN), and Oregon.

Source Numbers

155, 584, 910, 970

Land Use: 254 Assisted Living

Description

An assisted living complex is a residential setting that provides either routine general protective oversight or assistance with activities necessary for independent living to mentally or physically limited persons. It commonly has separate living quarters for residents. Its services typically include dining, housekeeping, social and physical activities, medication administration, and transportation. Alzheimer's and ALS care are commonly offered by these facilities, though the living quarters for these patients may be located separately from the other residents. Assisted care commonly bridges the gap between independent living and nursing homes. In some areas of the country, assisted living residences may be called personal care, residential care, or domiciliary care. Staff may be available at an assisted care facility 24 hours a day, but skilled medical care—which is limited in nature—is not required. Congregate care facility (Land Use 253), continuing care retirement community (Land Use 255), and nursing home (Land Use 620) are related uses.

Additional Data

The rooms in these facilities may be private or shared accommodations, consisting of either a single room or a small apartment-style unit with a kitchenette and living space.

Time-of-day distribution data for this land use are presented in Appendix A. For the four general urban/suburban sites with data, the overall highest vehicle volumes during the AM and PM on a weekday were counted between 11:30 a.m. and 12:30 p.m. and 12:30 and 1:30 p.m., respectively.

The sites were surveyed in the 1980s, the 1990s, the 2000s, and the 2010s in New Jersey, New York, Oregon, Pennsylvania, Tennessee, and Texas.

Source Numbers

244, 573, 581, 811, 725, 876, 877, 912

Land Use: 255

Continuing Care Retirement Community

Description

A continuing care retirement community (CCRC) is a land use that provides multiple elements of senior adult living. CCRCs combine aspects of independent living with increased care, as lifestyle needs change with time. Housing options may include various combinations of senior adult (detached), senior adult (attached), congregate care, assisted living, and skilled nursing care—aimed at allowing the residents to live in one community as their medical needs change. The communities may also contain special services such as medical, dining, recreational, and some limited, supporting retail facilities. CCRCs are usually self-contained villages. Senior adult housing—detached (Land Use 251), senior adult housing—attached (Land Use 252), congregate care facility (Land Use 253), assisted living (Land Use 254), and nursing home (Land Use 620) are related uses.

Additional Data

Caution should be used when applying these data. CCRCs are relatively new and unique land uses. These developments consist of various housing components (dwelling units, rooms, and beds¹) that often exist in varying proportions. Therefore, the use of a single housing component does not fully describe the trip generation characteristics of these communities. Based upon the limited data submitted for this land use, it was determined that a comprehensive independent variable, units, was the most appropriate descriptor of the characteristics. This variable is defined as an aggregate of all living accommodations common to these communities. The independent variable, occupied units, provides data on the number of units that were occupied at the study sites at the time of the survey.

To illustrate the varying proportions of housing options that exist, the following table is provided for nine of the CCRCs included in this land use as an example. Users are strongly cautioned to exercise proper professional judgment in applying these data.

Living Accommodations at CCRCs		
Occupied Dwelling Units/Rooms ²	Occupied Beds	Total Occupied Units
215	46	261
220	151	371
620	100	720
312	166	478
210	37	247
323	120 ³	443
233	121 ³	354
209	33	242
234	94	328

The sites were surveyed in the 1980s, the 1990s, and the 2000s in Connecticut, Illinois, Maryland, Massachusetts, Pennsylvania, and Virginia.

Land Use: 610 Hospital

Description

A hospital is any institution where medical or surgical care and overnight accommodations are provided to non-ambulatory and ambulatory patients. However, the term "hospital" does not refer to medical clinics (facilities that provide diagnoses and outpatient care only) or nursing homes (facilities devoted to the care of persons unable to care for themselves), which are covered elsewhere in this report. Clinic (Land Use 630) and free-standing emergency room (Land Use 650) are related uses.

Additional Data

Time-of-day distribution data for this land use are presented in Appendix A. For the four general urban/suburban sites with data, the overall highest vehicle volumes during the AM and PM on a weekday were counted between 7:30 and 8:30 a.m. and 12:00 and 1:00 p.m., respectively.

The average numbers of person trips per vehicle trip at the four general urban/suburban sites at which both person trip and vehicle trip data were collected were as follows:

- 1.60 during Weekday, Peak Hour of Adjacent Street Traffic, one hour between 7 and 9 a.m.
- 1.60 during Weekday, AM Peak Hour of Generator
- 1.72 during Weekday, Peak Hour of Adjacent Street Traffic, one hour between 4 and 6 p.m.
- 1.66 during Weekday, PM Peak Hour of Generator

The sites were surveyed in the 1980s, the 1990s, the 2000s, and the 2010s in Alberta (CAN), California, New Jersey, New York, Pennsylvania, Texas, and Washington.

Specialized Land Use Data

A 2008 study provided data on a research hospital in Baltimore, Maryland (source 749). The trip generation characteristics of this site differed from sites included in this land use; therefore, trip generation information for this site is presented here and was excluded from the data plots. The site gross floor area is 2.8 million square feet and the number of employees is 5,500. The number of vehicle trips during the weekday, AM peak hour for adjacent street traffic was 1,168. The number of vehicle trips during the weekday, PM peak hour for adjacent street traffic was 1,080.

Source Numbers

112, 186, 253, 262, 423, 429, 533, 573, 591, 601, 630, 719, 749, 878, 901, 904, 908, 909, 971

Land Use: 630 Clinic

Description

A clinic is any facility that provides limited diagnostic and outpatient care but is unable to provide prolonged in-house medical and surgical care. Clinics commonly have lab facilities, supporting pharmacies, and a wide range of services (compared to the medical office, which may only have specialized or individual physicians). Hospital (Land Use 610), free-standing emergency room (Land Use 650), and medical-dental office building (Land Use 720) are related uses.

Additional Data

Time-of-day distribution data for this land use are presented in Appendix A. For the three general urban/suburban sites with data, the overall highest vehicle volumes during the AM and PM on a weekday were counted between 10:30 and 11:30 a.m. and 3:30 and 4:30 p.m., respectively.

The average numbers of person trips per vehicle trip at the five general urban/suburban sites at which both person trip and vehicle trip data were collected were as follows:

- 1.40 during Weekday, AM Peak Hour of Generator
- 1.69 during Weekday, Peak Hour of Adjacent Street Traffic, one hour between 4 and 6 p.m.
- 1.52 during Weekday, PM Peak Hour of Generator

The sites were surveyed in the 1980s, the 1990s, the 2000s, and the 2010s in Alberta (CAN), California, New Hampshire, Texas, and Vermont.

Source Numbers

440, 734, 878, 926, 972

Land Use: 220

Multifamily Housing (Low-Rise)

Description

Low-rise multifamily housing includes apartments, townhouses, and condominiums located within the same building with at least three other dwelling units and that have one or two levels (floors). Multifamily housing (mid-rise) (Land Use 221), multifamily housing (high-rise) (Land Use 222), and off-campus student apartment (Land Use 225) are related land uses.

Additional Data

In prior editions of *Trip Generation Manual*, the low-rise multifamily housing sites were further divided into rental and condominium categories. An investigation of vehicle trip data found no clear differences in trip making patterns between the rental and condominium sites within the ITE database. As more data are compiled for future editions, this land use classification can be reinvestigated.

For the three sites for which both the number of residents and the number of occupied dwelling units were available, there were an average of 2.72 residents per occupied dwelling unit.

For the two sites for which the numbers of both total dwelling units and occupied dwelling units were available, an average of 96.2 percent of the total dwelling units were occupied.

This land use included data from a wide variety of units with different sizes, price ranges, locations, and ages. Consequently, there was a wide variation in trips generated within this category. Other factors, such as geographic location and type of adjacent and nearby development, may also have had an effect on the site trip generation.

Time-of-day distribution data for this land use are presented in Appendix A. For the 10 general urban/suburban sites with data, the overall highest vehicle volumes during the AM and PM on a weekday were counted between 7:15 and 8:15 a.m. and 4:45 and 5:45 p.m., respectively. For the one site with Saturday data, the overall highest vehicle volume was counted between 9:45 and 10:45 a.m. For the one site with Sunday data, the overall highest vehicle volume was counted between 11:45 a.m. and 12:45 p.m.

For the one dense multi-use urban site with 24-hour count data, the overall highest vehicle volumes during the AM and PM on a weekday were counted between 7:00 and 8:00 a.m. and 6:15 and 7:15 p.m., respectively.

For the three sites for which data were provided for both occupied dwelling units and residents, there was an average of 2.72 residents per occupied dwelling unit.

The average numbers of person trips per vehicle trip at the five general urban/suburban sites at which both person trip and vehicle trip data were collected were as follows:

- 1.13 during Weekday, Peak Hour of Adjacent Street Traffic, one hour between 7 and 9 a.m.
- 1.21 during Weekday, Peak Hour of Adjacent Street Traffic, one hour between 4 and 6 p.m.

Exhibit 3

Aerial View of the Quality of Life Neighborhood

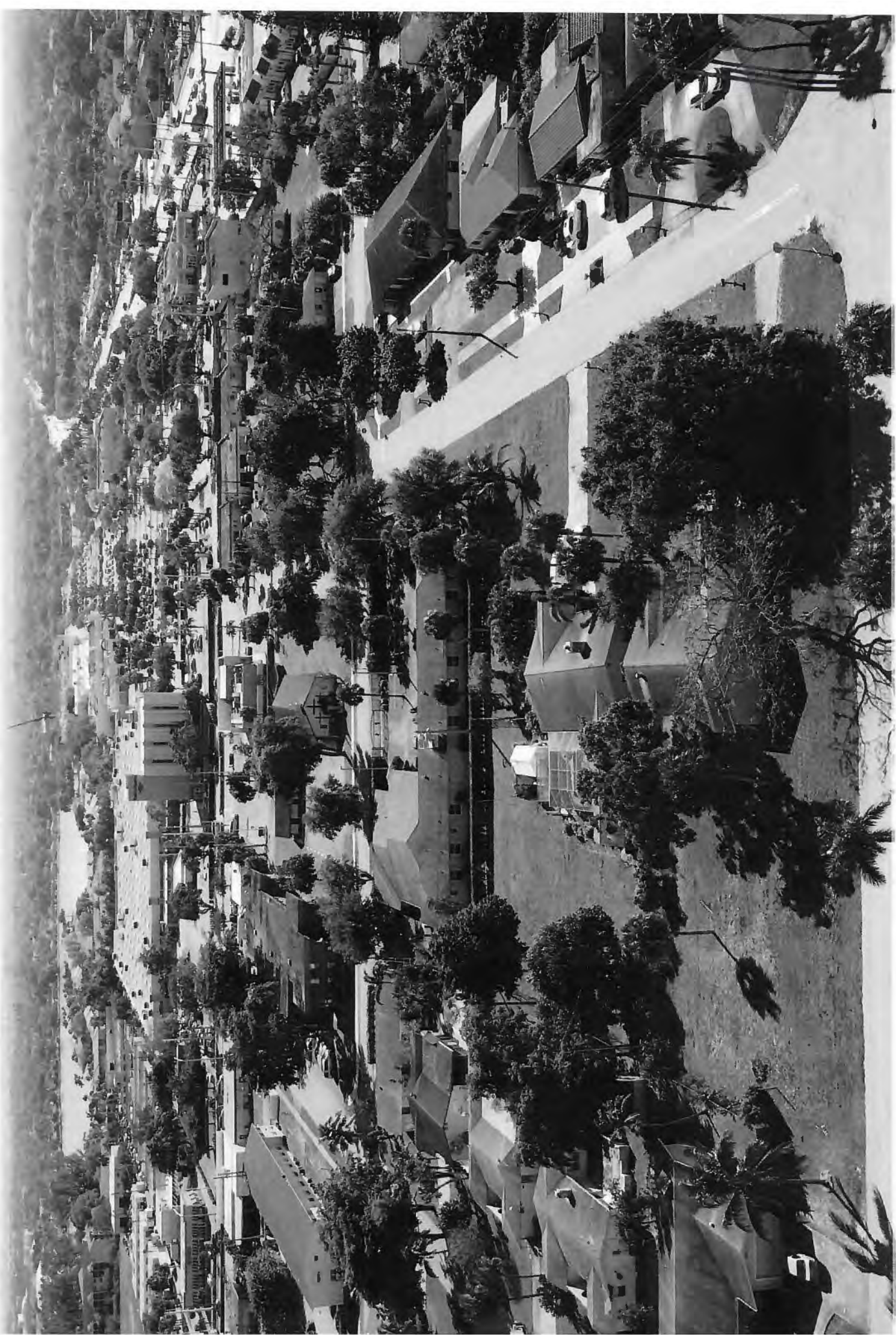


Exhibit H

Richard Nixon

3/27/2018

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT COURT
Case No. 17-cv-61894-BLOOM/Valle

QUALITY OF LIFE, CORP.,
a Florida corporation, f/k/a
MARGATE REHABILITATION CENTER,
and MMJ FINANCIAL SERVICES, INC.,
a Florida corporation,

Plaintiff,

vs.

THE CITY OF MARGATE,
a municipal corporation of the
State of Florida,

Defendant.

_____/.

CONTINUED DEPOSITION
OF
RICHARD NIXON
Building Director/Mechanical Inspector
for City of Margate

City of Margate, City Hall
5790 Margate Boulevard
Margate, Florida 33062
March 27, 2018
1:00 p.m. - 5:00 p.m.

Reported by:
LUCIE MASI, CSR

Richard Nixon
3/27/2018

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APPEARANCES:

ON BEHALF OF THE PLAINTIFF:

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Richard Nixon
3/27/2018

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I N D E X

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(Exhibits retained)

1 Q. Do you know whether there were any
2 renovations?

3 A. I do.

4 Q. When were those renovations?

5 A. There's renovations going on now.

6 Q. What type of renovations?

7 A. A two-story addition; remodeling the third
8 and fourth floor of the existing hospital; installing a
9 new central energy plant, and a parking garage.

10 Q. How many stories is that facility?

11 A. The main hospital is six.

12 The expansion will be four when it's done.

13 It's two stories now.

14 Q. Okay, so the expansion is currently two
15 stories.

16 A. Correct.

17 Q. What are the third and fourth floors going to
18 be used to be used for, the expansion; do you know?

19 A. To the best of my knowledge, one floor is
20 going to be Labor and Delivery, and the other I believe
21 is Critical Care.

22 Q. What is Critical Care?

23 A. I do not know what they consider "Critical
24 Care".

25 Q. Do you know if any sort of detoxification

1 services are provided at Northwest Medical Hospital?

2 A. I do not.

3 Q. But you know that it was constructed in
4 accordance with I-2 standards, correct?

5 A. Yes.

6 Q. Does the facility, in terms of layout and
7 appearance, look like the currently-constructed
8 facility at 603 Melaleuca; are they similar?

9 A. Not to me.

10 Q. And how are they different?

11 A. The 603 Melaleuca looks like a facility to
12 live in.

13 The hospital looks like they provide varying
14 types of medical services to the patients.

15 Q. What details of 603 Melaleuca make it look
16 like a place one would live in. 41.65ddodod ?

17 A. There's rooms, bedrooms, but not -- nothing
18 installed that would indicate there was any types of
19 medical -- no medical gas; no surgery centers; no
20 operating rooms.

21 Q. So those examples you just listed, is what
22 you would find in Northwest Medical Center, correct --

23 A. Yes.

24 Q. -- those types of rooms.

25 What was the first one you mentioned, gas?

1 A. Medical gas.

2 Q. Medical gas, okay.

3 Is that a construction detail provided in I-2
4 buildings, a fitting for a medical gas device or
5 something like that?

