

## EXHIBIT 5

5A

## **A Losada**

---

**From:** Craig Lewis  
**Sent:** Wednesday, September 14, 2016 4:16 PM  
**To:** A Losada  
**Subject:** Fwd: ALF

---

Craig R. Lewis, Esq.

Vincent F. Vaccarella, P.A.  
401 SE 12 Street, Suite 300  
Fort Lauderdale, FL 33316  
305-932-4044 (p) | 305-932-4990 (f)

LinkedIn: <http://www.linkedin.com/in/craigrobertlewis>

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Begin forwarded message:

**From:** "RICK .YUNE" <[ryune8@gmail.com](mailto:ryune8@gmail.com)>  
**Subject:** Fwd: ALF  
**Date:** September 14, 2016 at 12:38:14 PM EDT  
**To:** Vincent Vaccarella Panthers <[vincent@v-law.net](mailto:vincent@v-law.net)>, Craig Lewis <[clewis@v-law.net](mailto:clewis@v-law.net)>

----- Forwarded message -----

**From:** Mooney, Thomas <[ThomasMooney@miamibeachfl.gov](mailto:ThomasMooney@miamibeachfl.gov)>  
**Date:** Monday, 8 February 2016  
**Subject:** Fwd: ALF  
**To:** "RICK . YUNE" <[ryune8@gmail.com](mailto:ryune8@gmail.com)>, Daniel Veitia <[daniel@urbanresource.com](mailto:daniel@urbanresource.com)>

Sent from my iPad

RM-1,2 or 3:

The conditional uses in the RM-1 residential multifamily, low density district are adult congregate living facility; day care facility; nursing home; religious institutions; private and public institutions; schools; commercial or noncommercial parking lots and garages.

Adult congregate living facility means any state licensed institution, building, residence, private home, boarding home, home for the aged, or other place whether operated for profit or not, which undertakes through its ownership or management to provide for a period exceeding 24 hours, one or more personal services for four or more adults, not related to the owner or administrator by blood or marriage, who require such services. A facility offering personal services for fewer than four adults shall be within the meaning of this definition if it

holds itself out to the public to be an establishment which regularly provides such services.

Hospital means an institution licensed by the State of Florida as a hospital, having facilities for in-patients, providing medical or surgical care for humans requiring such treatment, and which may include accessory uses, related facilities such as nursing homes, convalescent homes, home health agencies, hospice facilities and other accessory hospital facilities as described in subsection 142-

452<[https://www.municode.com/library/fl/miami\\_beach/codes/code\\_of\\_ordinances?nodeId=SPBLADERE\\_CH\\_142ZODIRE\\_ARTIIDIRE\\_DIV10HDHODI\\_S142-452PEUS](https://www.municode.com/library/fl/miami_beach/codes/code_of_ordinances?nodeId=SPBLADERE_CH_142ZODIRE_ARTIIDIRE_DIV10HDHODI_S142-452PEUS)>(2).

~~Institution means a use, building or organization of a public character or providing a public or semipublic service.~~

Nursing home means a facility licensed by the state as a nursing home and providing long-term care of the chronically ill, the physically disabled, and the aged who are unable to move about without the aid of another person or device.

[Cropped-for-E-signature-MiamiBeachLogo\_Green250px]

Thomas R. Mooney, AICP

Planning Director

#### PLANNING DEPARTMENT

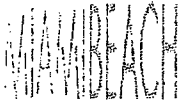
1700 Convention Center Drive, Miami Beach, FL 33139

Tel: 305-673-7000 ext. 6191 / Fax: 305-673-7559 /

[www.miamibeachfl.gov](http://www.miamibeachfl.gov)<blocked::http://www.miamibeachfl.gov/>

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It's easy being Green! Please consider our environment before printing this email.





5B

**From:** Justin Karr  
**Sent:** Monday, April 11, 2016 2:24 PM  
**To:** 'Belush, Michael' <[MichaelBelush@miamibeachfl.gov](mailto:MichaelBelush@miamibeachfl.gov)>  
**Cc:** Stohl, Antoinette <[AntoinetteStohl@miamibeachfl.gov](mailto:AntoinetteStohl@miamibeachfl.gov)>  
**Subject:** RE: 1904 Marseille Dr - PB 2281

Happy Monday Michael!

As previously discussed, we are submitting next week to modify this CUP. The applicant is proposing to add new square footage and increase the bed count from 19 approved at 2013 hearing to 44 beds on this property.

I am not sure if the fee is calculated as an amendment or rather we pay standard ALF filing fee + cost per bed for the net increase in beds?

Can you please confirm that this is correct estimate of fees:

Thank you!

**JUSTIN KARR, ESQ.**

Bercow Radell & Fernandez  
200 South Biscayne Boulevard, Suite 850  
Miami, FL 33131

305.377.6225 | Office  
305.377.6222 | Fax  
[jkarr@brzoninglaw.com](mailto:jkarr@brzoninglaw.com)

<image001.jpg>

[www.brzoninglaw.com](http://www.brzoninglaw.com)

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5c

## Bob de la Fuente

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**From:** Belush, Michael <MichaelBelush@miamibeachfl.gov>  
**Sent:** Wednesday, April 13, 2016 2:56 PM  
**To:** 'Justin Karr'; Stohl, Antoinette  
**Subject:** RE: 1904 Marseille Dr - PB 2281

- Justin, Where is the parking lot? There is no on-site parking. I don't ever recall seeing a plan with parking on this site. If that is the case, you cannot submit this application on the 18<sup>th</sup>.

### MIAMIBEACH

Michael Belush, AICP  
Planning & Zoning Manager

PLANNING DEPARTMENT  
1700 Convention Center Drive, Miami Beach, FL 33139  
Tel: 305-673-7000 x6258 / Fax: 305-673-7559 / [web.miamibeachfl.gov/planning](http://web.miamibeachfl.gov/planning)

*We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.*

---

**From:** Justin Karr [mailto:jkarr@brzoninglaw.com]  
**Sent:** Wednesday, April 13, 2016 2:50 PM  
**To:** Stohl, Antoinette  
**Cc:** Belush, Michael  
**Subject:** 1904 Marseille Dr - PB 2281

Antoinette,

Please confirm with Michael the below fee estimate for the following requests:

- Modification of an existing CUP that permits a 19-bed ALF in order to:
  - Change owner/operator – minor amendment
  - Expand permitted bed count from 19 to 44 – major amendment
- Request for operation of a noncommercial (employee) parking lot onsite (past 12am)

(I struggling most with whether the enlargement in beds is calculated as major amendment or as a new ACLF fee (\$1,295 + \$75 per bed @ 25 bed increase).

