



City of Margate

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

RECEIPT #

NOTE: APPLICATION **IS NOT** THE ISSUED BUSINESS TAX RECEIPT

901 NW 66th AVENUE, MARGATE, FL 33063
954-979-6213 LBTR@margatefl.com

Business Information

Corporate Name: Quality of Life, Corp.

Fictitious Name (DBA): _____

Business Address: 603 Melaleuca Dr., Margate, FL 33063 Business Phone: 954 608 4067

Email: j_miryam@bellsouth.net FEIN/SSN {Req. by F.S. 205.0535(5)}: 47-3216034

Emergency Contact 1: Name: Miryam Jimenez Phone 1: 954 608 4067 Phone 2: _____

Emergency Contact 2: Name: _____ Phone 1: _____ Phone 2: _____

Business Description: A Group Care Facility as per resolution 15-010, attached and Florida Statute 381.006. attached.
Please also see details of the operation in the Business Plan also attached.

Number of Employees: 49 Square footage: 8,990

Owner Information

(If partnership or corporation, list all names and addresses of partners and officers of corporation. Attach separate sheet if needed.)

Name: Miryam Jimenez D.O.B.: 03-04-1957

Address: 4961 NW 53rd Ave Phone #: 954 608 4067

City: Coconut Creek Email: _____

State: FL Zip: 33073

Name: _____ D.O.B.: _____

Address: _____ Phone #: _____

City: _____ Email: _____

State: _____ Zip: _____

➤The undersigned does hereby request that a local business tax receipt be issued on the basis of the above provided information with the understanding that all City of Margate ordinances shall be complied with, whether specified herein or not; and further understands that ***the acceptance and processing of payment for a local business tax receipt does not constitute approval. FORM MUST BE PRINTED AND SIGNED IN THE PRESENCE OF A NOTARY.***

[Signature] Miryam Jimenez
Signature of Owner/Agent Printed Name of Owner/Agent

Subscribed and sworn to before me this 17 day of June, 2019.

[Signature]
Signature of Notary

Laura Mesa
Printed name of Notary

(notary seal)



Laura Mesa
State of Florida
My Commission Expires 07/02/2022
Commission No. 00284833

Personally known to me _____
Produced Identification ✓
Type of Identification FL Driver License

Business Tax

Receipt #: _____ Date Paid: _____ Amount paid: _____

Type:

_____ New Receipt _____ Half Year Receipt _____ Residential

_____ New Business _____ Address Change _____ Transfer/Other

Classification: _____ Date of Distribution: _____

Previous Business: _____

Comments: _____

Zoning

District: _____ Adequate Parking: _____

Business Comments/Restrictions: _____

Special Exception/Conditional Use: _____ USE: _____

Approval Date: _____ Resolution #: _____

Change of Occupancy: _____ DRC Approval Date: _____ DRC #: _____

Signature: _____ Date: _____

Building

Comments: _____

Signature: _____ Date: _____

Engineering/Utilities

Comments: _____

Signature: _____ Date: _____

Local Zoning Form

6-17-19

Date

(This form is to be completed by the local zoning office and not by the facility applicant.)

TO: The Agency for Health Care Administration
Hospital and Outpatient Services Unit
2727 Mahan Drive, MS# 31
Tallahassee, FL 32308

Regarding: Facility Name Quality of Life
Street Address 603 Melaleuca Dr.
City, State, & Zip Marygate FL 33063
Applicant's Name (owner) Miriam Jimenez

The local zoning ordinances for the above street address have been reviewed. It has been determined that the street address listed above does ☒ does not ☐ permit the operation of a Level I or Level II Residential Treatment Facility (RTF).

Signature of Zoning Official _____

Printed Name of Official _____

Title _____

Zoning Agency Name _____

Street Address _____

City, State, Zip Code _____

If available, please staple a business card to this form as verification the form was completed by the zoning authority.

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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.

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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 KAVANACH
CITY CLERK


JOANNE SIMONE
MAYOR

RECORD OF VOTE

Peerman	Yes
Talerico	Yes
Bryan	Yes
Ruzzano	Yes
Simone	Yes

Select Year: 2018 ▼ Go

The 2018 Florida Statutes

[Title XXIX](#)[Chapter 381](#)[View Entire Chapter](#)[PUBLIC HEALTH](#)[PUBLIC HEALTH: GENERAL PROVISIONS](#)

381.006 Environmental health.—The department shall conduct an environmental health program as part of fulfilling the state's public health mission. The purpose of this program is to detect and prevent disease caused by natural and manmade factors in the environment. The environmental health program shall include, but not be limited to:

- (1) A drinking water function.
- (2) An environmental health surveillance function which shall collect, compile, and correlate information on public health and exposure to hazardous substances through sampling and testing of water, air, or foods. Environmental health surveillance shall include a comprehensive assessment of drinking water under the department's supervision and an indoor air quality testing and monitoring program to assess health risks from exposure to chemical, physical, and biological agents in the indoor environment.
- (3) A toxicology and hazard assessment function which shall conduct toxicological and human health risk assessments of exposure to toxic agents, for the purposes of:
 - (a) Supporting determinations by the State Health Officer of safe levels of contaminants in water, air, or food if applicable standards or criteria have not been adopted. These determinations shall include issuance of health advisories to protect the health and safety of the public at risk from exposure to toxic agents.
 - (b) Provision of human toxicological health risk assessments to the public and other governmental agencies to characterize the risks to the public from exposure to contaminants in air, water, or food.
 - (c) Consultation and technical assistance to the Department of Environmental Protection and other governmental agencies on actions necessary to ameliorate exposure to toxic agents, including the emergency provision by the Department of Environmental Protection of drinking water in cases of drinking water contamination that present an imminent and substantial threat to the public's health, as required by s. [376.30\(3\)\(c\)1.a.](#)
 - (d) Monitoring and reporting the body burden of toxic agents to estimate past exposure to these toxic agents, predict future health effects, and decrease the incidence of poisoning by identifying and eliminating exposure.
- (4) A sanitary nuisance function, as that term is defined in chapter 386.
- (5) A migrant labor function.
- (6) A public facilities function, including sanitary practices relating to state, county, municipal, and private institutions serving the public; jointly with the Department of Education, publicly and privately owned schools; all places used for the incarceration of prisoners and inmates of state institutions for the mentally ill; toilets and washrooms in all public places and places of employment; any other condition, place, or establishment necessary for the control of disease or the protection and safety of public health.

- (7) An onsite sewage treatment and disposal function.
- (8) A biohazardous waste control function.
- (9) A function to control diseases transmitted from animals to humans, including the segregation, quarantine, and destruction of domestic pets and wild animals having or suspected of having such diseases.
- (10) An environmental epidemiology function which shall investigate food-borne disease, waterborne disease, and other diseases of environmental causation, whether of chemical, radiological, or microbiological origin. A \$10 surcharge for this function shall be assessed upon all persons permitted under chapter 500. This function shall include an educational program for physicians and health professionals designed to promote surveillance and reporting of environmental diseases, and to further the dissemination of knowledge about the relationship between toxic substances and human health which will be useful in the formulation of public policy and will be a source of information for the public.
- (11) Mosquito and pest control functions as provided in chapters 388 and 482.
- (12) A radiation control function as provided in chapter 404 and part IV of chapter 468.
- (13) A public swimming and bathing facilities function as provided in chapter 514.
- (14) A mobile home park, lodging park, recreational vehicle park, and recreational camp function as provided in chapter 513.
- (15) A sanitary facilities function, which shall include minimum standards for the maintenance and sanitation of sanitary facilities; public access to sanitary facilities; and fixture ratios for special or temporary events and for homeless shelters.
- (16) **A group-care-facilities function.** As used in this subsection, 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 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 may not adopt rules that conflict with rules adopted by the licensing or certifying agency. The department may enter and inspect at reasonable hours to determine compliance with applicable statutes or rules. In addition to any sanctions that the department may impose for violations of rules adopted under this section, the department shall also report such violations to any agency responsible for licensing or certifying the group care facility. The licensing or certifying agency may also impose any sanction based solely on the findings of the department.
- (17) A function for investigating elevated levels of lead in blood. Each participating county health department may expend funds for federally mandated certification or recertification fees related to conducting investigations of elevated levels of lead in blood.

(18) A food service inspection function for domestic violence centers that are certified by the Department of Children and Families and monitored by the Florida Coalition Against Domestic Violence under part XII of chapter 39 and group care homes as described in subsection (16), which shall be conducted annually and be limited to the requirements in department rule applicable to community-based residential facilities with five or fewer residents.

The department may adopt rules to carry out the provisions of this section.

History.—s. 21, ch. 91-297; s. 1, ch. 92-180; s. 27, ch. 93-150; s. 4, ch. 93-151; s. 351, ch. 94-356; s. 5, ch. 98-151; s. 10, ch. 99-397; s. 17, ch. 2000-141; s. 8, ch. 2000-242; s. 34, ch. 2001-186; s. 3, ch. 2001-372; s. 6, ch. 2004-350; s. 1, ch. 2010-28; s. 17, ch. 2010-161; s. 45, ch. 2011-213; s. 6, ch. 2012-147; s. 63, ch. 2014-19.

- **Section 31.5. - Change of nonconforming use.**

(A) In any residential district, a nonconforming use in a nonconforming building or structure shall be changed only to a conforming use.

(B) In any residential district, a nonconforming use in a nonconforming building or structure shall be changed only to a use permitted in the particular residential district involved, except as provided in paragraph (C) below.

(C) There may be a change of tenancy, ownership or management of a nonconforming use provided there is no change in the nature or character of such nonconforming use except as may be permitted by this zoning code, or amendments thereto.

(D) In a nonresidential district, a nonconforming use in a nonconforming structure may not be replaced, except with a conforming use.

(E) Any change of a nonconforming use of land shall be to a conforming use.