6 A. Typically, in the patient rooms for oxygen,
7 or in operating rooms.

8 Q. And is it your understanding that the subject
9 property does not have that capability; the capability
10 to provide oxygen in the patient rooms?

11 A. There was not a system installed, a medical
12 gas system where there's a bulk plant of gases.

13 And there's a piping system installed in the
14 building that distributes it, so you don't bring the
15 tanks into the rooms.

16 The tank is in a centralized location.

17 Q. Is that type of -- I guess you could call it
18 "fixture" -- that would need to be approved by the
19 City of Margate Building Department?

20 A. Correct, and the state.

21 Q. Who at the state would need to approve
22 something like that?

23 A. All I-2 occupancies are approved by the
24 state, and inspected by the state also.

25 Q. Which agency at the state level?

Exhibit H

CITY OF MARGATE, FLORIDA

RESOLUTION NO. 15-010

A RESOLUTION OF THE CITY OF MARGATE, FLORIDA, APPROVING WITH CONDITIONS A SPECIAL EXCEPTION USE TO PERMIT A GROUP CARE FACILITY WITHIN THE R-3 MULTIPLE DWELLING DISTRICT FOR MIRYAM JIMENEZ, LOCATED AT 603 MELALEUCA DRIVE, SUBJECT TO THE FINDINGS OF THE DEVELOPMENT REVIEW COMMITTEE.

WHEREAS, on November 26, 2014 the Development Review Committee reviewed a proposal for an existing apartment building to be converted to a group care facility located at 603 Melaleuca Drive and recommended approval subject to the following conditions:

- 1) Receive variance approval from Board of Adjustment based on Section 2.2 of the Margate Zoning Code
- 2) Any interior alterations will require plans to be submitted to the Building Department to obtain necessary permits
- 3) Any items required by Fire Code based on the new use of the facility will be necessary
- 4) Obtain a Local Business Tax Receipt (LBTR) necessary for the use
- 5) Pay water and sewer impact fees if resident capacity exceeds twenty-four (24) residents
- 6) Work with the various departments to obtain all necessary permits

WHEREAS, on January 6, 2015 the Board of Adjustment approved variance BA-01-2015 for permission to open a group care facility at 603 Melaleuca Drive, which is 970 feet from an existing facility.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MARGATE, FLORIDA:

SECTION 1: That the City Commission of the City of Margate, Florida, hereby approves with conditions a special exception use to permit a group care facility within the R-3 Multiple Dwelling District for Miryam Jimenez located at 603 Melaleuca Drive. The

RESOLUTION NO. 15-010

conditions of approval are that the petitioner must comply with the findings of the November 26, 2014 Development Review Committee meeting, described above. The City Commission makes the following findings as provided in subsections (a) through (k) of Section 22.10 of Appendix A of the Code of the City of Margate:

(a) The use is compatible with the indigenous environment and with properties in the neighborhood, as outlined in the Margate Comprehensive Plan.

(b) There are no substantial detrimental effects of the proposal on property values in the neighborhood.

(c) There are no substantial detrimental effects with the use on living or working conditions in the neighborhood.

(d) There is adequate ingress and egress to the development, with particular reference to automotive and pedestrian safety, control of automotive traffic, provision of services and servicing of utilities and reuse collection, and access in the case of fire, catastrophe, or emergency.

(e) There is adequate off-street parking in relation to buildings, and adequate internal traffic patterns with particular reference to automotive and pedestrian traffic safety, traffic flow and control, access in case of fire or emergencies, and screening and buffering.

(f) There is acceptable orientation, location, size, and features of buildings, and appearance and harmony of the buildings with nearby development and land uses.

(g) There is sufficiency of setbacks, buffers, and general amenities to preserve internal and external harmony and compatibility with uses inside and outside the development and to control adverse effects of site generated noises, lights, fumes, and other nuisances.

(h) There is adequate stormwater management with attention to the necessity of on-site retention to alleviate flooding and ground water pollution without compromising the aesthetics and maintainability of landscaping.

(i) There is adequate landscaping with an emphasis on the preservation of existing trees, the use of native species, and the use of berming along street perimeters.

(j) There is compliance with the applicable goals, objectives, and policies of the Margate Comprehensive Plan.

RESOLUTION NO. 15-010

(k) There is compliance with the applicable goals, objectives, and policies of the Margate Community Redevelopment Plan.

SECTION 2: That all representations by the applicant and determinations by the Development Review are incorporated as part of the conditions for this special exception.

SECTION 3: That this resolution shall become effective immediately upon its passage.

PASSED, ADOPTED AND APPROVED THIS 21ST DAY OF JANUARY, 2015.

ATTEST:



JOSEPH KAVANAGH
CITY CLERK



JOANNE SIMONE
MAYOR

RECORD OF VOTE

Peerman	<u>Yes</u>
Talerico	<u>Yes</u>
Bryan	<u>Yes</u>
Ruzzano	<u>Yes</u>
Simone	<u>Yes</u>

Exhibit I

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
FORT LAUDERDALE DIVISION
CASE NO. 0:17-cv-61894-BB

QUALITY OF LIFE, CORP.
a Florida corporation, f/k/a
MARGATE REHABILITATION CENTER,
and MMJ FINANCIAL SERVICES, INC.,
a Florida corporation,

Plaintiffs, January 4, 2018
2:16 p.m.
vs.

THE CITY OF MARGATE,
a municipal corporation of the
State of Florida,

Defendant. Pages 1 THROUGH 43

TRANSCRIPT OF MOTION HEARING
BEFORE THE HONORABLE BETH BLOOM
UNITED STATES DISTRICT JUDGE

Appearances:

FOR THE PLAINTIFF: GUNSTER, YOAKLEY & STEWART, PA
WILLIAM KING HILL, ESQ.
KYLE BRANDON TEAL, ESQ.
ANAILI MEDINA CURE, ESQ.
600 Brickell Avenue, Suite 3500
Miami, Florida 33131

FOR THE DEFENDANT: ROBERTS, REYNOLDS, BEDARD & TUZZIO
GEORGE ROBERTS, ESQ.
470 Columbia Drive, C-101
West Palm Beach, Florida 33409-0709

COURT REPORTER: Yvette Hernandez
U.S. District Court
400 North Miami Avenue, Room 10-2
Miami, Florida 33128
yvette_hernandez@flsd.uscourts.gov

1 MR. ROBERTS: No. She applied for a local business
2 tax receipt for a detox center, not a group care facility. So
3 it was not granted.

4 THE COURT: All right. So at the time this was -- was
5 there a representation that the local business tax receipt
6 would be issued along with a Certificate of Occupancy?

7 MR. ROBERTS: If they applied for the right one. But
8 they didn't apply for the right one.

9 THE COURT: All right. And with regard to the 2017
10 change in the municipal code, would you agree that that doesn't
11 apply to the Plaintiff?

12 MR. ROBERTS: Absolutely.

13 THE COURT: Is the Plaintiff somewhat grandfathered
14 in?

15 MR. ROBERTS: Sure. I mean, she's a group care
16 facility approval and CO, in an R-3 zone, and could proceed to
17 operate with that. The problem is, is that she doesn't want to
18 do that. She changed her mind through the process and now
19 wants to have that approval and operate a detox center, which
20 it specifically says you cannot do. Because detox centers are
21 only a special exception in community facility zones, not R-3.

22 THE COURT: And if I just may ask a question, still
23 relating to the issuance of the Certificate of Occupancy. It's
24 my understanding that at the time an affidavit was not required
25 to be signed to obtain the Certificate of Occupancy. And this

Exhibit J

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

Case No. 17-cv-61894-BLOOM/Valle

QUALITY OF LIFE, CORP.,
and MMJ FINANCIAL SERVICES, INC.,

Plaintiffs,

v.

THE CITY OF MARGATE,

Defendant.

**ORDER ON PLAINTIFFS' MOTION FOR PARTIAL SUMMARY JUDGMENT
AND DEFENDANT'S MOTION FOR SUMMARY JUDGMENT**

THIS CAUSE is before the Court upon Plaintiff's Motion for Partial Summary Judgment, ECF No. [147], and Defendant's Motion for Final Summary Judgment, ECF No. [179]. Both motions are ripe for review. The Court has reviewed the motions, all supporting and opposing submissions, the record and applicable law, and is otherwise fully advised. The Court also heard oral argument on the motions. *See* ECF No. [231]. For the reasons that follow, Defendant's motion is granted.

I. BACKGROUND

In support of their respective motions for summary judgment, both parties have submitted statements of material facts, ECF Nos. [148] and [180], and opposing statements of material facts, ECF Nos. [163], [199], [219]. Based on these statements, as well as the evidence in the record, the following facts are not genuinely in dispute unless otherwise noted.¹

¹ The Court also notes that, pursuant to Federal Rule of Civil Procedure 56(e), if a party fails to properly support an assertion of fact or fails to properly address another party's assertion of fact—such as by making legal conclusions or failing to support the assertion with record evidence—the Court may “consider the fact undisputed for purposes of the motion.”

establishing [their] rights” and an injunction permanently enjoining Defendant from any further deprivations of their property rights. *See* ECF No. [147], at 18. The Court’s findings of fact and conclusions of law address many of Plaintiffs’ requests for declaratory and injunctive relief.²⁶ Moreover, the Court believes that Plaintiffs’ rights have been firmly established by the record. As explained above, Defendant has not discriminated against Plaintiffs in violation of the ADA and FHA. Because it is undisputed that Plaintiffs have been approved to open an independent and assisted living facility at the Property, Plaintiffs do not have a vested right to operate a detoxification facility. Under the City’s code and regulations, the representations made at the hearings on Plaintiffs’ application before the DRC in November 2014 and the City Commission in January 2015 are incorporated as part of the application. This, of course, includes Jimenez’s statements regarding the number of potential clients as well as her potential staffing needs for the independent and/or assisted living facility. In addition, Defendant has represented that Plaintiffs’ application is unaffected by the 2017 zoning changes; thus, they may still open and operate the type of facility that they were approved for, and may provide medical care and services that are incidental to the approved use. The declaratory and injunctive relief sought is neither necessary nor warranted.

IV. CONCLUSION

For all of the reasons stated, it is **ORDERED AND ADJUDGED** that Plaintiff’s Motion for Partial Summary Judgment, **ECF No. [147]**, is **DENIED**, Defendant’s Motion for Summary

²⁶ For instance, Plaintiffs seek a declaration regarding whether they have a vested right to operate a medical detoxification facility (Count III), an injunction forcing Defendant to release the certificate of occupancy without the restriction against medical use (Count IV), a declaration that a detoxification facility falls within the definition of group care facility (Count V), and an injunction to allow the operation of a detoxification facility at the Property. *See* ECF No. [1], at 23–29.

Exhibit K



Maintaining dignity in every stage.

[Needs Assessment](#)[Travel Assistance](#)[Memory Testing & Exercises](#)[Free Long Term Care Insurance Evaluation](#)[Free Medicaid and Veterans Assistance](#)[On-Site Medical Services](#)

VIP differs from most Assisted Living or Memory Care facilities in that we prefer to bring physicians to our residents, instead of them leaving the facility. Doing so greatly reduces stress on residents and their families, and allows us to be there during their appointment to explain what's transpired with the patient, and answer any questions the doctors may have. Physicians including medical, dental, podiatric, psychiatry, and ophthalmologic care have come to VIP to provide their services.

[Pricing](#)

A Family of Caregivers

Devoted to yours...

We take a hands-on approach to caregiving, and are resident and patient-focused, as opposed to the bottom line. We are memory care specialists who believe in ongoing staff education, clinical expertise and the highest level of personalized care, treating each resident with dignity as we would our own families.

Southeast Florida is home to a sizeable population of people for whom Spanish is their first language. Rest assured, many VIP staff members are bi-lingual and can easily communicate with residents about their wants and needs in Spanish.



Jennifer Tulloch, MA

Assistant Administrator and Patient Care Supervisor, Jennifer Tulloch, has been with VIP Care Pavillion since 1999.



Board Certified Medical Professionals

Our Board Certified Physicians including medical, dental, podiatric, psychiatry, and ophthalmologic care professionals who come to VIP to provide their services.



Scott Colton, BS-HCA, RN, CDP, CDCM

Owner and Administrator Scott Colton is the heart and brains of VIP Memory Care Center, offering a new and higher level of personalized caregiving to Alzheimer's and dementia patients across the country.

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 Email info@vipmemorycare.com

Contact the VIP experts today to schedule a tour.

Your Name *

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How May We Assist You?



Sister Community in Davie Florida. Secured, Intimate 20 bed Alzheimer's facility in Broward County.

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Board Certified Medical Professionals M.D.



VIP Care Pavillion contracts medical professionals to visit patients at its facility. This relieves the anxiety and fear that often is associated with doctor's visits. This practice also allows us to be there during their appointment to explain what has transpired with the patient and accurately answer any questions the doctors may have. Physicians including medical, dental, podiatric, psychiatry, and ophthalmologic care that routinely come to VIP to provide their services.

We invite you to inquire more about this practice and how it may assist in creating a stress-free environment for your loved one.

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 **Email info@vipmemorycare.com**

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Services

Our commitment begins long before your loved one moves in.

Since opening our doors in 1999, VIP has specialized solely in the care of Alzheimer's and dementia patients.

We offer four levels of care (and overlapping care), with each resident receiving a customized structured program depending on his or her abilities and needs. We believe all residents deserve a place where they feel safe, secure and always comfortable. And we strongly uphold the belief that every resident should be able to naturally progress through these stages without any penalty. We have one price and it stays that way.



Minimum

Residents in the minimum stage of Alzheimer's or dementia are ambulatory but may need the help of one person, due to an unsteady gait. Patients need occasional cueing and prompting, but are continent and fully able to function in the bathroom by themselves.



Intermediate

At the Intermediate care level, residents have an unsteady gait, are exit seekers and need complete assistance going to the bathroom. They require help every day with eating, getting dressed, and using the toilet. VIP staff members are trained to use lots of cues, prompts and direction to assist with their daily needs.



Maximum

Maximum care is provided to residents who have an unsteady gait and need the assistance of two people. Caregivers will cue, prompt, praise and support residents in daily routines such as sitting on a chair, going to bed, or using the bathroom. Maximum care residents are sometimes an elopement risk and can be aggressive.



Hospice / Aging in Place

Residents at VIP Memory Care will never have to move because of behavior problems and challenges associated with Alzheimer's or dementia. We are extremely committed to allowing residents to age with dignity in one place, surrounded by staff members who truly care for them.

VITAS Hospice Team Members include:

- Hospice Physician
- Hospice Nurse
- Hospice Nurses Aides
- Hospice Social Workers
- Clergy

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How May We Assist You?



With Hospice Care, residents will receive extra services from a third party to ease their pain and provide the care and case management necessary for the most comfortable quality of life. Families have peace of mind knowing their loved ones will live their final days in familiar surroundings and with caregivers they know and trust.



Sister Community in Davie Florida, Secured,
Intimate 20 bed Alzheimer's facility in Broward
County.