Major amendment to ALF CUP – bed increase	\$860
Minor amendment of CUP – change of owner	\$540
Noncommercial parking lot – CUP request	\$1,295
Mailing labels (\$1.60/label @ 118 labels)	\$188.80
Recording fee	\$100
<b>Total</b>	<b>\$2,983.80</b>



**JUSTIN KARR, ESQ.**

Bercow Radell & Fernandez  
200 South Biscayne Boulevard, Suite 850  
Miami, FL 33131

305.377.6225 | Office  
305.377.6222 | Fax  
[jkarr@brzoninglaw.com](mailto:jkarr@brzoninglaw.com)



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---

**From:** Justin Karr

**Sent:** Monday, April 11, 2016 2:24 PM

**To:** 'Belush, Michael' <[MichaelBelush@miamibeachfl.gov](mailto:MichaelBelush@miamibeachfl.gov)>

**Cc:** Stohl, Antoinette <[AntoinetteStohl@miamibeachfl.gov](mailto:AntoinetteStohl@miamibeachfl.gov)>

**Subject:** RE: 1904 Marseille Dr - PB 2281

Happy Monday Michael!

As previously discussed, we are submitting next week to modify this CUP. The applicant is proposing to add new square footage and increase the bed count from 19 approved at 2013 hearing to 44 beds on this property.

I am not sure if the fee is calculated as an amendment or rather we pay standard ALF filing fee + cost per bed for the net increase in beds?

Can you please confirm that this is correct estimate of fees:

Thank you!

**JUSTIN KARR, ESQ.**

Bercow Radell & Fernandez  
200 South Biscayne Boulevard, Suite 850  
Miami, FL 33131

305.377.6225 | Office  
305.377.6222 | Fax  
[jkarr@brzoninglaw.com](mailto:jkarr@brzoninglaw.com)

5d

## A Losada

---

**From:** Craig Lewis  
**Sent:** Wednesday, September 14, 2016 4:16 PM  
**To:** A Losada  
**Subject:** Fwd: PLANNING DIRECTOR DECISION !! NORMANDY LIVING OPERATIONAL PLAN

---

Craig R. Lewis, Esq.  
Vincent F. Vaccarella, P.A.  
401 SE 12 Street, Suite 300  
Fort Lauderdale, FL 33316  
305-932-4044 (p) | 305-932-4990 (f)

LinkedIn: <http://www.linkedin.com/in/craigrobertlewis>

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Begin forwarded message:

**From:** "RICK .YUNE" <[ryune8@gmail.com](mailto:ryune8@gmail.com)>  
**Subject:** PLANNING DIRECTOR DECISION !! NORMANDY LIVING OPERATIONAL PLAN  
**Date:** September 14, 2016 at 12:48:11 PM EDT  
**To:** Vincent Vaccarella Panthers <[vincent@v-law.net](mailto:vincent@v-law.net)>, Craig Lewis <[clewis@v-law.net](mailto:clewis@v-law.net)>

----- Forwarded message -----

**From:** Mooney, Thomas <[ThomasMooney@miamibeachfl.gov](mailto:ThomasMooney@miamibeachfl.gov)>  
**Date:** Thursday, 21 April 2016  
**Subject:** NORMANDY LIVING OPERATIONAL PLAN  
**To:** "RICK .YUNE" ([ryune8@gmail.com](mailto:ryune8@gmail.com))" <[ryune8@gmail.com](mailto:ryune8@gmail.com)>  
**Cc:** "Boutsis, Eve" <[EveBoutsis@miamibeachfl.gov](mailto:EveBoutsis@miamibeachfl.gov)>, "Kallergis, Nick" <[NickKallergis@miamibeachfl.gov](mailto:NickKallergis@miamibeachfl.gov)>, Michael Larkin <[MLarkin@brzoninglaw.com](mailto:MLarkin@brzoninglaw.com)>, Justin Karr <[jkarr@brzoninglaw.com](mailto:jkarr@brzoninglaw.com)>, "Belush, Michael" <[MichaelBelush@miamibeachfl.gov](mailto:MichaelBelush@miamibeachfl.gov)>

Hi Rick

As I mentioned on the phone, I discussed with Nick Kallergis from the City Attorney's Office. As long as any medical procedures that would otherwise be considered hospital or medical office level are conducted off site, based upon the proposed operational plan below, you would fall under the category of an ALF, and can file an application for Planning Board review. As Planning Board review and approval is discretionary, we would recommend in engaging in community outreach as soon as possible.

We are scheduled to meet with your legal team regarding the application next Tuesday.

Let me know if there is anything you would like to discuss further.

Tom

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**From:** RICK .YUNE [<mailto:ryune8@gmail.com>]

**Sent:** Tuesday, April 19, 2016 5:42 PM

**To:** Boutsis, Eve; Mooney, Thomas; Justin Karr Mia Lawyer; Gregory Fontela; Chris Cuomo; Mark Epley

**Subject:** NORMANDY LIVING OPERATIONAL PLAN

Normandy Living will be a state licensed residence providing services 24 hours per day 7 days per week, 365 days per year for a minimum of 12 residents not related to any of the owners or administrators.