QUALITY OF LIFE

A GROUP CARE FACILITY

BUSINESS PLAN

Quality of Life

603 Melaleuca Drive

Margate, FL 33063

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, is personally motivated to help others. The facility was first envisioned in 2016, with an anticipated grand opening set for July 2019. The anticipated opening would come just in time to support the Veterans Community Care Program that begins on June 6, 2019.

The Veterans Community Care Program will permit eligible veterans to elect to receive hospital care, medical services, and extended care services from eligible entities and providers.

Quality of Life will be one of the eligible providers and the first VA Inpatient Residential Facility in Broward County.

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

A Residential Treatment facility is a group care facility that 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 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" is broadly defined as

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. It 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 obtained a Ph.D. in Clinical Biochemistry.

Mary Jane Fitzgerald, RN, JD, Consultant

Ms. Fitzgerald, RN, is a Behavioral Health Consultant specializing in nursing administration, medical and legal 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 Cloud, MNM, CAP, CPP, ICADAC, CRRA-Consultant

Ms. Cloud 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. Cloud's dedication, experience, and passion for her 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
Compliance Officer
Admissions Director
Drivers
Group Therapy Facilitator
Janitorial/Cleaning Staff
Chef
Assistant Chef
Secretarial
Medical Director

Licensed Nurses
Case Managers
Mental Health Counselors
Behavioral Health Technicians
Certified Massage Therapist
Yoga Instructor

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, Post Traumatic 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 Based 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 for treating 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 referring 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 staff-to-resident ratio of 1 to 15, 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 Include The Following:

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 usually 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 frightening 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** is confronting feared stimuli outside of therapy, which is assigned to residents 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 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, etc.;

Certified Behavioral Health Technicians;

Certified Massage Therapist/Yoga Instructor; and

Certified Behavioral Health Technicians.

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 90 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. Guests will have to pass a full body search prior to entering into contact with their visitor(s). 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, as well as drug and alcohol tests prior to entering into 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 maximize their opportunity for success in the program.

Admission Criteria

- a. Ambulatory or capable of self-transfer;
- b. Able to participate in treatment programs 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;
- f. Self-administers medication with staff supervision; and
- g. 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 veterans 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 veterans will be treated with respect and dignity. Patients will be free from neglect, abuse, and exploitation and have open access to guardian(s), and advocates as appropriate.

Services provided include, but 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

- Transportation to medical and dental appointments.
- Planned activity programs, including arrangement for utilization of available VA 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, snacks, 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. Physicians, psychologists and the licensed therapists 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 returned to the patient.

Patients are given copies of all discharge instructions. 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. The 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 they are 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, the 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 lives to the fullest by visiting the Whole Health for Life website, <https://www.va.gov/patientcenteredcare/>

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 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) Reach financial goals by month 12;
- 5) To acquire more licenses so we may provide more levels of services; and
- 6) Develop and implement off-site 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: issues licenses, regulates professionals and cleanliness of environment;

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

The Joint Commission: accreditation of services and physical environment; and the

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

Marketing Summary

Owner Miryam Jimenez has established relationships in the business community throughout Florida. She 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 goal.

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, including Tri-Care, Choice, Medicare, private insurance, etc.

Once the facility has met its financial goals, 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, and 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 treatment program • 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 government's new budgets benefits VAs • VA Mission Act. 	<p>The City preventing the facility to open.</p>

Competitive environment

Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Good experienced staff • Owner with marketing experience • 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 • Veterans Community Care Program begins on June 6, 2019 	<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 	<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.

<ul style="list-style-type: none"> Area served not limited to South Florida 			
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 objections City not allowing the facility to provide services for the VA 	<ul style="list-style-type: none"> Big budget allocated for the VA Support for the VA from Sen. Rick Scott 	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 are capabilities and technology IT technology Financial assets Gated Facility 	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 	City not allowing new medical services
Performance Analysis			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Electronic Medical Record Motivated staff 		<ul style="list-style-type: none"> Performance measures in EMR National performance measures Accessible 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, due to the neighbors' objections.

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, given that 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.



City Commission

Mayor Anthony N. Caggiano

Vice Mayor Tommy Ruzzano

Antonio V. Arserio

Arlene R. Schwartz

Joanne Simone

City Manager

Cale Curtis

City Attorney

Janette M. Smith

City Clerk

Joseph J. Kavanagh

June 27, 2019

Miryam Jimenez
4961 Northwest 53rd Avenue
Coconut Creek, FL 33073

RE: Quality of Life, Corp. – Local Business Tax Receipt Application

Ms. Jimenez,

This letter was sent in response to your recent application for a local business tax receipt for Quality of Life, Corp., to be located at 603 Melaleuca Drive. The 17-page business plan that you provided with your application indicates a proposed use of a residential treatment facility to be licensed by the Agency for Health Care Administration. The business address is located within the R-3 Multiple Dwelling zoning district, and is thereby limited to the permitted uses provided in Section 16.2 of the Margate Zoning Code. This zoning district does not allow residential treatment centers; therefore, your application for local business tax receipt has been denied.

Sincerely,

Andrew Pinney, AICP
Senior Planner

cc: City Attorney, DSD Director

Development Services Department

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