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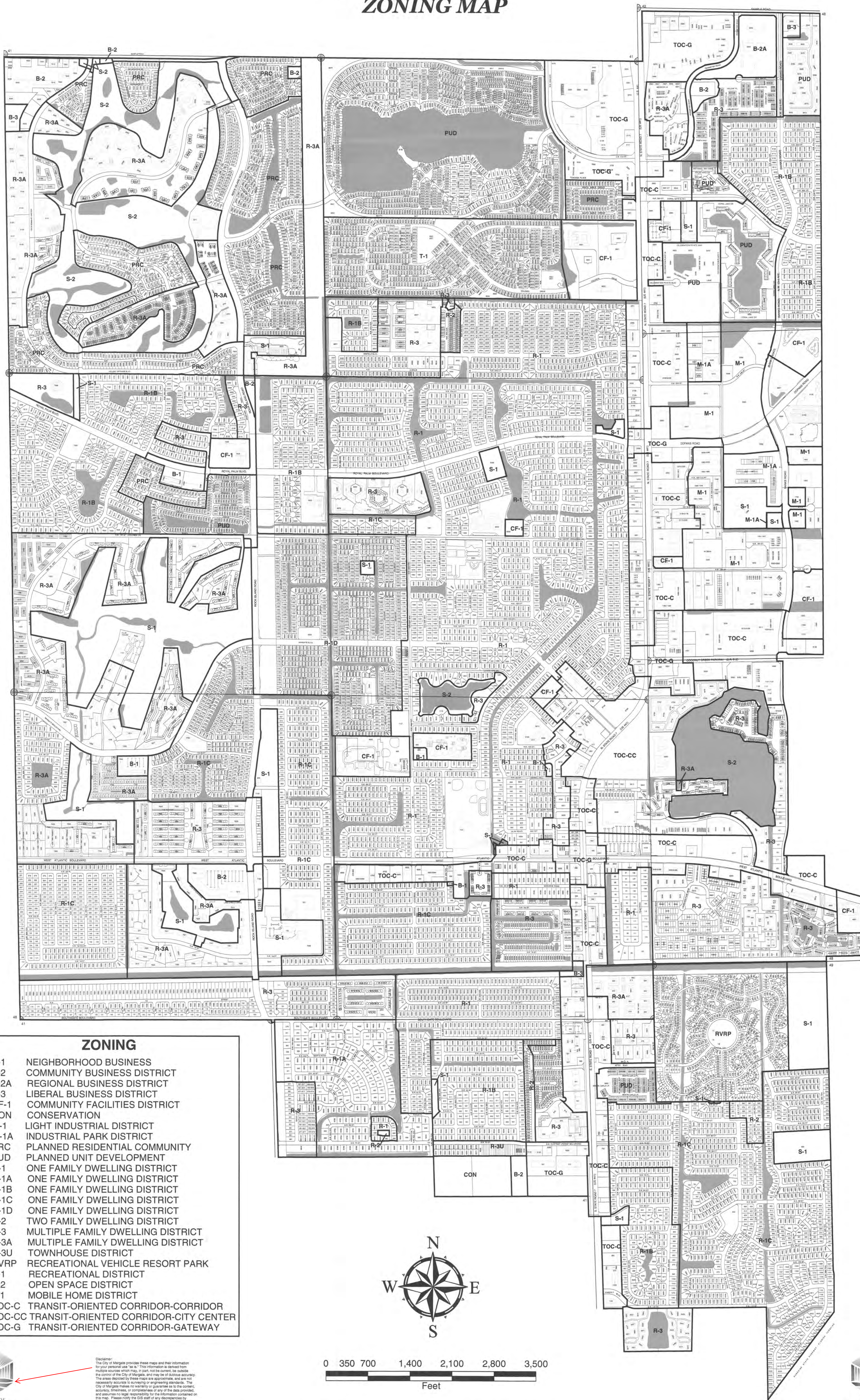


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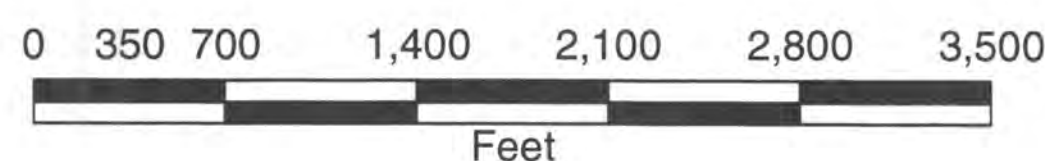


CITY OF MARGATE, FL ZONING MAP



ZONING

- B-1 NEIGHBORHOOD BUSINESS
- B-2 COMMUNITY BUSINESS DISTRICT
- B-2A REGIONAL BUSINESS DISTRICT
- B-3 LIBERAL BUSINESS DISTRICT
- CF-1 COMMUNITY FACILITIES DISTRICT
- CON CONSERVATION
- M-1 LIGHT INDUSTRIAL DISTRICT
- M-1A INDUSTRIAL PARK DISTRICT
- PRC PLANNED RESIDENTIAL COMMUNITY
- PUD PLANNED UNIT DEVELOPMENT
- R-1 ONE FAMILY DWELLING DISTRICT
- R-1A ONE FAMILY DWELLING DISTRICT
- R-1B ONE FAMILY DWELLING DISTRICT
- R-1C ONE FAMILY DWELLING DISTRICT
- R-1D ONE FAMILY DWELLING DISTRICT
- R-2 TWO FAMILY DWELLING DISTRICT
- R-3 MULTIPLE FAMILY DWELLING DISTRICT
- R-3A MULTIPLE FAMILY DWELLING DISTRICT
- R-3U TOWNHOUSE DISTRICT
- RVRP RECREATIONAL VEHICLE RESORT PARK
- S-1 RECREATIONAL DISTRICT
- S-2 OPEN SPACE DISTRICT
- T-1 MOBILE HOME DISTRICT
- TOC-C TRANSIT-ORIENTED CORRIDOR-CORRIDOR
- TOC-CC TRANSIT-ORIENTED CORRIDOR-CITY CENTER
- TOC-G TRANSIT-ORIENTED CORRIDOR-GATEWAY



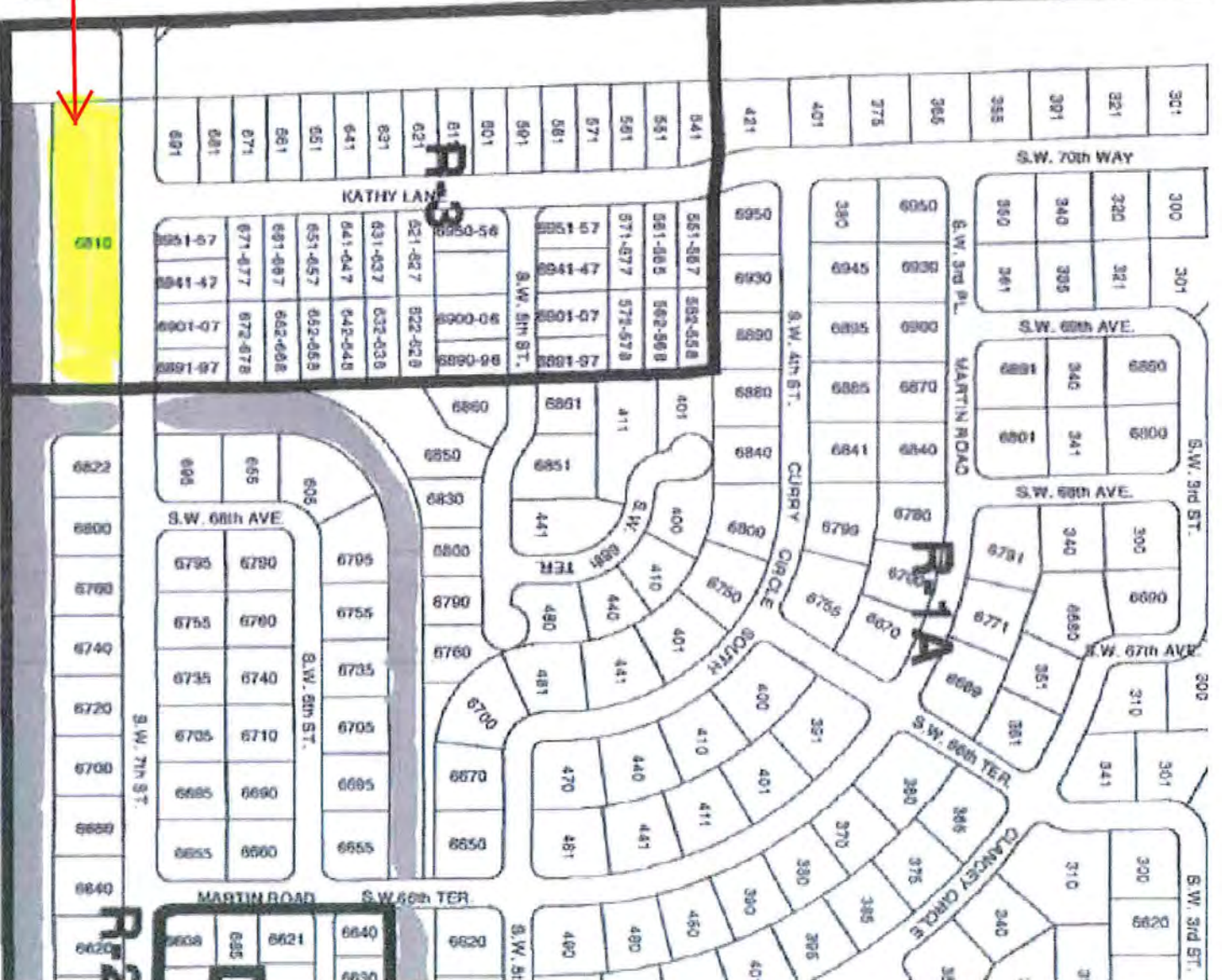
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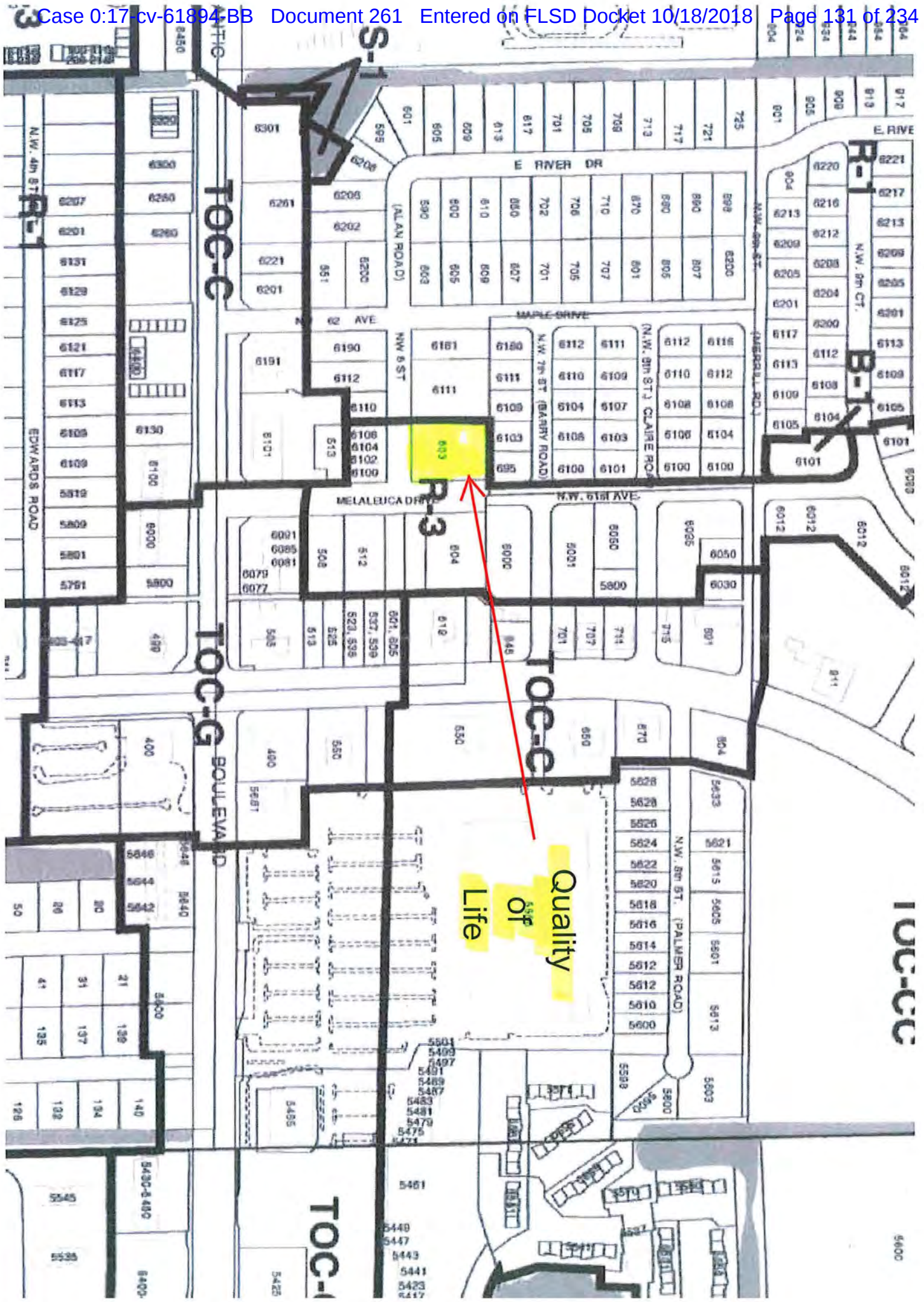


**VIP Memory
Care Pavilion**



6810





Quality of Life

R-3

TOC-C

TOC-G

TOC-C

TOC-CC

TOC-C

DECLARATION OF EMILIO MANTERO-ATIENZA, M.D.

I, Emilio Mantero-Atienza, M.D., declare under penalty of perjury:

1. I am a board certified psychiatrist and author with over 30 years of experience working with patients who suffer from behavioral health issues.
2. I specialize in medication assisted therapies, medication assisted treatment in mental health services, and evidence based treatment.
3. I have also obtained Ph.D. in clinical biochemistry.
4. I practice medicine at Mercy Hospital, Miami Kendall Regional, and most recently, Southern Winds Hospital.
5. During my residency, I worked with the Miami VA Healthcare System where I learned how to treat patients suffering from Post-Traumatic Stress Disorder (PTSD)
6. Thereafter, I have treated many patients who have suffered from PTSD throughout my career. PTSD often impairs the major life activities of patients, including work, family life, and relationships.
7. My C.V. is attached hereto.
8. A significant portion of my practice has been devoted to treating patients who suffer from Substance Use Disorder. Substance use disorders impair the major life activities of patients including work, family life, and relationships.
9. I have reviewed Quality of Life Corp.'s (d/b/a Margate Care for Heroes) ("MCH") business plan and I have viewed photographs of the facility.
10. For years, I have also had many discussions with Ms. Miryam Jimenez regarding the facility, and I agree to provide care and services in the MCH facility if the City permits it to open.
11. The facility that MCH plans to open is not a hospital and would not require hospital licensing. Rather, it is a residential treatment facility that would provide care and services at a subacute level, rather than at an acute level.
12. If the City allows MCH to open, I would endeavor to provide the best possible care to veterans at MCH.
13. Subacute treatment for people in recovery is best accomplished at a facility like MCH's where the clients have a substantial support group of individuals who have endured similarly traumatic events and can progress through treatment together.
14. I support MCH's application to open the residential treatment facility for veterans in Margate.

15. I believe the City should support veterans by approving MCH's application so my colleagues and I may continue to provide much needed medical care and services to one of our nation's most vulnerable populations.

Dated this 20th day of July 2020.

Emilio Mantero-Atienza M.D.
Emilio Mantero-Atienza, M.D.

CURRICULUM VITAE

EMILIO MANTERO-ATIENZA, M.D. PH. D.