Breakdown of hours of operation according to service type (e.g. meals served at which hours; recreation and activities at these hours)

Meals will be served as follows:

Breakfast                                      8:00 AM – 8:30 AM

Lunch    12:00PM – 1:00 PM

Dinner    5:00 PM – 6:00 PM

Snacks and beverages will be available 24/7

Typical Daily Activities Schedule (including group and individual) will be as follows:

6:00 to 8:00 am wake-up, personal hygiene, administration, clean room

8:00 to 8:30 am breakfast

8:30 to 9:00 am morning meetings

9:15 to 10:30 am group activity

10:45 to 11:45 am workshops men\ recreation women

12:00 to 1:00 pm lunch



1:15 to 2:15 pm educational programming

2:30 to 3:30 pm educational programming

3:45 to 4:45 pm men's recreation\Women's workshop

5:00 to 6:00 pm dinner

6:15 to 7:15 pm evening workshop

7:30 to 8:45 pm group activities/exercise options

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9:00 to 11:00 pm evening individual and group residential activities

11:00 pm lights out

Groups will be available in the morning and afternoon on Saturday's. Recreational activities will be scheduled for Saturday afternoon and Sunday all day. Staff will be available Monday through Saturday. Support staff will be scheduled 24/7 and will lead and supervise all recreational activities.

At intake each resident will meet with Staff and Director to assess Individual Resident Protocols ("IDP") set by the off-site Medical Director. Medical director standards will comply with department of children and families residential detox. The IDP will include support for daily living (taking medication, daily hygiene), health consciousness, mental health and positive mind set awareness. Staff and Resident director will monitor resident IDP progress. Check-ups and services for progress monitoring will be supported for outcome reports. Close attention will be paid to residents' compliance with substance abuse treatment, medical care, psychiatric care, mental health treatment. Residential Director and staff will monitor daily medication and activity schedule. Level of service will seek consistently to be in harmony with the surrounding residential area

Resident directors and staff will coordinate residents to desired off-site substance abuse treatment, medical services, mental health services, and counseling services.

#### Transportation/Offsite programs & services

To the extent possible services will be provided on-site. Transportation to off-site services will be provided by the program as necessary.

#### Residents – composition/description of residents

Residents are age 18 and over, males and females who have been assessed by qualified health care professionals to determine if they meet criteria for admission. Individuals who are too medically compromised and/or have been diagnosed with significant mental or health issues will be referred to Mount Sinai Hospital. Normandy Living does not discriminate based on sex, race, color, religion, creed or sexual orientation.

#### Housing - Bedrooms and bathrooms

Each room is designed to house two patients with a private bath in each bedroom.. Normandy Living will foster peer support for community based interaction. Each resident will have a single bed, desk, chair, lamp, Anwar dresser, mirror and a secure area to lock personal belongings.

#### Dining & nutrition

A nutritious meal plan including three healthy, well balanced meals. These meals will be provided through an off-site food service vendor. Fresh, healthy snacks along with beverages will be available 24 hours a day.

Security Guards: Security is staffed 24 hours a day, 7 days a week, 365 days a year. There will be a minimum of 2 security staff at night time and 3 during the day time to assist with admissions.

Housekeeping staff: 2 per shift

~~Each employee will have the qualifications and credentialing as required by the scope of their service. Security~~  
Guards will hold a Florida Security license. All staff will be trained as required by regulations and including the following:

- --Universal Precautions
- --Exposure Control
- --HIV
- --CPR
- -- First Aid
- --De-escalation techniques

Deliveries/Pickups – service and loading plans:

Deliveries and significant maintenance such as carpet cleaning, etc. will be done during normal business hours. Garbage pickup will be done daily. Recycling of all paper and plastic goods will be mandatory.

Parking policy and plan

Parking will be as designed on the proposed site plan.

Maintenance & Waste

Trash room, recycling, refuse pick up:

Garbage pickup will be done daily. Recycling of all paper and plastic goods will be mandatory.

Housecleaning and property maintenance provision:

All linens, towels, and laundry will be maintained by the facility. Rooms and building will be will be cleaned daily.

No Loitering Policy

Once admitted residents will not be allowed to loiter outside the property. Card readers at access points: there will be a card reader system to enter and exit facility at all access points.

Security guards: hours, location onsite:

Security is staffed 24 hours a day, 7 days a week, 365 days a year. There will be a minimum of 2 security staff at night time and 3 during the day time to assist with admissions. Cameras will be installed around the property and in the hall ways for monitoring. All fire safety requirements will be met as per state and local law. Access will be through the main lobby with a receptionist. All guests will be required to sign in and show identification. Guest will have to sign the HIPAA waiver and Federal Confidentiality statement.

Security guard responsibilities: secure and monitor the property; respond to calls for assistance; perform internal patrols; supervise parking area

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Security alarm system: Facility is staffed 24/7. There will be a fire alarm system installed as per regulations.

Security cameras: Cameras will be installed around the property and in the hall ways for monitoring. All fire safety requirements will be met as per state and local law.

### Compliance

Compliance with Government occupational regulations: Normandy Living and its staff will attain the necessary state licenses to provide any services.

5e



## Bob de la Fuente

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**From:** Matthew Amster <MAmster@brzoninglaw.com>  
**Sent:** Tuesday, May 17, 2016 9:15 AM  
**To:** Michael Larkin; Mooney, Thomas  
**Cc:** Belush, Michael; Garavito, Alejandro; Boutsis, Eve  
**Subject:** RE: 1904 Marseille

I agree the notice is okay for licensing puposes. Thanks for using the term Adult Congregate Living Facility.

Matt

----- Original message -----

**From:** Michael Larkin <MLarkin@brzoninglaw.com>  
**Date:** 5/17/16 9:03 AM (GMT-05:00)  
**To:** "Mooney, Thomas" <ThomasMooney@miamibeachfl.gov>  
**Cc:** "Belush, Michael" <MichaelBelush@miamibeachfl.gov>, Matthew Amster <MAmster@brzoninglaw.com>, "Garavito, Alejandro" <AlejandroGaravito@miamibeachfl.gov>, "Boutsis, Eve" <EveBoutsis@miamibeachfl.gov>  
**Subject:** Re: 1904 Marseille

I think it is fine, would bit have used the word substantial but it is too late, as far as DCF requirements, I think it is okay, Matt do you agree?

