Palm Beach County

CEMP Program Workshop

Together, Emergencies Are Managed

July 28, 2016

Division of
Emergency
Management

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Division of Emergency Management

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Three Parts to Today's Meeting

❑ **Part 1**

  ❑ Updates made easy!

❑ **Part 2**

  ❑ New CEMP crosswalks and templates.

❑ **Part 3**

  ❑ So I'm new to this: Taking over a plan.

Objectives

❑ Understand how to simplify your updates.

❑ Learn how to write a CEMP.

❑ Feel more comfortable with the review process.

Note:

- This Presentation is held to assist you in compliance with:

- Florida Administrative Code: 27P-20.003, 58A-6.011, 59A-5.018, 59A-3.078, 65B-6

- Florida Statutes: §252.38, §393.067, §395.1055, §400.967, §400.23, §429.929, §429.41

Note:

❑ Certificates will be available in the lobby. You will need to turn in a course feedback form.

❑ A brief intermission will precede Part 3 for those not requiring training on taking over a plan.

Part 1

Updates made easy! Understanding the AHCA Crosswalk

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Steps to a Simple Update

1. Gather your updates.

2. Visit the Website.

3. Download the Renewal Checklist and the right Crosswalk.

4. Submit fire plan to your local Fire Department requesting a fire plan approval letter.

5. Organize updates in order of tab and page.

6. Receive Administrator approval in writing.

7. Submit payment, crosswalk, updates, vendor agreements administrator's letter, fire plan approval letter.

Pro Tips:

- ❑ Consider updating the Fire plan 3-6 months before your CEMP to avoid delays.

- ❑ If your fire plan approval or any contract will expire within 60 days of submission it WILL NOT be accepted.

- ❑ Make sure all pages are numbered. This is often the difference between your hard work being approved quickly and our office requesting a resubmission.

Tips From Other Facilities:

❑ Periodically call your vendors.

    ❑ Verify contact information.

    ❑ Make sure they still can meet the contract.

The Website

http://www.pbcgov.com/dem/ sections/operations/health_care.htm

The Website

Health Care Facility Comprehensive Emergency Management Plan (CEMP)

The Residential Health Care Facility Comprehensive Emergency Management Plan (CEMP) Review Program was introduced as a result of Florida State Legislature, requiring certain health care facilities to prepare and annually update a comprehensive emergency management plan. These facilities include:

- Adult Day Care Centers (ADC)
- Assisted Living Facilities (ALF)
- Ambulatory Surgical Centers (ASC)
- Hospitals
- Residential Treatment Centers(RTC)
- Skilled Nursing Homes (SNF)

State law requires that the Agency for Health Care Administration (AHCA) develop and adopt minimum criteria for the CEMP. The law also requires that the CEMPs be reviewed and approved by Palm Beach County Division of Emergency Management (DEM).
The AHCA has a local office here in Palm Beach County. The agency's contact information is as follows:
> 5150 Linton Boulevard, Suite 500
> Delray Beach, Florida 33445
> Telephone number (561) 496-5900

AHCA Criteria Cross-Walk
The crosswalk documents identify the minimum criteria to be used when developing CEMPs for residential health care facilities. The cross-walk serves as the required plan format for the CEMP, and will also serve as the compliance review document for Palm Beach County Division of Emergency Management upon submission for review and approval pursuant to Chapter 252, Florida Statutes (F.S.). These criteria satisfy the basic emergency management requirements of 400, Part II, Florida Statutes, but are not designed to provide specific emergency medical planning guidance.

Information on Submitting a CEMP
Submitting a new plan or revision is easy. The following documents are provided to assist with the development and submission of new Comprehensive Emergency Management Plans and the annual updates to the CEMP:

- New Facility Checklist (or)
- Renewal Checklist
- Generator Information Template (New facilities or when updated)
- AHCA criteria crosswalk for your facility type (Facility Input must be completed and submitted with plan).
    - Adult Day Care
    - Assisted Living Facility
    - Ambulatory Surgery Center
    - Hospital
    - Residential Treatment Center
    - Skilled Nursing Facility
- Updates for Annual CEMP Review (The parts of the plan, or documentation that have changed)

Review Fee
The Palm Beach County Division of Emergency Management will begin charging for two hours of review time for all healthcare CEMPs effective 1 October 2015. All plan submissions will be charged **$62.50** based on two hours at $31.25 per hour (FL Ch. 27P-20). This change is necessitated to fully cover the time spent on CEMPs including, but not limited to: administrative and data entry work, database and technology support, binder and update packet processing, training and consulting to facilities that occurs beyond time spent reviewing plans.