Personal:

Main Office address: 1901 S.W. 1st Street, 2nd Floor Suite 208
Miami, Florida 33135
Phone: (305) 326-0729 Fax: (305) 326-0077

Second Location: 1200 Alton Road
Miami Beach, Florida 33139
Phone: (305) 534-3242 Fax: (305) 531-8075

Education:

Oct, 1975- Sept, 1981 M.D. (Medicine)
University of Sevilla School of Medicine, Sevilla, Spain

Aug.1986-June1988 Master in Public Health and Epidemiology (MPH)
University of Miami School of Medicine, Miami, Florida

June1983-Dec.1990 Ph.D. (Clinical Biochemistry)
University of Sevilla School of Medicine, Sevilla, Spain

11. Post Doctoral Education:

Sep 1981- June 1985, Medicine, National Institute of Health, Madrid, Spain

July 1985- July 1988, Pharmacology
Department of Pharmacology, University of Miami School of Medicine, Miami, Florida

August 1986- August1988, Nutrition and Biochemistry
Department of Epidemiology and Public Health, Nutrition Division, University of
Miami School of Medicine, Miami, Florida

August 1986- August 1988, Epidemiology
Department of Epidemiology and Public Health, University of Miami School of
Medicine, Miami, Florida

January 1991- December 1994, Psychiatry
Department of Psychiatry, University of Miami School of Medicine/Jackson Memorial
Hospital, Miami, Florida

June 1993- June1995, Alcoholism and Addiction Medicine
Department of Psychiatry, University of Miami School of Medicine/Jackson Memorial
Hospital, Miami, Florida

Board Certification & Licensure:

ECFMG Certification	1990
FLEX Certification	1990
State of Florida Board Medicine	1992
American Board of Psychiatry and Neurology (BE)	1994
American Board of Forensic Examiners (BC)	1996
Buprenorphine (Suboxone) Treatment of Opioid Dependence Certificate # XM3197301	2013

Hospital Privileges:

Mercy Hospital
Jackson Memorial Hospital
Kendall Regional Medical Center

Professional Experience:

1981-1982 Staff Physician, "Gomez Ulla" Medical Center, Madrid, Spain
1982-1982 Staff Physician, National Institute of Health, Madrid, Spain
1983-1984 Staff Physician, National Institute of Health, Sevilla, Spain
1982-1984 Staff Physician Department of Oncology Regional Center "Duques del Infantado",
Spanish Association against Cancer, Sevilla, Spain
1984-1985 Clinical Research Study Coordinator, Clinical Pharmacology Associates, Miami,
Florida
1985-1987 Research Associate, Department of Pharmacology, University of Miami School of
Medicine, Miami, Florida
1987-1988 Fellow, American Heart Assoc., Florida Affiliate, Department of Pharmacology,
University of Miami School of Medicine, Miami, Florida
1989-1991 Research Assistant Professor, Department of Epidemiology, University of Miami
School of Medicine, Miami, Florida
1989-1991 Director Nutrition Division, Department of Epidemiology and Public Health,
University of Miami School of Medicine, Miami, Florida
1989-1992 Associate Director for Education and Training NIH/Fogarty International Graduate
Training Program
1991-1994 Resident in Psychiatry, Jackson Memorial Hospital, University of Miami School of
Medicine, Miami, Florida
1993-1995 Research Fellow, Alcohol Disorders Research Unit, Department of Psychiatry, Univ.
Of Miami School of Medicine
1991-1995 Clinical Assistant Professor, Department of Epidemiology and Public Health,
1995-1996 University of Miami School of Medicine, Miami, Florida
Attending Physician, Alcohol Disorders Research Unit, Department of Psychiatry
1995-2020 Private Practice, University of Miami Medical Center (West Building)
1321 N.W. 14 Street Suite # 501. Miami, Florida

- 1999-2001 Medical Director, General Psychiatry Unit; Windmoor Hospital, Miami, Florida
2003-2007 Medical Director, and Chairman/Vice Chairman, Department of Psychiatric service at Cedars Medical Center. Miami, Florida
- 2008-2009 Medical Director for the Department of Psychiatry services at University of Miami Hospital
- 2011-2012 Kendall Regional Medical Center Graduate Medical Educating Voting Member
- 2011-2013 Deputy Director of Psychiatry Teaching Services at American University of the Caribbean (in Florida) teaching provided at the University of Miami Hospital
- 2011-2013 Deputy Director of Psychiatry Teaching Services Ross University (in Florida) teaching provided at the University of Miami Hospital
- 2011-2017 Medical Director of Psychiatry and Behavioral Sciences at Kendall Regional MedicalCenter. Miami, Florida
- 2012-2016 Medical Director Behavioral Unit Mercy hospital
- 2014-2015 Medical Director, The Gardens Wellness Center North Miami, Florida 33162
- 2015-2018 Medical Director, Recovery Institute of South Florida Ft. Lauderdale, Florida 33316
- 1995-Present Medical Director of Miami Beach Medical Group and Wellness Center
- 2008-Present Medical Director and Chairman of Miami Dade Community Mental Health Center A Non-For-Profit Miami FL
- 2012-Present Principal Investigator and Founder of Premier Clinical Research Institute Miami FL
- 2017-Present Medical Director Recovery Project Detox Unit, PHP And IOP Programs Hollywood FL
- 2018-Present Director of Utilization Review and Case Management Programs Southern Winds Hospital Miami FL
- 2019-Present Medical Director Victory Recovery PHP And IOP Program Fort Lauderdale FL
- 2019- Present Medical Director Geriatric Unit at Southern Winds Hospital Miami FL

Teaching Responsibilities:

- 1986-1988 Regular Scheduled Seminar, Dept. of Pharmacology, University of Miami School of

Medicine

- 1987-1989 Lecturer in Basic Nutrition, Trinity Senior High School Level, Dade County, Florida
1987-1989 Lecturer in Nutrition, Senior College Level, Florida International University, Miami, Florida
1988-1989 Lecturer in Nutrition Metro-Dade Police Department, Miami, Florida
1989-1993 Instructor, Public Health Nutrition, Master Program in Public Health, Department of Epidemiology, University of Miami School of Medicine.
1989-1993 Instructor, Geriatric Education Center, Department of Psychiatry, University of Miami School of Medicine.
2003-2005 Associate Professor at Ross University Medical School. Miami, Florida
2011-2012 Kendall Regional Medical Center Graduate Medical Educating Voting Member
2011-2013 Clinical Professor of Psychiatry at AUC Medical School
2011-2013 Clinical Professor of Psychiatry at Ross University Medical School

Grants Received:

- 1986-1991 NIH/NIMH 1-P50-MH42555, Co-P.I., Total Award \$100,000
1988-1991 NIH/NIMH 1-P50-MH42555, Co-P.I. Total Award \$64,971
1987-1988 American Heart Association Florida Affiliate, Inc., P.I. Total Award \$25,000
1988-1989 American Heart Association Florida Affiliate, Inc., P.I. Total Award \$25,000
1987-1989 American Heart Association Florida Affiliate, Inc., Co P.I. Total Award \$28,000
1988-1993 NIH and Fogarty International Center, Investigator, Total Award \$1,640,115
1988-1991 Human Health Services, Investigator, Total Award \$948,964
1988-1989 Florida Cystic Fibrosis Foundation, Investigator, Total Award \$47,430
1988-1989 Florida Cystic Fibrosis Foundation, P.I., Total Award \$49,653
1989-1992 NIH-NINCDS, R29 NS 25785, Co-P.I., Total Award \$355,167
1993-1995 NIAAA Investigator Award, Total Award \$154,000

Honors and Awards:

- 1984 Postdoctoral work in Medicine and Surgery, completed with honors
1987 N.I.H. Postdoctoral Fellowship
1987 Citizen Ambassador, Division of International Ambassador Program
1987-1988 American Heart Association, Florida Affiliate, Clinician Scientist Award
1988-1989 American Heart Association, Florida Affiliate, Clinician Scientist Award
1988 Research Fellow in Clinical Nutrition
1988 Editorial Board of Archives of AIDS Research
1989 Elected Member Society Latin American Clinical Nutrition
1990 Founding Fellow of the Southern Association for Geriatric Medicine
1990 Elected Member Southern Medical Association
1991 Elected Fellow of the American College of Clinical Pharmacology
1992 Elected Member American Society Clinical Nutrition
1993 Grantsmanship Training Workshop for New Investigator Award, NIAAA
1993-1995 National Institute of Alcohol Abuse and Alcoholism (NIAAA) Investigator Award

1996 Elected Member Fellow of the American Board of Forensic Examiners

Professional Organizations:

1985 Southeastern Pharmacology Society
1987 American Public Health Association
1987 Florida Public Health Association
1987 New York Academy of Science
1987 American Council on Science and Health
1988 Physicians for a National Health Program
1988 American College Clinical Pharmacology
1988 National Council for International Health
1989 Sociedad Latinoamericana de Nutricion
1991 American Medical Association
1991 Florida Medical Association
1991 South Eastern Medical Society
1991 American Psychiatric Association
1991 Florida Psychiatric Association
1992 American Institute of Nutrition
1992 American Society for Clinical Nutrition
1995 American Society of Addiction Medicine
1996 American Board of Forensic Examiners

Community Services:

AIDS Watch South Florida, 1989
AIDS Epidemiology Research Cable-TAD Program, 1989
Seminars in Community based organizations:
Chronic Fatigue Syndrome Association, 1989, 1990
Cure AIDS Now, 1989, 1991
Body Positive Resource Center, 1989, 1992
Biopsychosocial Center for Studies on AIDS, 1991, 1992, 1993, 1994

SCIENTIFIC ARTICLES IN REFEREED JOURNALS:

1. Beach RS, **Mantero-Atienza E**, Eisdorfer C, Fordyce-Baum MK. Altered Folate Metabolism in Early HIV Infection. JAMA, 259:3128-9, 1988.
2. Beach RS, **Mantero-Atienza E**, Eisdorfer C, Fordyce-Baum MK. Altered Folate Metabolism in Early HIV Infection. In Response to Tilkien et al. JAMA, 259:519, 1988.
3. **Mantero-Atienza E**, Beach RS, Fletcher M, van Riel F, Morgan R, Eisdorfer C, Fordyce-Baum MK. Measures of Nutritional Status in Early HIV Infection. Arch AIDS

Research, III:4;275-285, 1989.

4. Fordyce-Baum MK, Langer LM, **Mantero-Atienza E**, Crass R, Beach RS. Weight Reduction and Serum Lipid Profiles in Obese Females. Am J Clin Nutr, 50:30-6, 1989.
5. Millon C, Salvato F, Blaney N, Morgan R, **Mantero-Atienza E**, Klimas N, Fletcher, MA. A Psychological Assessment of Chronic Fatigue Syndrome/Chronic Epstein-Barr Virus Patients. Psychology and Health: An International Journal, 3:131-141, 1989.
6. Beach RS, **Mantero-Atienza E**, van Riel, F., Eisdorfer C, Fordyce-Baum MK. Implications of Nutritional Deficiencies in HIV Infection. I. Organ System Function in HIV Infection. Arch AIDS Research, III:4;287-306, 1989.
7. Beach RS, **Mantero-Atienza E**, Fordyce-Baum MK, Prineas R, Zelaya E, Thiebaud M, Loyola LA, Gosset G. HIV infection in Brazil. N Eng J Med, 321, 12:830-832, 1989.
8. Vergara A, Perez JM, Cruz E, Alvarez MM, Torres M, Perez FJ, Perez S, Molina JL, Bascañana A, **Mantero-Atienza E**. Epidemiology of AIDS in Cadiz, a south province of Spain. Arch AIDS Res, III:4;325-338, 1989.
9. Quintero JC, Moriana JCE, Moreno JMP, de Campos AV, Tortosa MT, Cortes SP, Palma MJC, Jimenez FJP, **Mantero-Atienza E**. Extrapulmonary Tuberculosis As AIDS Diagnosis Criterion. Arch AIDS Res, III:4;317-324, 1989.
10. Fordyce-Baum MK, **Mantero-Atienza E**, Morgan R, van Riel F, Beach RS. Toxic Levels of Dietary Supplementation in HIV-1 Infected Patients. Arch of AIDS Research, IV:1;149-158, 1990.
11. Beach RS, **Mantero-Atienza E**, van Riel, F., Fordyce-Baum MK. Potential Implications of Nutritional Deficiencies in HIV Infection. II. Nutrition, Immune Function and HIV Infection. Arch AIDS Research, IV:1;137-148, 1990.
12. **Mantero-Atienza E**, Baum MK, Javier JJ, Shor-Posner G, Millon C, Szapocznik J, Eisdorfer C, Beach RS. Nutritional Knowledge, Health Beliefs And Practices In The HIV Infected Patient. Nutr Res, 11;33-40, 1991.
13. **Mantero-Atienza E**, Baum M, Morgan R, Wilkie F, Shor-Posner G, Fletcher M, Eisdorfer C, Beach RS. Vitamin B₁₂ in early human immunodeficiency virus type 1 infection. Arch Int Med, 151:1019-20, 1991.
14. **Mantero-Atienza E**, Beach RS, Gavancho MC, Morgan R, Shor-Posner G, Baum MK. Selenium Status in Early HIV-1 Infection. JPEN, 15:693-94, 1991.
15. Hearn WL, Flynn DD, Hime GW, Rose S, Cofino JC, **Mantero-Atienza E**, Wetli CV, Mash DC. Cocaethylene: A Unique Cocaine Metabolite Displays High Affinity for the Dopamine Transporter. J Neurochem, 56,698-701, 1991.

16. Baum MK, **Mantero-Atienza E**, Fletcher MA, Morgan R, Eisdorfer C, van Riel F, Beach RS. Association of Vitamin B₆ Status with Parameters of Immune Function in Early HIV-1 Infection. J AIDS, 4:1122-32, 1991.
17. **Mantero-Atienza E**, Gavancho-Sotomayor M, Shor-Posner G, Fletcher MA, Sauberlich HE, Beach RS, Baum MK. Selenium Status and Immune Function in Asymptomatic HIV-1 Seropositive Men. Nutr Res, 11:11, 1236-50, 1991.
18. Baum MK, Javier JJ, **Mantero-Atienza E**, Beach RS, Sauberlich HE, Feaster D, Shor-Posner G. Zidovudine-associated adverse reactions in a longitudinal study of asymptomatic HIV-infected homosexual males. J AIDS, 4:1218-1226, 1991.
19. Beach RS, Morgan R, Wilkie F, **Mantero-Atienza E**, Eisdorfer C, Blaney N, Fordyce-Baum MK. Plasma Cobalamin Levels as a Potential Cofactor in Studies of HIV Related Cognitive Changes. Arch Neurol, 49:501-506, 1992.
20. Shor-Posner G, **Mantero-Atienza E**, Beach RS, Javier J, Feaster D, Sotomayor M, Cabrejos C, Fletcher MA, Lu Y, Sauberlich H, Baum MK. Association of Nutritional Abnormalities and Immune Parameters in HIV-1 Seronegative Homosexual Men. J Immunol Inf Dis, 2,4:209-216, 1992.
21. Beach RS, **Mantero-Atienza E**, Szapocznik J, Morgan R, Sauberlich HE, Eisdorfer C, Baum MK. Specific Nutrient Abnormalities in Asymptomatic HIV-1 Infection. J AIDS, 6:701-708, 1992.
22. Goodkin K, Blaney N, Feaster D, Fletcher MA, Baum, MK, **Mantero-Atienza E**, Klimas, Millon C, Szapocznik J, Eisdorfer C. Active coping style is associated with natural killer cell cytotoxicity in asymptomatic HIV-1 seropositive homosexual men. J Psychosomat Res, 36:7,635-650, 1992.
23. **Mantero-Atienza E**, Beach RS, Gavancho MC, Christakis G, Baum MK. Nutritional Status of Institutionalized Elderly in South Florida. Archivos Latinoamericanos de Nutricion, 42:3,242-249, 1992.
24. Shor-Posner G, Basit A, Lu Y, Cabrejos C, Peck M, Chang J, Fletcher MA, **Mantero-Atienza E**, Baum MK. Hypocholesteremia is associated with immune dysfunction in early HIV-1 infection. Am J Med, 94(5) 515-519, 1993.
25. Peck M, **Mantero-Atienza E**, Beach RS, Cabrejos C, Lu Y, Shor-Posner G, Baum MK. The esterified plasma fatty acid profile is altered in early HIV-1 infection. Lipids, 28:7,593-597, 1993.
26. Bologna R, Indacochea F, Shor-Posner G, **Mantero-Atienza E**, Graziutti M, Sotomayor MC, Fletcher MA, Cabrejos C, Scott GB, Baum MK. Selenium and immunity in HIV-1 infected

pediatric patients. J Nutr Immunol, 3(1) 41-49, 1994.