Sent from my iPhone

On May 17, 2016, at 8:57 AM, Mooney, Thomas <[ThomasMooney@miamibeachfl.gov](mailto:ThomasMooney@miamibeachfl.gov)> wrote:

Matt / Michael (Larkin)  
Is there a major problem with the notice advertised?  
Tom

---

**From:** Belush, Michael  
**Sent:** Monday, May 16, 2016 9:31 PM  
**To:** Mooney, Thomas; Matthew Amster; Belush, Michael; Garavito, Alejandro  
**Cc:** Boutsis, Eve; Michael Larkin  
**Subject:** Re: 1904 Marseille

1. Too late guys - We already advertised this in the Herald yesterday:
- 2.
3. **PB 0516-0018, f.k.a., File No. 2281. 1904 Marseille Drive, 7100 Rue Grand Ville and 1915 Normandy Drive. – Adult Congregate Living Facility** – The applicant, Normandy Living LLC, is requesting modifications to a previously issued Conditional Use Permit for an Adult Congregate Living Facility. Specifically the applicant is requesting to change the owner/operator, substantially increase the number of beds and incorporate the adjacent parcel located at 1915 Normandy Drive as required parking for the facility, pursuant to Section 118, Article IV of the City Code.

## MIAMIBEACH

Michael Belush, AICP  
Planning & Zoning Manager

PLANNING DEPARTMENT  
1700 Convention Center Drive, Miami Beach, FL 33139  
Tel: 305-673-7000 x6258 / Fax: 305-673-7559 / [web.miamibeachfl.gov/planning](http://web.miamibeachfl.gov/planning)

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---

**From:** Thomas Mooney <[ThomasMooney@miamibeachfl.gov](mailto:ThomasMooney@miamibeachfl.gov)>

**Date:** Monday, May 16, 2016 at 9:21 PM

**To:** Matthew Amster <[mamster@brzoninglaw.com](mailto:mamster@brzoninglaw.com)>, Michael Belush  
<[MichaelBelush@miamibeachfl.gov](mailto:MichaelBelush@miamibeachfl.gov)>, "Garavito, Alejandro"  
<[AlejandroGaravito@miamibeachfl.gov](mailto:AlejandroGaravito@miamibeachfl.gov)>

**Cc:** "Boutsis, Eve" <[EveBoutsis@miamibeachfl.gov](mailto:EveBoutsis@miamibeachfl.gov)>, Michael Larkin  
<[mlarkin@brzoninglaw.com](mailto:mlarkin@brzoninglaw.com)>

**Subject:** Re: 1904 Marseille

Ok with me  
Michael / Alejandro, see below

Sent from my iPhone

On May 16, 2016, at 21:01, Matthew Amster <[MAMster@brzoninglaw.com](mailto:MAMster@brzoninglaw.com)> wrote:

Tom, Eve,

Thanks for meeting with us today. Below is our suggested language for the notice, which will avoid issues with licensing by DCF. Note: Chapter 142, Article V contains the specialized use regulations for ACLFs. As we discussed, we will amend the application to include Mark Epley and submit that and the updated Operations Plan to Antoinette.

Notice:

The applicant, Normandy Living, LLC, requests a modification to a Conditional Use Permit for an Adult Congregate Living Facility for a change of owner/operator and to expand the facility located at 7100 Rue Granville and 1904 Marseille Drive, pursuant to Chapter 142, Article V.

Matt

[Bio](#)

[Vcard](#)

**MATTHEW AMSTER, ESQ.**

Bercow Radell & Fernandez  
200 South Biscayne Boulevard, Suite 850  
Miami, FL 33131  
305.377.6236 | Office  
305.753.7064 | Cell  
305.377.6222 | Fax  
[mamster@brzoninglaw.com](mailto:mamster@brzoninglaw.com)

<image001.jpg>

[www.brzoninglaw.com](http://www.brzoninglaw.com)

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---

**From:** Mooney, Thomas [<mailto:ThomasMooney@miamibeachfl.gov>]  
**Sent:** Wednesday, May 11, 2016 6:56 PM  
**To:** Boutsis, Eve <[EveBoutsis@miamibeachfl.gov](mailto:EveBoutsis@miamibeachfl.gov)>; Michael Larkin <[MLarkin@brzoninglaw.com](mailto:MLarkin@brzoninglaw.com)>  
**Cc:** Matthew Amster <[MAmster@brzoninglaw.com](mailto:MAmster@brzoninglaw.com)>  
**Subject:** RE: 1904 Marseille

That time works for me  
Michael, can you send the invite

---

**From:** Boutsis, Eve  
**Sent:** Wednesday, May 11, 2016 6:55 PM  
**To:** Michael Larkin  
**Cc:** Mooney, Thomas; Matthew Amster  
**Subject:** Re: 1904 Marseille

My schedule is absolutely books the only time I have is Monday at four

Sent from my iPhone

On May 11, 2016, at 6:40 PM, Michael Larkin <[MLarkin@brzoninglaw.com](mailto:MLarkin@brzoninglaw.com)> wrote:

Eve, would greatly appreciate it if you could meet wth us.

Sent from my iPhone

On May 11, 2016, at 6:33 PM, Mooney, Thomas  
<[ThomasMooney@miamibeachfl.gov](mailto:ThomasMooney@miamibeachfl.gov)> wrote:

Monday works best for me, if Eve is available

---

**From:** Matthew Amster  
[mailto:[MAmster@brzoninglaw.com](mailto:MAmster@brzoninglaw.com)]  
**Sent:** Wednesday, May 11, 2016 6:32 PM  
**To:** Mooney, Thomas; Boutsis, Eve  
**Cc:** Michael Larkin  
**Subject:** 1904 Marseille

---

Tom, Eve,

We would like to meet with you to clarify the operations to ensure that we are all on the same page and that the new operator will not have any issues during licensing.

Please let us know your availability. Our client will be in Town on Monday and Tuesday and we are generally available those days.

Matt



5f

Mark Epley, manager of  
Normandy Living, LLC

Michael Larkin, counsel to  
Normandy Living, LLC



Proposed Drug Detox Center Normandy Drive



Gabriel S

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Published on Jun 16, 2016

Normandy Isle Residents Upset Over Proposed Drug Detox Facility



5g

If they are licensed by DCF, there does not seem to be a correlation to AHCA and the Florida Statutes (Chapter 397) don't really speak to the type of facility or provide more than minimum requirements. Should we assume that they would still be considered an Adult Congregate / Assisted Living Facility?