Training Resources
The slideshows from past quarterly presentations are available here

- August 2015 HCEMP Structure Presentation
- January 2016 Updates Made Easy
- **July 2016 Writing your first submission + Updates made easy**

For specific information on state requirements, review the Florida statutesonline at http://www.flsenate.gov/Laws/Statutes.

The Checklist

HEALTH CARE FACILITY CEMP RENEWAL CHECKLIST

The following points must be addressed to renew the Comprehensive Emergency Management Plan (CEMP) for your facility.

The CEMP and check should be delivered to:

Palm Beach County Emergency Operations Center
20 S. Military Trail
West Palm Beach, FL 33415
Telephone: (561) 712-6400

1. A check for $62.50 made out to "Board of County Commissioners"
   a. All plan submissions will be charged $62.50 based on two hours at $31.25 per hour (FL Ch. 27P-20). If the review process requires additional time, you will be contacted and an invoice will be forwarded to your facility.

2. All new or updated documentation.
   - If the updated plan has the same page numbering as the previous year's plan, only updated pages are required.
   - If the updated plan does NOT have the same page numbering as the previous year's plan provide the updated section or tab (i.e. "I Introduction, II Authorities and References, or Fire Plan Tab ")
   - Any renewed or recently signed agreements or contracts.
     o Contracts that have not expired do not require replacement.
   - An electronic copy of the plan is recommended. CD's, and Flash drives are acceptable. This becomes a backup to your documents in case the facility needs to make new copies.
     o This may be a full copy, or just the updates.

3. A cover letter which is dated and signed by the facility Administrator or other company representative.

4. The AHCA crosswalk with Specific Location Section and page Column completed for all updated or new items.
   - Renewals are evaluated solely on your new or updated documentation.

5. A new cover page for the binder indicating the current year and the Facility name.

6. A copy of the current *Fire Plan approval letter* must be included with the plan and located behind the cover letter *in addition to* any other pertinent location in the plan.

   The Fire Plan approval letter *must not expire within 60 days* of the date submitted.

Helpful Notes:

1. Use the applicable AHCA crosswalk as a guide for compiling and updating the plan. It must be included with the plan and *located behind the Fire Plan approval letter at the front of the plan.*

2. Be sure that all agreements included with the plan are *current* e.g. alternate facilities, food, fuel, electrical power, transportation, water, etc.

3. A completed Generator Information form must be included *if the facility uses a generator.*

4. A hard copy of your plan can be created at the EOC at a rate of $31.25 per hour, charged separately from your review.

5. A well organized binder using tabs and page breaks is much easier to keep updated year after year.

Websites

- The AHCA website is a very good source of overall information:
  http://ahca.myflorida.com/

- FEMA Flood Insurance Rate Map: http://msc.fema.gov/webapp/wcs , and click on the map search menu on the top of the page.

- For Palm Beach County surge zone evacuation information, use the following website:
  http://maps.co.palm-beach.fl.us/sams/

- The AHCA Cross-Walks, this form, and other helpful documents are available on our website:
  http://www.pbcgov.com/dem/sections/operations/hif%20applicable.ealth_care.htm

The Crosswalk

- Each facility type has a unique crosswalk

- Crosswalks can be completed electronically and saved.

The Updates

❑Review the plan for needed changes.

  ❑Document items changed and indicate the location on the crosswalk.

  ❑Insert updates into your binder by changing pages.

  ❑Compile a second set of replacement pages for review.

  ❑Ensure plan is numbered sequentially.

❑Check contracts and agreements for currency.

  ❑Replace updated contracts in the binder and document the tab and page in the crosswalk.

  ❑Submit fire plan and the fire department's approval letter.

The Updates

❑Throughout the year:

  ❑Make a copy of any change made to the plan.

    ❑ Insert in front pocket of the binder

  ❑Space out contract renewals.

❑Complete and save an electronic copy of your facility cross walk.

  ❑Print a completed copy to keep with your updates.

  ❑Highlight changes on the crosswalk as they are made.

Updating the Plan

Using the Crosswalk

❑ Facilities Complete the field called Specific Location by indicating the Page and item number.