27. Mason BJ, Ritvo EC, Morgan RO, Salvato FR, Goldberg G, **Mantero-Atienza E**. A Double-Blind, Placebo-Controlled Pilot Study to Evaluate the Efficacy and Safety of Oral Nalmefene HCL for Alcohol Dependence. Alcoholism: Clinical and Experimental Research, 18(5):1162-1167, 1994.

BOOKS AND BOOK CHAPTERS:

1. Millon C, **Mantero-Atienza E**, Szapocznik J. "Psychological Junctures in HIV Infection" IN AIDS: An Environmental and System Approach, P.V. Stein, ed., Swets and Zeitlinger, 1989.
2. **Mantero-Atienza E**, Maitland T, Beach RS, Fordyce-Baum MK. "Nutritional Implications of Parkinson's Disease" Monograph of National Parkinson's Foundation, 1990.
3. Baum MK, Shor-Posner G, Bonvehi P, Cassetti I, Lu Y, **Mantero-Atienza E**, Beach RS, Sauberlich HE. Influence of HIV infection on vitamin status and requirements. New York Academy of Science, "Beyond Deficiency: New Views on the Function and Health Effects of Vitamins", Eds. Sauberlich, H.E., Machlin, L.J., 669:165-174, 1992.
4. Beach, R.S., Cabrejos, C., Shor-Posner, G., **Mantero-Atienza, E.**, Baum, M.K. "Nutritional Aspects of Early HIV Infection", In: Nutrition and Immunity, Eds. R.K. Chandra, 241-253, 1992.
5. Baum MK, Shor-Posner G, **Mantero-Atienza E**, Beach RS. "Nutrition Immune Function and HIV Infection," In WHO Psychoneuroimmunology and HIV-1 Disease. Eds. Schneiderman N, Szapocznik J, Antoni M, Eisdorfer C, Fletcher, MA, Goodkin K., and Maj M. Plenum, In Press, 1995.
6. Baum MK, Shor-Posner G, **Mantero-Atienza E**, Beach R.S. "The Acquired Immunodeficiency Syndrome; Nutritional Aspects of Neuropsychological Function and Disease Progression," In Stress, Coping and AIDS. Eds. Schneiderman N, McCabe P, Field T, and Eisdorfer C. Lawrence Erlbaum Assoc., Inc.; Hillsdale, N.J. In Press, 1995.

PUBLISHED ABSTRACTS:

1. **Mantero-Atienza E** & Pressman BC. Comparison of the effects of two dietary omega-3 lipids, linseed (18:3) and MaxEPA (20:5, 22:6) oils on blood lipids and blood pressure. Federation Proceedings 46:4, 1170, 1987.
2. Fordyce-Baum MK, **Mantero-Atienza E** and Christakis G. Nutritional status of elderly in a nursing home. Federation Proceedings 46:3, 900, 1987.

3. Eisdorfer C, Szapocznik J, Scott G, Klimas N, Fordyce-Baum MK, **Mantero-Atienza E** et al. The Biopsychosocial Research Center on AIDS: A multidisciplinary approach to the investigation of the AIDS disease, III International Conference on Acquired Immunodeficiency Syndrome (AIDS), Washington, DC, USA. 1987.
4. **Mantero-Atienza E**, Eisdorfer C, Christakis G, Crass R and & Fordyce-Baum MK. Nutritional status and the development of AIDS in lymphadenopathy patients. III International Conference of Acquired Immunodeficiency Syndrome (AIDS), Washington, DC, USA. 1987.
5. **Mantero-Atienza E**, Christakis G, Fordyce-Baum MK. The effect of a Pectin containing food supplement on serum lipids and lipoproteins in healthy normolipidemic males. Proceedings of Southeastern Pharmacology Society, University, Mississippi. 1987.
6. Langer L, **Mantero-Atienza E**, Crass R, Duncan R, Fordyce-Baum MK. Effect of weight reduction by low-calorie diet on blood lipids in normolipidemic females. Proceedings of Southeastern Pharmacology Society, University, Mississippi. 1987.
7. **Mantero-Atienza E**, Pressman BC. Role of omega-3 Lipid Metabolism in Brain Functioning During Aging, Florida Council on Aging. American Federation on Aging Research, Ft. Lauderdale, Florida. 1987.
8. **Mantero-Atienza E**, Millon C, Beach RS. Psychosocial cofactors affecting HIV progression. First International Conference on the Global Impact of AIDS, London, England. 1988.
9. Beach RS, **Mantero-Atienza E**, Fordyce-Baum MK. Dietary supplementation in HIV infection. Federation Proceedings The FASEB Journal, Vol 2, No.5: #6618. 1988.
10. Fordyce-Baum MK, Beach RS, **Mantero-Atienza E**. Retinol-Binding protein in early HIV infection. Federation Proceedings The FASEB Journal, Vol 2, No.5: #6620. 1988.
11. **Mantero-Atienza E**, Fordyce-Baum MK, Beach RS. Elevated folate levels and immune function in early HIV infection. Federation Proceedings The FASEB Journal, Vol 2, No.6: #7742. 1988.
12. Crass R, **Mantero-Atienza E**, Beach RS, Fordyce-Baum MK. Weight loss and serum lipid modification by expanded wheat product. Federation Proceedings The FASEB Journal, Vol 4, No.4: #1941. 1988.
13. Beach RS, **Mantero-Atienza E**, Millon C. Psychosocial cofactors affecting HIV Progression. Proceedings First Pan American Conference on AIDS, Guadalajara, Mexico. 20:MS-4, 1988.
14. Beach RS, **Mantero-Atienza E**, Crass R, Fletcher MA, Morgan R, Eisdorfer C, Fordyce-Baum MK. Trace Elements during early HIV infection. Proceedings First Pan American Conference

- on AIDS, Guadalajara, Mexico. 24:P-8, 1988.
15. Beach RS, **Mantero-Atienza E**, Crass R, Fletcher MA, Morgan R, Eisdorfer C, Fordyce-Baum MK. Retinol-Binding protein in early HIV infection. Proceedings First Pan American Conference on AIDS, Guadalajara, Mexico. 25:P-9, 1988.
 16. Beach RS, **Mantero-Atienza E**, Crass R, Fletcher MA, Morgan R, Eisdorfer C, Fordyce-Baum MK. Elevated folate levels and immune function in early HIV infection. Proceedings First Pan American Conference on AIDS, Guadalajara, Mexico. 20:P-10, 1988.
 17. **Mantero-Atienza E**, Beach RS, Crass R, Fletcher MA, Morgan R, Fordyce-Baum MK. Retinol binding protein levels immune function: in HIV-1 infection. Proceedings Fourth International Conference on AIDS, Vol 2, #2608, 1988.
 18. Beach RS, **Mantero-Atienza E**, Crass R, Fletcher MA, Morgan R, Fordyce-Baum MK. Vitamin B₁₂ levels and immune function in early HIV infection. Proceedings Fourth International Conference on AIDS, Vol 2, #2601, 1988.
 19. Fordyce-Baum MK, **Mantero-Atienza E**, Crass R, Morgan R, Beach RS. Toxic levels on dietary supplementation in early HIV infection. Proceedings Fourth International Conference on AIDS, Vol 2, #7523, 1988.
 20. Yañez-Polo I, **Mantero-Atienza E**. Educational cooperation between Puerto Rico and Spain. Proceedings of the Ten years after Alma Ata: Health Progress, Problems and Future Priorities. 1988 Annual International Health Conference, Washington, DC. 1988.
 21. **Mantero-Atienza E**, Beach RS, Fordyce-Baum MK. Water-soluble vitamin levels in a geriatric population. J Clin. Pharmacol 28:Vol 28 #154, 1988.
 22. Beach RS, Fordyce-Baum MK, **Mantero-Atienza E**. Cholesterol and triglyceride levels in nursing home residents. J Clin Pharmacol 28:Vol 28, #153. 1988.
 23. Van Riel F, **Mantero-Atienza E**, Salvato F, Beach RS, Fletcher MA, Klimas N, Fordyce-BaumMK. Nutritional Status of Chronic Fatigue Syndrome (CFS)/Epstein-Barr Virus (EBV) patient. J. Exp. Clin. Cancer Res., 7,3,:88-Supplement. 1988.
 24. **Mantero-Atienza E**, van Riel F, Beach RS, Fordyce-Baum MK. Dietary Modification in HIV Seropositive Patients After Diagnosis. 2nd International Awareness Conference on AIDS, Arch of AIDS Res Vol III; 224, 1989.
 25. Beach RS, **Mantero-Atienza E**, Van Riel F, Fordyce-Baum MK. Potential Implications of Nutritional Deficiencies in Early HIV-1 Infected Patients. 2nd International Awareness Conference on AIDS, Arch of AIDS Res Vol III; 225, 1989.
 26. **Mantero-Atienza E**, Beach RS, van Riel F, Fordyce-Baum MK. Retinol-Binding Protein as an

- Early Predictor of Progression in the HIV Continuum. 2nd International Awareness Conference on AIDS, Arch of AIDS Res Vol III; 227, 1989.
27. **Mantero-Atienza E**, Beach RS, van Riel F, Fordyce-Baum MK. Nutritional Status of a Cohort of HIV-1 Positive Gay Men. Federation Proceedings, FASEB Meeting, A657:2502, 1989.
 28. Beach RS, **Mantero-Atienza E**, Eisdorfer C, Fletcher MA, Morgan R, Fordyce-Baum MK. Early Predictors of Nutritional Status In HIV-Infection. V International Conference on AIDS, Montreal, 467:Th.B.P. 306, 1989.
 29. **Mantero-Atienza E**, Beach RS, van Riel F, Fletcher MA, Morgan R, Eisdorfer C, Fordyce-Baum MK. Low Vitamin B6 Levels and Immune Dysregulation In HIV-1 Infection. V International Conference on AIDS, Montreal, 468:Th.B.P. 313, 1989.
 30. **Mantero-Atienza E**, Fordyce-Baum MK, van Riel F, Beach RS. Nutritional Knowledge Health Beliefs and Practices In The HIV-1 Infected Patient. V International Conference on AIDS, Montreal, 468:Th.B.P. 314, 1989.
 31. Beach RS, **Mantero-Atienza E**, van Riel F, Morgan R, Fordyce-Baum MK. Nutritional Abnormalities in Early HIV-1 Infection I. Plasma Vitamin Levels. V International Conference on AIDS, Montreal, 218:Th.B.P. 314, 1989.
 32. Fordyce-Baum MK, **Mantero-Atienza E**, van Riel F, Morgan R, Beach RS. Nutritional Abnormalities in Early HIV-1 Infection II. Trace Elements. V International Conference on AIDS, Montreal, 467:Th.B.P. 310, 1989.
 33. Beach RS, **Mantero-Atienza E**, Javier JJ, Fordyce-Baum MK. Nutritional Studies in Asymptomatic HIV-infected Patients. 14th International Congress of Nutrition, Seoul, Korea, 1989.
 34. Cabrejos C, **Mantero-Atienza E**, Fordyce-Baum MK, Beach RS, Javier JJ, Gavancho MC. Copper and immune status in early HIV-1 infection. Federation Proceedings, The FASEB Journal, Vol 4,No.3:#723, 1990.
 35. Chang J, Fordyce-Baum MK, Cabrejos C, Javier JJ, Beach RS, Gavancho MC, **Mantero-Atienza E**. Plasma fatty acids in early HIV-1 infection. Federation Proceedings, The FASEB Journal, Vol 4,No.3:#3070, 1990.
 36. **Mantero-Atienza E**, Javier JJ, Chang J, Beach RS, Gavancho MC, Cabrejos C, Fordyce-Baum MK. Levels of water soluble vitamins in patients with cystic fibrosis (CF). Federation Proceedings, The FASEB Journal, Vol 4,No.3:#2325, 1990.
 37. Gavancho M, **Mantero-Atienza E**, Mendoza E, Javier JJ, Cabrejos C, Beach RS, Fordyce-Baum MK. Riboflavin status in sickle cell disease (SCD). Federation Proceedings, The FASEB Journal, Vol 4,No.3:#3909, 1990.

38. Javier JJ, Fordyce-Baum MK, Beach RS, Gavancho MC, Cabrejos C, **Mantero-Atienza E**. Antioxidant micronutrients and immune function in HIV-1 infection. Federation Proceedings, The FASEB Journal, Vol 4, No.4: #3911, 1990.
39. Javier JJ, Mavunda K, **Mantero-Atienza E**, Shor-Posner G, Baum MK. Trace Elements Status in Patients with cystic fibrosis (CF). Proceeding International CF Conference, Arlington, Virginia, 1990.
40. **Mantero-Atienza E**, Shor-Posner G, Mavunda K, Javier JJ, Baum MK. Inadequate fat soluble vitamin supplementation in cystic fibrosis (CF). Proceeding International CF Conference, Arlington, Virginia, 1990.
41. Javier JJ, Shor-Posner G, **Mantero-Atienza E**, Beach RS, Baum MK. Nutritional abnormalities associated with HIV Infection. Neuroscience Abstract, 16:614, 1990.
42. Shor-Posner G, Javier JJ, Beach RS, **Mantero-Atienza E**, Baum MK. Altered patterns of nutrient intake in HIV-1 + subjects with pyridoxine (Vitamin B₆) deficiency. Neuroscience Abstract, 16:614, 1990.
43. Javier JJ, Shor-Posner G, Cabrejos C, **Mantero-Atienza E**, Baum MK. Effects of Zidovudine (AZT) on trace element levels in HIV infections. J Clinical Pharmacology 1990; 30(9):840 #38.
44. Javier JJ, Chang J, Cabrejos C, **Mantero-Atienza E**, Behavioral changes and knowledge of HIV infected patients regarding diet, nutrition, and HIV infection. American Dietetic Association 73rd Annual Meeting, Denver, Colorado, #A-70, 1990.
45. **Mantero-Atienza E**, Baum MK, Beach RS, Javier JJ, Morgan R, Eisdorfer C. Vitamin B₆ and immune function in HIV infection. VI International Conference on AIDS, San Francisco. Vol 2, #3123, 1990.
46. Baum MK, Beach RS, Morgan R, **Mantero-Atienza E**, Wilke F, Eisdorfer C. Vitamin B₁₂ and cognitive function in HIV infection. VI International Conference on AIDS, San Francisco. Vol 2, #F.B. 32, 1990.
47. Beach RS, Baum MK, Shultz J, **Mantero-Atienza E**, Prineas RJ, Thiebaud-Alvarenga M, Alvarenga JC, Gutierrez R, Tercero D, Zelaya E. Patterns of HIV-Infection in Central America. VI International Conference on AIDS, San Francisco. Vol 2, #F.C. 590, 1990.
48. Baum MK, Beach RS, Morgan R, **Mantero-Atienza E**, Wilke F, Eisdorfer C. Vitamin B₁₂ and cognitive function in HIV infection. PSY-9. Neurological and Neuropsychological Complications of HIV infection. Monterey, California, 1990.
49. **Mantero-Atienza E**, Sotomayor MC, Shor-Posner G, Fletcher MA, Beach R, Basit A, Cabrejos C, Baum MK. Selenium status and immune function in early HIV-1 infection. VII

International Conference on AIDS, Florence, Italy, Vol 1, #M.C.3126, 329, 1991.