Elizabeth Moore Brinkley, AIA, ACHE  
Principal

---

THE INNOVA GROUP

elizabeth.brinkley@theinnovagroup.com<mailto:elizabeth.brinkley@theinnovagroup.com>  
Phone 404.419.1306  
Mobile 678.488.6199

From: Sanchez, Carmen [mailto:CarmenSanchez@miamibeachfl.gov]  
Sent: Tuesday, August 16, 2016 9:33 AM  
To: Elizabeth Brinkley <elizabeth.brinkley@theinnovagroup.com<mailto:elizabeth.brinkley@theinnovagroup.com>>  
Cc: Belush, Michael <MichaelBelush@miamibeachfl.gov<mailto:MichaelBelush@miamibeachfl.gov>>  
Subject: FW: Normandy Living - 1904 Marseille Dr, 7100 Rue Granville and 1915 Normandy Dr

Good morning Elizabeth,

The applicant has provided additional information this morning. Please let us know if you need anything further.

Best,  
Carmen

[Centennial logo - Gradient 500 pix]

Carmen Sanchez, Deputy Planning Director PLANNING DEPARTMENT

1700 Convention Center Drive, Miami Beach, FL 33139

Tel: 305-673-7000 / Direct: 305-673-7000 ext. 6167 / Fax: 786-394-4489 /

www.miamibeachfl.gov<http://www.miamibeachfl.gov/>

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.

From: Matthew Amster [mailto:MAMster@brzoninglaw.com]

Sent: Tuesday, August 16, 2016 8:42 AM

To: Mooney, Thomas; Sanchez, Carmen; Belush, Michael; Boutsis, Eve; Kallergis, Nick; Clements, Rick

Cc: 'Mark Epley'; RICK .YUNE; Michael Larkin

Subject: Normandy Living - 1904 Marseille Dr, 7100 Rue Granville and 1915 Normandy Dr

As a follow-up to our recent meeting with you, please see the attached documents that describe the procedures and protocols, including admission, transportation and emergency situations at the Seafeld Center in New York. These same or very similar procedures and protocols, in accordance with State of Florida regulations, will be implemented at the proposed facility in Miami Beach. Also attached are the COWS and CIWA observation protocols used to monitor and assess detox individuals.

As previously indicated, the most intense medical protocols to be conducted on the property are support for daily living and hygiene, checking of vitals, monitoring and dispensing medications, and progress assessments. The screening procedures will direct potential residents needing more intensive care to another facility or a hospital and they will not be admitted. If after admission, any resident begins to need a higher level of care, the facility administration will arrange transportation to the hospital or other appropriate facility.

Regarding the DCF licensing, it will be residential detoxification, which is also known as inpatient detoxification.



Let us know if you have any questions.

Matt

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## SEAFIELD CENTER

(631) 288-1122

"Where Alcoholism Is Treated As A Family Illness"

7 Seafield Lane, Westhampton Beach, New York 11978

www.seafieldcenter.com

**SUBJECT:** ACUPUNCTURE THERAPY

**EFFECTIVE:** 6/07

**DEPARTMENT:** MEDICAL

**CONCURRENCES:**

**INITIATOR:** DIRECTOR OF NURSING

**SUPERSEDES:** 3/95

**POLICY:** It is the policy of SEAFIELD CENTER to provide Acupuncture Therapy to clients who abuse or are dependent on alcohol and / or other substances as an adjunct part of an individual treatment plan.

**PURPOSE:** The purpose of Acupuncture Therapy is to reduce craving and other withdrawal symptoms and relieve anxiety, thereby assisting patients in achieving and maintaining abstinence.

**PROCEDURE:**

1. Prior to receiving acupuncture, all clients must have their History and Physical by the Nurse Practitioner and must give written authorization for acupuncture therapy.
2. Clients must sign an informed consent for acupuncture therapy. Information concerning acupuncture therapy will be given by the primary counselor, Registered Nurse, or Licensed Acupuncture Therapist.
3. The client will review his individual treatment plan, noting schedule of treatments, frequency, duration and it will be expressed in conditional terms by specifying that the client may attend acupuncture therapy whenever he/or she craves or becomes preoccupied with alcohol and drugs.
4. Clients will come to acupuncture room, sign in, cleanse their ears with alcohol swabs, and await treatment.
5. Acupuncture Therapy Specialist will insert 4 to 5 needles in both ears of the client, and observe and monitor the client throughout the treatment, and give necessary counseling and attend to any symptoms exhibited by the client.
6. After treatment, the needles will be removed from the client's ears and place in the needle disposal container.
7. The Acupuncture Therapy Specialist will for each client write a Progress Note containing the following information after each treatment:
  - a) Number of needles inserted and removed.

**Acupuncture Therapy, continued:**

- b) Notation of whether the client stayed for the duration of the treatment session.
  - c) Client's sobriety status.
  - d) A summary of the outcome of the session.
  - e) Explanation of any unusual occurrences during the session.
- 
- 8. At all times Universal Precautions will be observed including hand-washing, use of gloves, proper disposal of all materials and work practices that help prevent needlesticks, and contact with blood and body fluids.
  - 9. All staff involved with acupuncture shall be offered and encouraged to receive the Hepatitis B Vaccine.
  - 10. All Acupuncture Therapy done at Seafeld Center shall be under the supervision of a licensed acupuncturist.

**Reviewed:**

11/2014  
m/4



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www.seafieldcenter.com

**SUBJECT:** ADMITTING PROCESS **EFFECTIVE:** 3/07  
**DEPARTMENT:** NURSING **CONCURRENCES:**  
**INITIATOR:** ELAINE KALLUSCH, RN **SUPERSEDES:** 5/92  
DIRECTOR OF NURSING

**POLICY:** It is the policy of SEAFIELD CENTER to admit clients through the rear entrance of the building.

**PURPOSE:** To provide an admissions process that protects client confidentiality and treats clients with dignity and respect.