   ❑ T(Tab)/P(Page)/I(Item Number)

❑ Items not part of the main document should also have a tab number.

   ❑ Example: The first page of tab two is marked T2/P1

   ❑ This is handy when trying to point to an internal document from within the plan as well.

	Crosswalk Criteria	Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
I. INTRODUCTION *Page, Section, etc.*				
A.	Provide basic information concerning the facility to include:			
1	Name of facility, address, telephone number, emergency contact telephone number, pager number if available, and fax number.	T1/P3/L1		
2	Owner of facility, address and telephone number. Indicate whether private or corporate ownership. Type of facility and license.	P3/2		

ADC Crosswalk

Using the Crosswalk

❑Only complete fields for items that you have changed.
  ❑You took the time to prepare an efficient update, reap the reward by helping us focus only on your changes.

❑A properly completed crosswalk speeds up review and reduces the potential for resubmission.

	Crosswalk Criteria	Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
	I. INTRODUCTION *Page, Section, etc.*			
A.	**Provide basic information concerning the facility to include:**			
1	Name of facility, address, telephone number, emergency contact telephone number, pager number if available, and fax number.	T1/P3/L1		
2	Owner of facility, address and telephone number. Indicate whether private or corporate ownership. Type of facility and license.	P3/2		

ADC Crosswalk

A Note on Plan Organization:

❑Do not place your entire CEMP within one tab or without tabs.

    ❑If an existing plan is formatted like this criteria must be identified to the page and the line.

A Complete Submission

Required

Required if changed

Improving Turn-Around Time

PLEASE! Include a completed crosswalk!

Clearly highlight, Circle, or otherwise mark changes.

Part 2

New CEMP Templates

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New CEMP Crosswalks

❑ New Microsoft Word forms have been created for each facility type.

New CEMP Crosswalks

❑ Each Box is fill-in the blank.

	Crosswalk Criteria	Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
3	Year facility was built, type of construction and date of any subsequent construction.	Click here to enter text.		
4	Name of Administrator, address, work/home telephone number, and alternate contact person.	Click here to enter text.		
5	Name, address, work and home telephone number of person(s) implementing the provisions of this plan, if different from the Administrator.	Click here to enter text.		
6	Name, work and home telephone number of person(s) who developed this plan.	Click here to enter text.		
7	Provide an organizational chart, including phone numbers, with key management positions identified.	Click here to enter text.		
B	Provide an introduction to the Plan, which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the facility that has any bearing on the implementation of this plan.	Click here to enter text.		
II. AUTHORITIES				

New CEMP Crosswalks

- Only Facility Input can be completed.

	Crosswalk Criteria	Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
3	Year facility was built, type of construction and date of any subsequent construction.	Click here to enter text.		
4	Name of Administrator, address, work/home telephone number, and alternate contact person.	Click here to enter text.		
5	Name, address, work and home telephone number of person(s) implementing the provisions of this plan, if different from the Administrator.	Click here to enter text.		
6	Name, work and home telephone number of person(s) who developed this plan.	Click here to enter text.		
7	Provide an organizational chart, including phone numbers, with key management positions identified.	Click here to enter text.		
B	Provide an introduction to the Plan, which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the facility that has any bearing on the implementation of this plan.	Click here to enter text.		
	II. AUTHORITIES			

New CEMP Templates

❑ The templates contain formatting to ensure each section begins on an odd page and each subsection starts on a new page.

   ❑ These formatting changes will ensure that the plan can be printed, hole punched and tabbed quickly, with no plan sections sharing a piece of paper.

   ❑ The formatting also ensures that when a page or section is replaced it does not impact any other sections.

New CEMP Templates

ADULT DAY CARE FACILITIES
PLAN COVER SHEET

Discard this page before submission.

(Based upon AHCA Criteria dated July 2001)

Use this template to create your plan. This form should be filled out electronically (i.e. typed) and submitted as your facility's Comprehensive Emergency Management Plan. Filling all fields will ensure you have addressed all required criteria.

Some questions will allow you to answer with text, or insert an image. Others will require you to specify individuals with responsibilities, such as notifying AHCA.

List all persons on separate lines

Note that the text boxes on the form will expand as needed – please use as much space as you need.