50. Baum MK, Beach RS, **Mantero-Atienza E**, Fletcher M, Rosner B, Eisdorfer C, Shor-Posner G. Predictors of change in immune function: longitudinal analysis of nutritional status in early HIV-1 infection. VII International Conference on AIDS, Florence, Italy, Vol 1, #M.C.3127, 329, 1991.
51. Beach RS, Cabrejos C, **Mantero-Atienza E**, Basit A, Chang J, Fletcher M, Baum MK. Effect of zinc normalization on immunological function in early HIV-1 infection. VII International Conference on AIDS, Florence, Italy, Vol 1, #M.C.3128, 330, 1991.
52. Shor-Posner G, **Mantero-Atienza E**, Beach R, Javier JJ, Basit A, Cabrejos C, Sauberlich HE, Feaster D, Baum MK. Zidovudine-associated alterations in nutrient status: impact upon immune function. VII International Conference on AIDS, Florence, Italy, Vol 2, #W.B.2098, 206, 1991.
53. Indacochea FJ, Zambrano JC, **Mantero-Atienza E**, Scott GB. Selenium deficiency in HIV-infected children. Proceedings American Pediatric Society Meeting, 1991.
54. Mavunda K, Javier JJ, **Mantero-Atienza E**, Shor-Posner G, McKey RM. Trace elements in patients with cystic fibrosis (CF). Proceedings American Pediatric Society Meeting, 1991.
55. **Mantero-Atienza E**, Mavunda K, Shor-Posner G, Javier JJ, Baum MK. Inadequate fat soluble vitamin supplementation in cystic fibrosis (CF). Proceedings American Pediatric Society JAIDS,4:1122-32, 1991.
56. Cabrejos C, Shor-Posner G, **Mantero-Atienza E**, Beach R, Basit A, Chang J, Baum MK. Altered levels of fatty acids affect immune function in early HIV-1 infection. Proceedings American Association of Pharmaceutical Scientists, 1991.
57. Basit Abdul, **Mantero-Atienza E**, Beach RS, Cabrejos C, Chang J, Shor-Posner G, Baum MK. Lipid Status in Early HIV-1 Infection. Proceedings American Association of Pharmaceutical Scientists, 1991.
58. Wilkie F, Shor-Posner G, **Mantero-Atienza E**, Beach RS, Ayala M, Morgan R, Eisdorfer C, Baum MK. Association of vitamin B₆ status and reaction time in early HIV-1 infection. International conference on Neuroscience of HIV Infection, Padova, Italy 1991.
59. Chang J, Shor-Posner G, Cabrejos C, Baum MK, **Mantero-Atienza E**. Alterations in Body Composition in HIV-1 Infection. 74th Annual Meeting. Proceedings of The American Dietetic Association, In press, 1991.
60. Shor-Posner G, Ramsay RE, Morgan R, Slater J, Beach R, **Mantero-Atienza E**, Baum MK.

Association of Electrophysiologic Brain Function and Nutritional Status in Human Immunodeficiency Virus (HIV-1) Infection. 21st Ann Mtng. Society for Neurosciences, Vol 1, #13.12, 22, 1991.

61. Singer C, **Mantero-Atienza E**, Weiner W. Tandem Gait in Middle Aged and Elderly Subjects: A Normative Study. Proceedings 1992 AAN Scientific Program, 1991.
62. Baum MK, Shor-Posner G, Cassetti I, Bonvehi P, Lu Y, Beach RS, **Mantero-Atienza E**. Influence of HIV-1 Infection on vitamin status and requirements. Proceedings of the New York Academy of Science, 1992.
63. Peck M, Cabrejos C, Basit A, Chang J, **Mantero-Atienza E**, Beach R, Lu Y, Shor-Posner G, Baum MK. Desaturations and elongation of linoleic acid is impaired in early HIV-1 infection. Proceedings 3rd International Congress on Essential Fatty Acids, Australia, 1992.
64. **Mantero-Atienza E**, Indacochea F, Cabrejos C, Sotomayor MC, Fletcher MA, Sauberlich HE, Shor-Posner G, Baum MK. Selenium deficiency associated with HIV-1 infection in children. VIII International Conference on AIDS, Amsterdam, Netherlands, Vol 3, PuB, 7336, 1992.
65. Baum MK, Shor-Posner G, Cassetti LI, Lu Y, **Mantero-Atienza E**, Beach RS, Sauberlich HE. Interim dietary recommendations to maintain adequate blood nutrient levels in early HIV-1 infection. VIII International Conference on AIDS, Amsterdam, Netherlands, Vol 3, PoB, 3675, 1992.
66. Shor-Posner G, Blaney N, Feaster D, **Mantero-Atienza E**, Beach RS, Sauberlich H, Goodkin K, Eisdorfer C, Baum MK. Anxiety and depression in early HIV-1 infection and its association with vitamin B₆ status. VIII International Conference on AIDS, Amsterdam, Netherland, Vol 2, PoB, 3711, 1992.
67. Singer C, **Mantero-Atienza E**, Weiner WJ. A novel rating scale for evaluation of tandem gait. study of interrater reliability and comparison of normal subjects with parkinsonian and essential tremor patients. 2nd International Congress of Movement Disorders, Vol 7, Supple 1, P292, 1992.
68. Shor-Posner G, Morgan R, Wilkie F, Beach RS, **Mantero-Atienza E**, Baum MK. Plasma cobalamin levels are associated with information processing speed in a longitudinal study of HIV-1 disease. Society for Neuroscience, Vol 1, 144.13 1992.
69. Singer C, **Mantero-Atienza E**, Weiner WJ. Tandem gait in Parkinson's disease. Proceedings American Neurological Association, 1993.
70. Shor-Posner G, Miguez-Burbano MJ, **Mantero-Atienza E**, Fletcher MA, Baum MK. Elevated IgE in relationship to plasma vitamin E levels in early HIV-1 disease. IX International Conference on AIDS, Berlin, Germany, 1993.

71. Wolfgang Fleischhacker, Jana Podhorna, Martina Groschl, Sanjay Hake, Yihua Zhao, Ronald Brenner, David Walling, Kazuyuki Nakagome, **Emilio Mantero-Atienza**, Stephane Pollentier. Efficacy and safety of BI 425809 once daily in patients with schizophrenia: Topline Phase 2 results. SIR 2020 1346-0009 abstract Draft 1.

CLINICAL RESEARCH EXPERIENCE:

Alzheimer's disease

- 2018-Present Principal Investigator
A Multi-Center, Double-Blind, Parallel-Group, Randomized Controlled Study to Investigate Efficacy and Safety of Orally Administered “Study Drug” during a 12-week Treatment Period Compared to Placebo in Patients with Cognitive Impairment due to Alzheimer's Disease.
- 2017-Present Principal Investigator
Open Label Extension Study for Continued Safety and Efficacy Evaluation of in “Study Drug” Patients with Mild Alzheimer's Disease.
- 2017-Present Principal Investigator
A Placebo-Controlled, Double-Blind, Parallel-Group, 24-Month Study to Evaluate the Efficacy and Safety of “Study Drug” in Subjects with Early Alzheimer's Disease.
- 2016-Present Principal Investigator
A Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Assess the Efficacy and Safety of “Study Drug” in the Treatment of Agitation in Patients with Dementia.
- 2016-Present Principal Investigator
A Phase 3, Multicenter, Long-Term, Extension Study of the Safety and Efficacy of “Study Drug” for the Treatment of Agitation in Patients with Dementia of the Alzheimer's Type.
- 2016-Present Principal Investigator
A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy, Safety, and Tolerability of “Study Drug” for the Treatment of Agitation in Patients with Dementia of the Alzheimer's Type.
- 2015-2017 Principal Investigator
A Phase 2A Multicenter, Randomized, Double-Blind, Parallel Group, 26-Week, Placebo-Controlled Study of 50 mg and 100 mg of “Study Drug” in Subjects with Moderate Alzheimer's.

- 2015-Present Principal Investigator
Randomized, Double-Blind, Placebo Controlled, Multi-Center Registration Trial to Evaluate the Efficacy and Safety of “Study Drug” in Patients with Mild Alzheimer's Disease Receiving Acetylcholinesterase Inhibitors and/or Memantine.
- 2015-2017 Principal Investigator
Randomised, Double-Blind, Parallel-Group, Placebo-Controlled Study of “Study Drug” in Patients with Mild-Moderate Alzheimer's Disease Treated with an Acetylcholinesterase Inhibitor; Study 3.
- 2015-2015 Principal Investigator
A Randomized, Double-blind, Placebo-controlled, Parallel-Group, 26-Week, Phase 3 Study of 2 Doses of “Study Drug” or Placebo in Subjects With Mild to Moderate Alzheimer's Disease Currently or Previously Receiving an Acetylcholinesterase Inhibitor Medication.
- 2014-2017 Principal Investigator
A 2-month, Observational, Rollover Trial to Evaluate the Safety of Subjects with Agitation Associated with Dementia of the Alzheimer's Type who were Previously Treated with “Study Drug” or Placebo in a Phase 3, Double-blind Trial
- 2014-2015 Sub-Investigator
A Randomized, Double-blind, Placebo-controlled, Parallel-Group, 26-Week, Phase 3 Study of 2 Doses of “Study Drug” or Placebo in Subjects with Mild to Moderate Alzheimer's Disease Currently or Previously Receiving an Acetylcholinesterase Inhibitor.
- 2014-Present Principal Investigator
A Phase 3, 12-week, Multicenter, Randomized, Double-blind, Placebo-controlled Trial to Evaluate the Efficacy, Safety, and Tolerability of 2 Fixed Doses of “Study Drug” in the Treatment of Subjects With Agitation Associated With Dementia of the Alzheimer's Type.
- 2014-2014 Principal Investigator
A Phase 2, Randomized, Double-dummy, Double-blind, Placebo-controlled Study to Assess the Efficacy, Safety and Tolerability of “Study Drug” for the Treatment of Symptoms of Agitation in Patients With Alzheimer's Disease.
- 2013-2014 Sub-Investigator
A Multicenter Prospective Observational Study to Assess Resource Utilization and Health-related Quality of Life in Patients with Alzheimer's Disease Receiving “Study Drug” – Strength Study.
- 2013-2014 Sub-Investigator
A Multicenter Prospective Observational Study to Assess Resource Utilization and

Health-Related Quality of Life in Patients with Alzheimer's Disease of "Study Drug"
– Strength Study.

- 2011- 2013 Principal Investigator
An Evaluation of the Safety and Efficacy of Memantine in agitated Patients With Moderate to Severe Alzheimer's Disease.
- 2010-2011 Sub-Investigator
Efficacy and Safety of "Study Drug" Compared With Placebo in the Treatment of Psychotic Symptoms in Patients With Alzheimer's Disease.
- 2008-2010 Sub-Investigator
Study of "Study Drug" in the Treatment of Patients With Psychosis Associated With dementia of the Alzheimer's type.

Bipolar Disorder

- 2017-Present Principal Investigator
A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Assess the Efficacy and Safety of "Study Drug" in the Treatment of Patients with Major Depressive Episodes Associated with Bipolar I or Bipolar II Disorder (Bipolar Depression).
- 2017-Present Principal Investigator
A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Assess the Efficacy and Safety of "Study Drug" Monotherapy in the Treatment of Patients with Major Depressive Episodes Associated with Bipolar I or Bipolar II Disorder (Bipolar Depression).
- 2013-2013 Principal Investigator
Open-label Study to Evaluate the Effectiveness of "Study Drug" Formulation of Aripiprazole as Maintenance Treatment in Patients with Bipolar I Disorder.
- 2008-2008 Sub-Investigator
Single center, open prospective study to evaluate the effectiveness of "Study Drug" monotherapy in the maintenance treatment of adolescent patients with bipolar spectrum disorder (bipolar I and bipolar II disorders, cyclothymia, and bipolar disorder not otherwise specified).
- 2003-2005 Principal Investigator
Double-Blinded Randomized Endpoint Classification Safety/Efficacy Study of the effectiveness and Safety of "Study Drug" in the Treatment of Mania/Bipolar Disorder.
- 2003-2004 Principal Investigator
Double-Blind Randomized Placebo-Controlled Trial of "Study Drug" in Treatment of

Resistant Bipolar Depression.

Major Depression Disorder

- 2011-2012 Principal Investigator
A Long-term, Phase 3, Multicenter, Open-label Trial to Evaluate the Safety and Tolerability of “Study Drug” as Adjunctive Therapy in Adults With Major Depressive Disorder.
- 2010-2012 Principal Investigator
A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Relapse Prevention Study with “Study Drug” in Patients With Major Depressive Disorder.
- 2010-2010 Sub-Investigator
To determine effect sizes on scales measuring depressive symptoms, physical symptoms, psychosocial function and quality of life, and to evaluate safety in the population of patients with epilepsy.
- 2007-2008 Sub-Investigator
To determine the safety and efficacy of “Study Drug” Monotherapy in the treatment of major depressive disorder with psychotic features.

Traumatic Brain Injury

- 2017-Present Principal Investigator
A Phase 2, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy, Safety, and Tolerability of “Study Drug” for the Treatment of Neurobehavioral Disinhibition Including Aggression, Agitation, and Irritability in Patients with Traumatic Brain Injury (TBI).

Schizophrenia

- 2018-Present Principal Investigator
A Phase II Randomized, Double-Blinded, Placebo-Controlled Parallel Group Trial to Examine the Efficacy and Safety of 4 Oral Doses of “Study Drug” Once Daily over 12 week Treatment Period in Patients with Schizophrenia.
- 2017-Present Principal Investigator
A Randomized, Crossover, Open-Label, Multiple Dose, Pivotal Pharmacokinetic Bioequivalence Study Comparing Paliperidone Palmitate Extended-release “Study Drug” with Invega Sustenna (US Product Reference) in Subjects with Schizophrenia or Schizoaffective Disorder.
- 2017-Present Principal Investigator
Interventional, Open-Label, Flexible Dose, Long Term Safety Study of “Study Drug”

in Adult Patients with Schizophrenia.

- 2016-Present Principal Investigator
An Open-Label, Multi-Center Trial to Assess the Safety and Effectiveness of “Study Drug” in Patients with Schizophrenia.
- 2016-Present Principal Investigator
Interventional, randomised, Double-Blind, Active-Controlled, Fixed-Dose Study of “Study Drug” in Patients with Treatment-Resistant Schizophrenia.
- 2015-2017 Principal Investigator
A Phase 2, Efficacy, Safety, and Tolerability Study of “Study Drug” in Schizophrenia with Alcohol Use Disorder Disease Currently Treated with Donepezil Hydrochloride and Memantine Hydrochloride.
- 2015-2016 Principal Investigator
An Open-Label, Long-Term Safety and Tolerability Study of “Study Drug” in the Treatment of Subjects with Schizophrenia.
- 2014-2015 Principal Investigator
A 26-Week Extension Study of “Study Drug” as an Adjunctive Pro-Cognitive Treatment in Schizophrenia Subjects on Chronic Stable Atypical Antipsychotic Therapy.
- 2014-2016 Principal Investigator
Adaptive, Phase IIb/III, Double-Blind, Randomized, Placebo-Controlled, Multi-Center Study of the Safety “Study Drug” Inhibitor, as an Add-on Treatment for Schizophrenia in Adolescents.
- 2013-2014 Principal Investigator
Randomized, double blind, placebo controlled, parallel 26 week phase III study of 2 doses of an “Study Drug” or placebo as an adjunctive Pro-Cognitive Treatment in Schizophrenia Subjects on chronic stable atypical antipsychotic therapy.
- 2012- 2013 Principal Investigator
An open-label, multi-center, pilot, multiple-dose, bioavailability study to determine the pharmacokinetics of “Study Drug” injection 117 mg/0.75 ml in subjects with schizophrenia.
- 2011-2012 Sub-Investigator
Open-label Study to Assess Hospitalization Rates in Adult Schizophrenic Patients Treated With Oral Antipsychotics for 6 Months.