**PROCEDURE:**

1. The transportation driver will make an attempt to stagger his arrival time to avoid arrival at Seafield Center during lunch period or scheduled client break periods. If admission is considered a medical emergency the transportation driver will disregard this procedure and admit as soon as possible.
2. Transportation driver will notify the Admissions Department approximately (5) minutes before arrival at Seafield Center with schedule admission.
3. Admission Representative will immediately proceed to the Medical Department.
4. Transportation driver will bring client to rear lobby entrance where Admission Rep will be waiting.
5. Transportation driver will remain in full view of the van at all times and be available to move the vehicle in the event of an emergency.
6. The vehicle will be removed from the area immediately on completion of dropping off the client (s).
7. Admission Representative will do pre-admission paperwork in the Admission Room.
8. Unscheduled admissions or clients who arrange their own transportation will be escorted to the Medical Department by Admission Rep where admitting process as explained earlier will take place.

Reviewed:

9/20/15  
MK





# SEAFIELD

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7 Seafield Lane, Westhampton Beach, NY 11978

(631) 288-1122

Fax (631) 288-1638  
www.seafieldcenter.com

SUBJECT: ADMITTING PREGNANT CLIENTS

EFFECTIVE: 4/15

DEPARTMENT: MEDICAL

CONCURRENCE:

INITIATOR: NURSING DIRECTOR

SUPERCEDES: NONE

POLICY: It is the policy of Seafield Center, Inc. to evaluate the admission of female clients who are in their first or third trimester of their pregnancy, with a clearance from their OB/GYN, due to the high-risk phase of a pregnancy.

PURPOSE:

To ensure the safety of pregnant clients admitted to Seafield Center, the client must provide clearance and orders from her OB/GYN physician for **all** medications to be administered, to include all PRN medications, i.e. Tylenol as well. Additionally, pregnant clients will not detox at Seafield Center; however, with the proper clearance from the client's OBGYN, prescribed medications, i.e. as Subutex (Buprenorphine) will be administered. Subutex will not be prescribed by the psychiatrist at Seafield Center, however an existing order will be refilled. Therefore, the client must bring in at least a week's supply of their prescribed Subutex from their OB/GYN.

PROCEDURE:

1. Prior to admission, females in their first or third trimester of pregnancy must present a legible written clearance from their attending OB/GYN, which must include his/her contact numbers.
2. Upon admission, the medications prescribed by the client's OB/GYN will be administered, as prescribed.
3. If other health issues develop during the clients stay, i.e. UTI, URI, their OB/GYN will be consulted for their patient's treatment of the issue. If the client's physician is unavailable, the client will be sent to the emergency room for treatment of the issue, if indicated.

Reviewed:



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**SUBJECT:** NURSING ADMISSION **EFFECTIVE:** 3/07  
**DEPARTMENT:** NURSING **CONCURRENCES:**  
**INITIATOR:** ELAINE KALLUSCH, RN **SUPERSEDES:** 12/98  
DIRECTOR OF NURSING

**POLICY:** It is the policy of SEAFIELD CENTER to have all clients assessed by the nurse.

**PURPOSE:** To ascertain client's appropriateness for admission by taking medical history and psychiatric history, substance abuse history, treatment history, and develop a nursing diagnoses and with a tentative admission diagnoses.

**PROCEDURE:**

1. Once the Admissions Department completes their portion of the admission process, the client is brought to the Medical Office and introduced to the admitting nurse.
2. The nurse explains consent forms and has client sign a consent for medical services, a consent for photographs, and a consent for acupuncture.
3. The client is given written explanation and copy of the Advance Directive Health Care Proxy and a copy of The Patient Bill of Rights.
4. A kardex is completed noting the following: allergies, date of birth, age, marital status, last drink, last drug, BAC and GAF.
5. The client's vital signs are taken which are noted on the flow sheet and admission sheet.
6. Urine is obtained from the client unless client has arrived directly from a hospital and has a copy of a negative drug screen.
7. Nurse interviews client following the nursing assessment.
8. Nurse then institutes appropriate treatment care plans and reviews these with the client and has client sign them.
9. The nurse reviews all medications/prescriptions brought in by the client and notifies the Seafield physician on call of the admission and orders are obtained for continuation of appropriate medications. The identity of medications brought by clients must be verified and expiration dates confirmed.

9/20/5h/2



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Fax (631) 288-1638  
www.seafieldcenter.com

SUBJECT: TRIAGE SHEET

EFFECTIVE: 04/16

DEPARTMENT: NURSING

CONCURRENCES:

INITIATOR: NURSING DIRECTOR

SUPERCEDES:

POLICY: It is the policy of SEAFIELD CENTER to have a means for obtaining pertinent medical information on all clients.

PURPOSE: To ensure accurate and efficient assessment of all clients.

#### PROCEDURES:

1. Triage nurse begins triage sheet on each new client upon arrival to facility. Vital signs, medical history, substance usage history is obtained to determine level of care for admission to facility.
2. Triage nurse and Nurse Practitioner will utilize all information on triage sheet to determine level of care and/or detox protocol to be initiated.
3. Admitting nurse will utilize all information obtained on the Triage Sheet for admission documentation purposes, i.e. Prioritized Assessed needs, Treatment Plan, ASAM.
4. Nurse Practitioner will utilize all the information on Triage Sheet during admission History & Physical to determine client diagnosis.

Reviewed:



# SEAFIELD CENTER TRIAGE SHEET

CLIENT'S NAME: \_\_\_\_\_ CLIENT'S #: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ BP: \_\_\_\_\_ PULSE: \_\_\_\_\_ TEMP: \_\_\_\_\_ BAC: \_\_\_\_\_ DIABETIC: \_\_\_\_\_ BS: \_\_\_\_\_ PPD: \_\_\_\_\_  
 HCG RESULTS: \_\_\_\_\_ BIRTH/TERMINATION PAST 6 WEEKS: \_\_\_\_\_ ANTICOAGULANT THERAPY: \_\_\_\_\_

Substance:

Type & Amount Used:

Date last used:

ETOH:		
BENZO:		
OPIATE:		
SUBOXONE:		
METHADONE:		
COCAINE/CRACK		
AMPHETAMINE:		
METHAMPHETAMINE:		
HALLUCINOGEN:		
MARIJUANA		
DXM:		
MDMA:		
BARBITUATES:		
NICOTINE:		
OTHER:		

RECENT SUICIDE ATTEMPT: \_\_\_\_\_ RECENT DETOX: \_\_\_\_\_ WOUNDS: \_\_\_\_\_  
 SEIZURE HISTORY: \_\_\_\_\_ WITHDRAWAL OR NEUROLOGICAL: \_\_\_\_\_ DATE OF LAST: \_\_\_\_\_ MEDICATION: \_\_\_\_\_  
 CHIEF COMPLAINTS/SYMPTOMS PRESENT: \_\_\_\_\_ MEDICATION ADMINISTERED: \_\_\_\_\_  
 NARCOTICS ON ADMISSION: \_\_\_\_\_ DETOX ORDERED: \_\_\_\_\_ NURSE'S SIGNATURE: \_\_\_\_\_



## Clinical Opiate Withdrawal Scale (COWS)

**Flow-sheet for measuring symptoms for opiate withdrawals over a period of time.**

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date: _____ Enter scores at time zero, 30min after first dose, 2 h after first dose, etc. <div style="text-align: right;">Times: _____</div>				
<b>Resting Pulse Rate:</b> (record beats per minute) <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				
<b>Sweating:</b> <i>over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				
<b>Restlessness</b> <i>Observation during assessment</i> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds				
<b>Pupil size</b> 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				
<b>Bone or Joint aches</b> <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort				
<b>Runny nose or tearing</b> <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				

*COWS / Flow-sheet format for measuring symptoms over a period of time*

<b>GI Upset: over last ½ hour</b> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting				
<b>Tremor observation of outstretched hands</b> 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching				
<b>Yawning Observation during assessment</b> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute				
<b>Anxiety or Irritability</b> 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult				
<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection				
<p style="text-align: right;"><b>Total scores</b></p> <p style="text-align: right;"><b>with observer's initials</b></p>				

**Score:**

**5-12 = mild;**

**13-24 = moderate;**

**25-36 = moderately severe;**

**more than 36 = severe withdrawal**

NAATP AND ASAM

CIWA-A SCALE APPENDIX III

Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar)

Patient [ ] Date [ ] Time: [ ] Client # [ ]

Pulse or heart rate, taken for one minute [ ] Blood Pressure [ ]

NAUSEA AND VOMITING--As "Do you feel sick to your stomach? Have you vomited? Observation.

- 0 no nausea and no vomiting
- 1 mild nausea with no vomiting
- 2
- 3
- 4 intermittent nausea with dry heaves
- 5
- 6
- 7 constant nausea, frequent dry heaves and vomiting

TREMOR--Arms extended and fingers spread apart, Observation.

- 0 no tremor
- 1 not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 moderate, with patient's arms extended
- 5
- 6
- 7 severe, even with arms not extended

PAROXYSMAL SWEATS--Observation.

- 0 no sweat visible
- 1 barely perceptible sweating, palms moist
- 2
- 3
- 4 beads of sweat obvious on forehead
- 5
- 6
- 7 drenching sweats

ANXIETY--Ask "Do you feel nervous?" Observation.

- 1 no anxiety, at ease
- 2 mildly anxious
- 3
- 4 moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 equivalent to acute panic states, as seen in severe delirium or acute schizophrenic reactions

AGITATION--Observation.

- 0 normal activity
- 1 somewhat more than normal activity
- 2
- 3
- 4 moderately fidgety and restless
- 5
- 6
- 7 paces back and forth during most of the interview, or constantly thrashes about

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin?" Observation.

- 0 none
- 1 very mild itching, pins and needles, burning or numbness
- 2 mild itching, pins and needles, burning or numbness
- 3 moderate itching, pins and needles, burning or numbness
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

AUDITORY DISTURBANCES--Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

- 0 not present
- 1 very mild harshness or ability to frighten
- 2 mild harshness or ability to frighten
- 3 moderate harshness or ability to frighten
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

VISUAL DISTURBANCES--Ask "Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

- 0 not present
- 1 very mild sensitivity
- 2 mild sensitivity
- 3 moderate sensitivity
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

HEADACHE, FULLNESS IN HEAD--Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness. Otherwise, rate severity.

- 0 not present
- 1 very mild
- 2 mild
- 3 moderate
- 4 moderately severe
- 5 severe
- 6 very severe
- 7 extremely severe

ORIENTATION AND CLOUDING OF SENSORIUM--Ask "What day is this? Where are you? Whom am I?"

- 0 oriented and can do serial additions
- 1 cannot do serial additions or is uncertain about date
- 2 disoriented for date by no more than 2 calendar days
- 3 disoriented for date by more than 2 calendar days
- 4 disoriented for place and/or person

Total CIWA-A Score [ ]

Rater's Initials [ ]

Maximum Possible Score 67

This scale is not copyrighted and may be used freely



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(516) 288-1122

WESTHAMPTON BEACH POLICE-288-3444

SUBJECT: EMERGENCY-POLICE  
AMBULANCE CONTACT EFFECTIVE: 10/8/97

DEPARTMENT: RECEPTION CONCURRENCES: CONTACTING  
A.O.C., NOTIFYING FAMILY  
MEMBERS

INITIATOR: JANIE HEGQUIST  
RECEPTION SUPERVISOR SUPERSEDES: 1/3/95

POLICY: It is the policy of Seafield Center Inc. to provide expeditious and efficient transportation in the event of a medical emergency.

PURPOSE: To ensure that the client is transported in the most efficient manner to the hospital for emergency treatment.

### PROCEDURE:

1. When a medical emergency presents itself nursing is contacted.
2. The nurse assess the situation and determine if there is a need for an ambulance. The nurse/staff calls the front desk or therapy aide, in the evening, and requests that an ambulance be called.