- 2008-2009 Sub-Investigator
Evaluation of “Study Drug” cognitive effects in a pilot placebo controlled trial in patients with Schizophrenia.
- 2004-2005 Sub-Investigator
Open-label Study to Compare Hospitalization Rates of Schizophrenic Patients Treated With Oral Antipsychotics Versus IM “Study Drug”.

Tardive Dyskinesia

- 2015-2016 Principal Investigator
A Phase 3, Open-Label, Safety and Tolerability Study of “Study Drug” NBI-98854 for the Treatment of Tardive Dyskinesia.
- 2014-2015 Sub-Investigator
A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial Evaluating the Efficacy, Safety, and Pharmacokinetic Behavior of Orally Administered “Study Drug” in Subjects with Drug-Induced Tardive Dyskinesia
- 2013-2014 Principal Investigator
A randomized endpoint classification: pharmaco-dynamics study to assess the risk of experiencing Tardive Dyskinesia and other movement disturbances associated with three atypical antipsychotic drugs among middle-aged and elderly psychiatric patients
- 2008-2010 Sub-Investigator
Evaluation of efficacy and tolerability of switching to Ziprasidone from other antipsychotic medications in the population of patients with Tardive Dyskinesia
- 2005-2005 Principal Investigator
Double-Blinded Randomized Endpoint Classification Safety/Efficacy Study of the effectiveness and Safety of “Study Drug” in the Treatment of Tardive Dyskinesia.

Diabetes

- 2010-2012 Sub-Investigator
A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Phase 3 Trial to Evaluate the Safety and Efficacy of “Study Drug” in Subjects With Type 2 Diabetes With Inadequately Controlled Hypertension on an Angiotensin-Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB).

EXHIBIT 4



August 6, 2020

Margate Cares for Heroes
c/o Kyle B. Teal, ESQ.
One Biscayne Tower
Two South Biscayne Blvd.
Suite 1500
Miami, FL 33131-1822

Sent via certified mail: 7013 2630 0000 3377 8947

Dear Attorney Teal,

On June 8, 2020, a reasonable accommodation request was submitted by you on behalf of your client, Margate Cares for Heroes, LLC, for a facility located at 603 Melaleuca Drive, Margate, Florida 33063 ("Property"). Upon receipt of the request, it was forwarded to the Development Services Department ("Department") for review. The Department provided a written analysis of the application which was provided to the applicant. On July 21, 2020, the applicant submitted a substantial amount of additional documentation for my consideration. During the evening of July 21st, the City of Margate held a public hearing for a reasonable accommodation. During the public hearing, I prepared by reviewing the background material, listened intently to the 30-minute presentation from the applicant which included witnesses and a request to consider the additional documentation submitted as a supplement the original application submitted. During the 90-minute public hearing, the public was invited to comment and comments were received.

The applicant's principal previously submitted a business plan for a veteran's treatment facility with applications for a Local Business Tax Receipt (LBTR) in June 2019, May 2020 and June 2020 and the zoning change application in June 2020. Essentially the same plan was submitted prior to the hearing scheduled by Ms. Jimenez. Therein, it was proposed that the use be a Veterans Inpatient Residential Treatment facility licensed by the Agency for Health Care Administration (AHCA) and the Department of Children and Families (DCF). Moreover, the Reasonable Accommodation Request includes a proposed zoning approval letter for licensure by both state agencies.

The business plan indicates that medical treatment will be provided to patients occupying 36 beds (18 rooms with up to 2 beds per room) and will employ 49 persons to provide the inpatient medical services. The

City Commission

Mayor Tommy Ruzzano
Vice Mayor Arlene R. Schwartz
Antonio V. Arserio
Anthony N. Caggiano
Joanne Simone

City Manager

Cale Curtis

City Attorney

Janette M. Smith

City Clerk

Joseph J. Kavanagh

City Manager's Office

5790 Margate Boulevard, Margate, FL 33063 • Phone: (954) 935-5300 • Fax: (954) 935-5304

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total occupant load on the renovation plans previously submitted was 104. The site plan submitted shows only 21 parking spaces on the premises plus one handicapped space. The previously submitted applications for an LBTR were rejected since the proposed use was not permitted in the R-3 residential zone.

On June 2, 2020, the applicant submitted an application to change the zoning for this specific property from R-3 to CF-1, the latter of which provides for medical uses, including a medical detoxification facility as a permitted use. This application is pending.

Before the City may grant a reasonable accommodation, an applicant must demonstrate the following: the applicant has a qualifying disability; the accommodation is reasonable; and the accommodation is necessary.

When the request is related to housing for a disabled individual, the Federal Fair Housing Amendments, (FFHA) provides that a reasonable accommodation may be necessary to provide a disabled individual an equal opportunity to enjoy the housing of their choice. The documentation presented and the statements made at the hearing do not establish that it is reasonable or necessary for the specific siting of a medical treatment facility of this scope at this location. Applicant has not provided any evidence as to why a 36-bed capacity is necessary to the accommodation, nor whether this capacity offers any meaningful benefit to the treatment being offered to the disabled residents. Indeed, what is proposed does not appear to be a dwelling as envisioned in FFHA.

Moreover, the accommodation is only to provide an equal opportunity to a handicapped person, it does not allow for any special privileges or benefits that are not afforded to other individuals similarly situated. Here, such an approval of this request would provide this property owner with a special benefit since no other R-3 zoned property in the City would have the benefit of a medical use facility of this size and scope.

Additionally, the request may be denied if the accommodation requested amounts to a "fundamental alteration" of the zoning program. The subject property is located within the Multiple Dwelling R-3 zoning district. This is a residential zoning district. Permissible uses of this zoning district are either uniquely residential in nature, or determined by local elected officials to be both complementary and compatible with residential uses.

There are no special exception uses allowed under the current code regulating the R-3 zoning district, which is the code in effect on the date of the application. The previous special exception use granted for this property in 2015 was for an Assisted Living Facility that was not a medical use. This was confirmed in the lawsuit brought by the applicant's principal against the City. The permitted uses of the R-3 zoning district do not include any medical or quasi-medical uses; such medical uses are permitted in other zoning districts of the City, including but not limited to CF-1. This is corroborated by the applicant's concurrent application for a zoning change to CF-1 for this property.

Another significant factor regarding this requested change of use would be the traffic and parking congestion produced by the proposed use. As noted above, the applicant

proposes 49 employees and potentially 36 patients who are allowed visitors and who are allowed to leave the facility. Thus, the patients may have their own vehicles at the facility. With only 21 parking spaces and one handicapped space, it is clear that the insufficient parking spaces will lead to on-street parking in the neighborhood and cause increased traffic congestion on residential streets.

Thus, the proposed use is incompatible with the surrounding land use in this zoning district and would constitute a fundamental alteration of the zoning plan.

For the reasons set forth above, and those set forth in the presentation of the Department, and under applicable federal law, I hereby deny the request for a reasonable accommodation to grant approval for an inpatient, residential medical treatment facility to be licensed by AHCA and DCF for medical treatment of PTSD and substance abuse addiction.

Under Section 3.30 of the Margate City Code, an appeal of this decision may be made to the Margate City Commission, if a notice of appeal is lodged within 30 days of the date this decision is mailed to the applicant.

Sincerely,



Cale Curtis
City Manager

Cc: City Attorney
Miryam Jimenez

EXHIBIT 5



QUALITY OF LIFE

A PREMIERE BEHAVIORAL HEALTH FACILITY

BUSINESS PLAN

Quality of Life
603 Melaleuca Drive
Margate, FL 33063

FOR MORE INFORMATION CONTACT: MIRYAM JIMENEZ: J-MIRYAM@BELLSOUTH.NET

Executive Summary

Quality of Life is designed to be a premier, free-standing, inpatient behavioral healthcare facility, at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, a successful business woman who resides in South Florida.

Business Description

Quality of Life is the vision of Miryam Jimenez, who, through the tragic loss of a loved one, is personally motivated to help others break free from addiction. The facility was first envisioned in 2016, with an anticipated grand opening set for July 1, 2018. The agency is registered in the State of Florida as a S-Corporation, subject to the laws and regulations therein.

Licensure

Quality of Life will be licensed by the Department of Children and Families, Substance Abuse and Mental Health Program Office in accordance with Chapter 397, Florida Statute and Chapter 65D-30, Florida Administrative Code for the following services:

65D-30.006 (2): Residential Detoxification

“Detoxification” is a process involving sub-acute care that is provided on a residential or an outpatient basis to assist clients who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance abuse”. The services provided are non-evasive, comprised of medication management and therapeutic activities.

65D-30.0061: Intensive Inpatient Treatment

“Intensive Inpatient Treatment” includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours per day, 7 days per week in a highly structured, live-in environment.

65D-30.007: Residential Treatment

“Residential Treatment” is provided on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component.” “This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.”

EXHIBIT 6

65D-30.007 Standards for Residential Treatment.

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

(1) Facilities Not Required to be Licensed as Residential Treatment. Licensure as residential treatment as defined in paragraph 65D-30.002(16)(c), F.A.C., shall not apply to facilities operated by a provider that provides only housing, meals, or housing and meals to individuals who are substance abuse impaired or in recovery and where the provider:

(a) Does not mandate that the individuals live in the residential facility as a condition of treatment in a separate facility owned and operated by the provider; and,

(b) May make available or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous as the only services available to the residents in the facility where housing, meals, or housing and meals are provided. All other facilities that provide housing to residents that are substance abuse impaired and provide services as defined in Section 397.311(18)(d), F.S., and as described in subsections 65D-30.007(2) and (3), F.A.C., either at the facility or at alternate locations, must be licensed under this rule.

(2) Categories of Residential Treatment. For the purpose of this rule, there are five levels of residential treatment. In each level, treatment shall be structured to serve clients who need a safe and stable living environment in order to develop sufficient recovery skills for the transition to a less restrictive level of care or reintegration into the general community in accordance with placement criteria. Treatment shall also include a schedule of services provided within a positive environment that reinforce the client's recovery, and clients will be placed in a level of residential treatment that is based upon their treatment needs and circumstances.

(a) Level 1 programs include those that provide services on a short-term basis. This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. Typically, clients have a job and a home to support their recovery upon completion of this level of care. The emphasis is clearly on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the client.

(b) Level 2 programs include those that are referred to as therapeutic communities or some variation of therapeutic communities and are longer term than level 1. This level is appropriate for persons characterized as having chaotic and often abusive interpersonal relationships, extensive criminal justice histories, prior treatment episodes in less restrictive levels of care, inconsistent work histories and educational experiences, and anti-social behavior. In addition to clinical services, considerable emphasis is placed on services that address the client's educational and vocational needs, socially dysfunctional behavior, and need for stable housing upon discharge. It also includes services that assist the client in remaining abstinent upon returning to the community.

(c) Level 3 programs include those that are referred to as domiciliary care and are generally longer term than level 2. This level is appropriate for persons whose cognitive functioning has been severely impaired from the chronic use of substances, either temporarily or permanently. This would include persons who have varying degrees of organic brain disorder or brain injury or other problems that require extended care. The emphasis is on providing services that work on cognitive problems and activities of daily living, socialization, and specific skills to restore and maintain independent living. The services are typically slower paced, more concrete and repetitive. There is considerable emphasis on relapse prevention and reintegration into the community. This involves considerable use of case management and networking residents into ancillary or wrap-around services such as housing, vocational services, transportation, and self-help meetings.

(d) Level 4 programs include those that are referred to as transitional care and are generally short-term. This level is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education, and family life.

(e) Level 5 programs are those that provide only housing and meals to clients who are mandated to receive services at alternate locations in facilities that are owned and operated by the same provider. This level is appropriate for persons who need room and board while undergoing treatment. This level would utilize clinical services and other services that would be largely oriented and directed toward the client's lifestyle and the client's attitudinal and behavioral issues.

(3) Services. Each client shall receive services each week. The services shall include a specified number of hours of counseling

as provided for in subsection 65D-30.007(4), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the client as identified in the treatment plan as follows:

- (a) Individual counseling;
- (b) Group counseling;
- (c) Counseling with families;
- (d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle;
- (e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;
- (f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;
- (g) Training or advising in health and medical issues;
- (h) Employment or educational support services to assist clients in becoming financially independent; and,
- (i) Mental health services for the purpose of:
 - 1. Managing clients with disorders who are stabilized,
 - 2. Evaluating clients' needs for in-depth mental health assessment,
 - 3. Training clients to manage symptoms; and,
 - 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

(4) Required Hours of Services.

- (a) For level 1, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 14 hours of counseling.
- (b) For level 2, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 10 hours of counseling.
- (c) For level 3, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 4 hours of counseling.
- (d) For level 4, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 2 hours of counseling.
- (e) For level 5, each client shall receive services each week in accordance with the requirements of the licensed component service in which the client is required to participate.

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

(5) Transportation. Each provider shall arrange for or provide transportation services to clients who are involved in activities or in need of services that are provided at other facilities.

(6) Staff Coverage. Providers shall maintain awake, paid staff coverage 24 hours-per-day, 7 days per week.

(7) Caseload. No primary counselor may have a caseload that exceeds 15 currently participating clients.

EXHIBIT 7

Thomas A. Hall, Inc.
1355 Adams Street
Hollywood, FL 33019
954-288-4447
tomhall1234@gmail.com

August 25, 2020

Ms. Miryam Jimenez
c/o Kyle B. Teal, Esq.
Buchanan Ingersoll & Rooney PC
One Biscayne Tower
Two South Biscayne Boulevard, Ste. 1500
Miami, FL 33131-1822

RE: Margate Cares for Heroes Traffic Statement
Project No. 202027.01

Dear Ms. Jimenez:

As requested, Thomas A. Hall, Inc. has completed a traffic statement for a proposed new business plan for this site in the City of Margate, Florida. According to the project site plan, the proposed new plan is for an 8,885-square-foot residential rehabilitation facility located at 603 Melaleuca Drive. The prior development was a 10-unit, multi-family apartment building, which was reconstructed to serve as a group care facility in accordance with City-approved permits. The enclosed **Figure 1 – Site Location** shows the location of the proposed project. A copy of the project's site plan is also enclosed.

1. Trip Generation Analysis

In order to determine the traffic impacts associated with the proposed residential rehabilitation facility, an analysis of trips expected to be generated by both the prior and proposed developments was conducted. Trip generation characteristics provided in the Institute of Transportation Engineers' (ITE) *Trip Generation* manual, 10th Edition, were consulted and the trips generated by the prior multi-family residential land use (ITE Code 220 – Multi-Family Housing, Low-Rise) were estimated, as was the (ITE Code 620 – Nursing Home) land use. Note that Nursing Home was selected as the proposed development's land use. ITE's manual does not contain trip generation characteristics for a residential rehabilitation facility. However, nursing homes have similar operational and trip generation characteristics and, thus, offer the best match to the proposed land use.