### WESTHAMPTON BEACH POLICE 288-3444 FOR AMBULANCE!!!

3. When the nurse/staff calls for the ambulance, reception(ist) must find out how old the client is, male or female, what is the nature of the emergency and anything else that might be helpful for the ambulance.
4. The nursing staff will advise reception/therapy aide whether or not to announce "Medical Emergency". If so make an announcement on the loud speaker and announce "Medical Emergency (and it is) in the \_\_\_\_\_" (room/area of building). TO ANNOUNCE ON LOUD SPEAKER: PRESS THE NUMBERS 401 IN THE PHONE AND BEGIN TO SPEAK INTO RECEIVER.
5. The front desk or therapy aide will notify either maintenance or therapy aide security to have the side gate opened to allow access for the ambulance.
6. The A.O.C policy and procedure will be followed to notify the A.O.C.

REVIEWED BY: [Signature] DATE: 10/9/97, 4/4/13





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SUBJECT: ROOM SEARCHES EFFECTIVE: 1/09

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DEPARTMENT: SECURITY CONCURRENCES: Clinical  
Medical  
INITIATOR: MARK EPLEY Infection  
EXECUTIVE DIRECTOR Control

SUPERSEDES: ALL

---

POLICY: It is the policy of Seafield Center to conduct routine room searches at various times or as indicated by client behavior.

PURPOSE: To maintain an alcohol and drug free environment, and to protect the therapeutic integrity of the facility for clients who truly wish to remain abstinent from chemicals. Also for infection control purpose, Seafield needs to ensure that no food items are stored that may spoil or attract insects and rodents.

PROCEDURE:

1. Room searches will be conducted on an ongoing basis randomly every week. Room searches may occur no more than every 30 minutes throughout the week.
2. Room searches will always be conducted by two (2) designated Seafield Center employees.
3. Designated employees will be instructed which rooms to search by Executive Director/ Clinical Department.
4. Designated employees will thoroughly search rooms (i.e., closets, drawers, bathrooms, all applicable areas)
5. When contraband is found in any inconspicuous area Clinical Department must be notified.
6. All contraband found will be given to Clinical then logged on room search log sheet with one copy to Clinical, one copy to Security.
7. Clinical Department will take appropriate action depending upon type of contraband found to include counseling or when applicable clinical management team will become involved.
8. Any food found will be discarded.
9. Any personal items such as radios and books... will be confiscated and given back at time of discharge.



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**SUBJECT:** TRANSFER OF CLIENT TO  
ALTERNATE ACUTE LEVEL OF CARE

**EFFECTIVE:** 11/15

**DEPARTMENT:** NURSING

**CONCURRENCES:**

**INITIATOR:** DIRECTOR OF NURSING

**SUPERSEDES:** 6/07

**POLICY:** It is the policy of Seafield Center to arrange for or provide transportation efficiently and safely to a hospital when deemed necessary for medical or psychiatric care.

**PURPOSE:** To ensure the most efficient and timely transfer from Seafield to hospital when deemed necessary.

**PROCEDURE:**

1. Client is assessed by Seafield nursing staff to be inappropriate for treatment at Seafield Center for their acute medical and psychiatric need.
2. In emergencies, see Policy & Procedure – Transfer of Client for Emergency Treatment.
3. If medically unstable, the nurse will remain with client until transported. transportation will be arranged at earliest possible time.
4. If Seafield driver transports client and client is unstable, a staff member shall accompany in transfer.
5. Medical Director/Executive Director is to be notified of all transports to hospital.

**Reviewed:**





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**SUBJECT:** TRANSFER OF CLIENT TO  
DETOXIFICATION/ALTERNATE  
LEVEL OF CARE

**EFFECTIVE:** 6/07

**DEPARTMENT:** NURSING

**CONCURRENCES:**

**INITIATOR:** DIRECTOR OF NURSING

**SUPERSEDES:** 5/92

**POLICY:** It is the policy of Seafield Center to arrange for or provide transportation efficiently and safely to a detoxification unit/alternate level of care when deemed necessary; provided client has no other means of transport.

**PURPOSE:** To ensure the most efficient and timely transfer from Seafield to detoxification unit/alternate level of care when deemed necessary.

**PROCEDURE:**

1. Client is deemed, by Seafield physician, inappropriate for admission or during treatment requires alternate level of care.
2. Department (Clinical/Medical) which makes recommendations will notify Admissions of need for alternate level of care.
3. In emergency situations see Policy & Procedure – Transfer of Client for Emergency Treatment.
4. If medically unstable, the nurse will remain with client until transported. Transportation will be arranged at earliest possible time.
5. If Seafield driver transports client and client is deemed intoxicated, a staff member shall accompany in transfer.
6. Medical Director/Executive Director is to be notified of all transports to detox/alternate level of care.

**Reviewed:**



## SEAFIELD CENTER

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(516) 288-1122

**SUBJECT: VIOLENCE PREVENTION**

**EFFECTIVE: 5/97**

**DEPARTMENT: CLINICAL**

**CONCURRENCES: NONE**

**INITIATOR: CLINICAL DIRECTOR**

**SUPERSEDES: NONE**

**POLICY:** It is the policy of Seafield Center to prevent and provide appropriate response to incidents of violence and potential violence.

**PURPOSE:** To provide an environment of care which minimizes the potential for violence and creates a safe and secure setting for clients and staff.

- PROCEDURES:**
1. Scheduled trainings/in-services on violence prevention and response will be given to all staff members. Upon hiring, all staff will receive in-service training as part of orientation. The following job categories will receive ongoing inservice training: clinical, transportation, medical and therapy aides.
  2. Careful assessment, and possible denial of admission, will be done on the following:
    - a. Clients with a history of violent crime including murder, rape, sexual assault, and crimes involving weapons and arson.
    - b. Clients with psychiatric conditions whose symptoms indicate violent or potentially violent behavior.
    - c. Clients whose behavior or statements indicate the threat of violent behavior.
  3. A written statement (see attached) will be signed by each client on admission declaring that the client is not in possession of contraband which includes alcohol, drugs, drug paraphernalia, weapons, or instruments to be used as weapons and filed in client's clinical record.
  4. Clients who are assessed to be a threat to the safety of other clients or staff will be discharged immediately.
  5. A prudent number of staff members - to be determined by clinical supervisor on duty - will be in attendance with a client who is being discharged at staff request (ASR) until the client is no longer on Seafield property.