Tables 1, 2 and 3 (enclosed) show the trips expected to be generated by the proposed project, as well as the net new trips resulting from the replacement of the prior land use with the proposed land use. As the tables indicate, the proposed residential rehabilitation facility is expected to generate a decrease of -14 daily trips, zero (0) change in a.m. peak-hour trips, and minus one (-1) p.m. peak-hour trip.

The average rate was used in the calculations for both the prior and proposed land uses due to the extremely small size of the building areas proposed for these land uses (The fitted curve equation tended to overstate the trips associated with these relatively small areas or yield irrational numbers).

Ms. Miryam Jimenez

August 25, 2020

Page 2 of 2

2. Parking

It is our understanding that the application for a reasonable accommodation for Margate Cares for Heroes calls for 36 beds. The city's parking code, Article XXXIII, Section 33.3, for convalescent homes, nursing homes, retirement homes and other such facilities with operational characteristics similar to the proposed development is based on beds. Therefore, a review of the project's parking requirements using the ITE's *Parking Generation* manual, 5th Edition, was completed assuming the proposed number of beds as the independent variable. A copy of the parking generation characteristics information from the ITE manual is enclosed.

The average rate for parking spaces per bed is 0.36, which would mean that 13 parking spaces (36 beds x 0.36 parking spaces = 12.96 parking spaces, or 13 parking spaces) are required to serve the site. However, good design practice would suggest that, rather than rely upon the average rate for parking, the 85th percentile rate should be used. The ITE manual indicates that the 85th percentile parking rate per bed is 0.51, which means that 18 parking spaces (36 beds x 0.51 parking spaces = 18.36 parking spaces, or 18 parking spaces) are required to serve the site. Note that this is the total demand, including clients, staff, visitors and service vehicles.

Comparing this parking demand to the site plan and staff report, reveals that the 22 parking spaces (including one handicap space) provided at the Margate Cares for Heroes site is more than sufficient.

3. Conclusion

Based upon the findings shown in Tables 1, 2 and 3, and described above, it appears that the proposed Margate Cares for Heroes development proposed to be located at 603 Melaleuca Drive will result in a small decrease in trips generated by the property. The proposed land use will generate a decrease of -14 daily trips, zero (0) change in a.m. peak-hour trips, and minus one (-1) p.m. peak-hour trip when compared to the prior land use. Further, with 22 parking spaces on site (including one handicap parking space), the proposed development has more than enough parking to accommodate the maximum parking demand of 18 parking spaces.

Should you have any questions or comments regarding this statement, please do not hesitate to contact this office.

Very truly yours,



Thomas A. Hall
President

Freddie Vargas, P.E.
FL Registration No. 35941
814 S. Military Trail
Deerfield Beach, FL 33442

TAH/kh
Enclosures

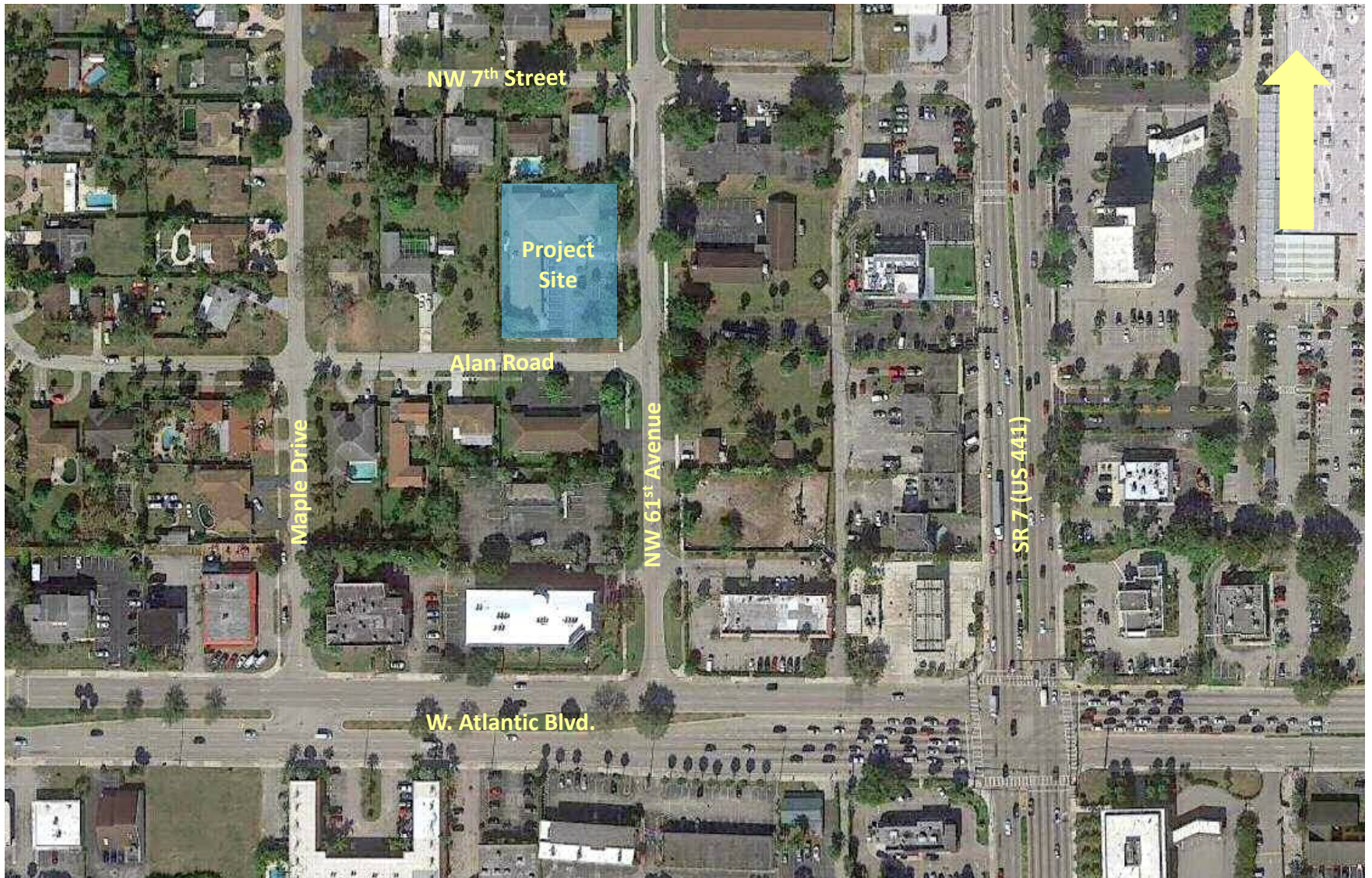
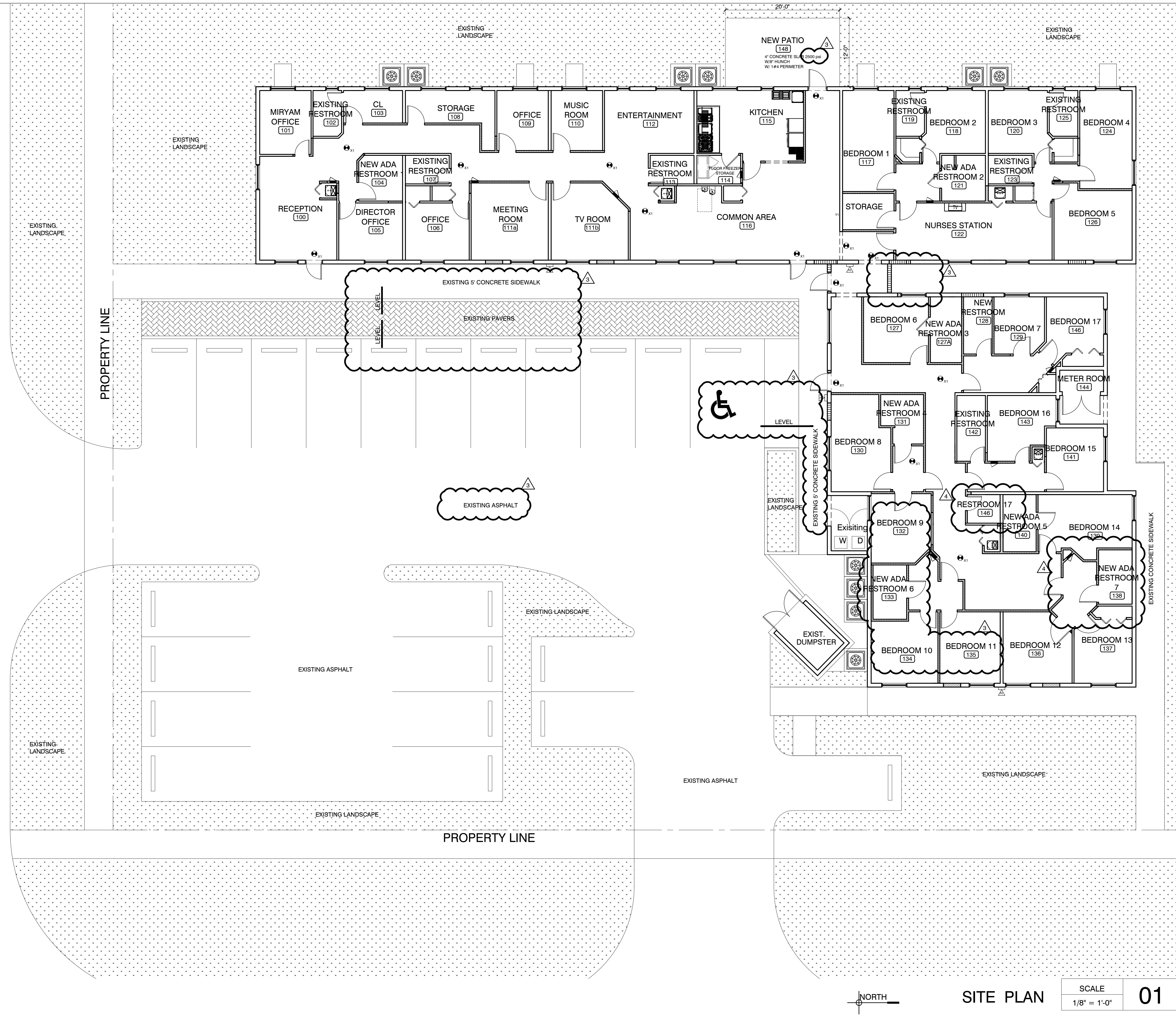


Figure 1 – Site Location
Margate Cares for Heroes
City of Margate, Florida

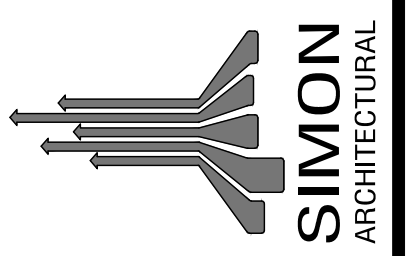
ALAN RD. (NW 6th STREET)



SITE PLAN

SCALE
1/8" = 1'-0" 01

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PROJECT

QUALITY OF LIFE
603 MELALEUCA DRIVE
MARGATE, FL

REVISIONS DATES:

△	08/03/15	BD COMMENTS
△	02/08/16	BD COMMENTS
△	03/01/16	BD COMMENTS
△	03/18/16	BD COMMENTS
△	04/04/16	BD COMMENTS
△	09/07/16	SITE REVISION

PROFESSIONAL SEAL

RICHARD HARRIS SIMON #A8004364
REGISTERED ARCHITECT STATE OF FLORIDA

ISSUE DATE: 10/09/15
PROJECT #: 1429 ALF 100
DRAWN BY: JJT
CHECKED BY: RHS

SITE PLAN

A-1.0

Table 1
Daily Trip Generation
Margate Cares for Heroes

Land Use	ITE Code	Intensity	Trip Generation Rate ⁽¹⁾	Total Trips			Internal Trips				External Trips			Pass-by Trips		New Trips		
				In	Out	Total	In	Out	Total	%	In	Out	Total			In	Out	Total
Prior Use																		
Multi-Family Housing (Low-Rise)	220	10 d.u.	T=7.32(X) (50/50)	37	36	73	0	0	0	0.0%	37	36	73	0	0.0%	37	36	73
Subtotal				37	36	73	0	0	0		37	36	73	0		37	36	73
Proposed Use																		
Nursing Home	620	8,885 s.f. ⁽²⁾	T=6.64(X) (50/50)	29	30	59	0	0	0	0.0%	29	30	59	0	0.0%	29	30	59
Subtotal				29	30	59	0	0	0	0	29	30	59	0	0	29	30	59
NetDifference				-8	-6	-14	0	0	0		-8	-6	-14	0		-8	-6	-14

⁽¹⁾Trip generation rate obtained from ITE *Trip Generation* manual, 10th Edition.

⁽²⁾Square footage obtained from the Broward County Property Appraiser's website.

Table 2
AM Peak Hour Trip Generation
Margate Cares for Heroes

Land Use	ITE Code	Intensity	Trip Generation Rate ⁽¹⁾	Total Trips			Internal Trips				External Trips			Pass-by Trips		New Trips		
				In	Out	Total	In	Out	Total	%	In	Out	Total			In	Out	Total
Prior Use																		
Multi-Family Housing (Low-Rise)	220	10 d.u.	T=0.46(X) (23/77)	1	4	5	0	0	0	0.0%	1	4	5	0	0.0%	1	4	5
Subtotal				1	4	5	0	0	0		1	4	5	0		1	4	5
Proposed Use																		
Nursing Home	620	8,885 s.f. ⁽²⁾	T=0.55(X) (78/22)	4	1	5	0	0	0	0.0%	4	1	5	0	0.0%	4	1	5
Subtotal				4	1	5	0	0	0	0	4	1	5	0	0	4	1	5
NetDifference				3	-3	0	0	0	0		3	-3	0	0		3	-3	0

⁽¹⁾Trip generation rate obtained from ITE *Trip Generation* manual, 10th Edition.

⁽²⁾Square footage obtained from the Broward County Property Appraiser's website.

Table 3
PM Peak Hour Trip Generation
Margate Cares for Heroes

Land Use	ITE Code	Intensity	Trip Generation Rate ⁽¹⁾	Total Trips			Internal Trips				External Trips			Pass-by Trips		New Trips		
				In	Out	Total	In	Out	Total	%	In	Out	Total			In	Out	Total
Prior Use																		
Multi-Family Housing (Low-Rise)	220	10 d.u.	T=0.56(X) (63/37)	4	2	6	0	0	0	0.0%	4	2	6	0	0.0%	4	2	6
Subtotal				4	2	6	0	0	0		4	2	6	0		4	2	6
Proposed Use																		
Nursing Home	620	8,885 s.f. ⁽²⁾	T=0.59(X) (41/59)	2	3	5	0	0	0	0.0%	2	3	5	0	0.0%	2	3	5
Subtotal				2	3	5	0	0	0	0	2	3	5	0	0	2	3	5
NetDifference				-2	1	-1	0	0	0		-2	1	-1	0		-2	1	-1

⁽¹⁾Trip generation rate obtained from ITE *Trip Generation* manual, 10th Edition.

⁽²⁾Square footage obtained from the Broward County Property Appraiser's website.

Nursing Home (620)

Peak Period Parking Demand vs: Beds

On a: **Weekday (Monday - Friday)**

Setting/Location: General Urban/Suburban

Peak Period of Parking Demand: 9:00 a.m. - 3:00 p.m.

Number of Studies: 10

Avg. Num. of Beds: 133

Peak Period Parking Demand per Bed

Average Rate	Range of Rates	33rd / 85th Percentile	95% Confidence Interval	Standard Deviation (Coeff. of Variation)
0.36	0.12 - 0.57	0.22 / 0.51	***	0.15 (42%)

Data Plot and Equation