The plan should be submitted in a tabbed binder as shown below

Tab I: Introduction
Tab II: Authorities
Tab III: Hazard Analysis
Tab IV: Concept of Operations
Tab V: Information, Training, and Exercises
Tab VI: Key Disaster Roles
Tab VII: Agreements and Understandings
Tab VIII: Support Material
Tab IX: Fire Plan and Approval Letter
Tab X: Standard Operating Procedures

1

Table of Contents

2

New CEMP Templates

Table of Contents

Fill in your own locations for Tabs VI-X!

New CEMP Templates

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
ADULT DAY CARE FACILITIES

I. INTRODUCTION

A. Basic Facility Information

1. Name of facility, address, telephone number, emergency contact telephone number, pager number (if available), fax number.
Click here to enter text.

2. Owner of facility, address, telephone number. Indicate whether private or corporate ownership. Type of facility, and license.
Click here to enter text.

3. Year facility was built, type of construction and date of any subsequent construction.
Click here to enter text.

4. Name of Administrator, address, work/home telephone number, and the work/home telephone number of his/her alternate.
Click here to enter text.
Click here to enter text.

5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the Administrator.
Click here to enter text.

6. Name, work and home telephone number of person(s) who developed this plan.
Click here to enter text.

7. Provide an organizational chart, including phone numbers, with key management positions identified.(Text or Image)
Click here to enter text.

Most items allow only text.

Administrator and alternate each go on separate lines.

Some items allow both text and graphical responses.

New CEMP Templates

❑ Instruction sheets are included for Tabs I-V and VI-X.

CROSS-REFERENCE FOR
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
ADULT DAY CARE FACILITIES

INSTRUCTIONS FOR REMAINING SECTIONS
Discard before submission.

The following information is required, beyond the contents of this document and will be considered not meeting the requirement if incomplete or not in the correct tab.

Tab VI: Key Disaster Roles

- List the names, addresses, and telephone number of all staff with disaster related roles.
- List the name of the company, agency or organization contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, Emergency Management, etc

Tab VII: Agreements and Understandings

- Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered pursuant to the fulfillment of the plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure operational integrity of the plan

Tab VIII: Support Material (License, table of org etc)

- Organizational Chart.
- Optional facility-specific materials (service agreements, menus, corporate info, etc.)

Tab IX: Fire Plan and Approval Letter

- A copy of the fire safety plan that is approved by the local or county fire department.
- A letter approving the facility's fire safety plan. *(Annual Approval)*

Tab X: Standard Operating Procedures

16

Features

- ❏ Easier updates.

- ❏ Page numbers.

- ❏ Digital submission ready.

- ❏ Each template has text boxes for entry of your criteria.

- ❏ A completely filled template will have answered all the AHCA requirements.

Do I Need to Start Over with this Template?

❑ Eventually yes.

  ❑ If your plan is not in word format and easily edited you should begin migrating now for next plan year.

  ❑ If your plan is already in word format and you are happy with it you can wait for the next plan year.

  ❑ *The new file format will be required for digital submission.*

If your plan is a PDF of photocopies or completely paper, immediately assign someone to begin transcribing the plan an hour or two a week.

New CEMP Templates

❑ Facilities interested in Beta testing the templates should contact Keith Wall by email Kwall@PBCGOV.org.

❑ Limit of two facilities per category.

❑ Adult Day Care and Assisted Living Facility templates are currently being Beta Tested.

So what should I do?

❑ Check our website prior to preparing your submission.

http://www.pbcgov.com/dem/sections/operations/health_care.htm

❑ Changes generally kick in with the fiscal year on 1 October.

❑ Make use of all the online resources

❑ Ask Questions. Send emails, make calls.

Things to look forward to

❑ Digital Submission by June 2017.

    ❑ Ref: PBC DEM Strategic Plan 2016-2020

❑ Digital submissions will be whole plan vs updated pages.

❑ New templates are digital submission friendly.

❑ A transition period will be announced to allow facilities to submit hard copy plans while they prepare for digital submission.

Intermission

Certificates are available in the back of the room. Please see Nancy or Megan in the lobby for any questions. Please exchange your course feedback form for a certificate.

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Part 3

So, I'm new to this.

Taking over an existing plan when you've been 'Volun-told'!

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CEMP Basics

❑ CEMP stands for Comprehensive Emergency Management Plan.

❑ Provides for All-Hazard response.

❑ Describes how the facility will provide care of clients in an emergency (in-place sheltering, evacuating internally, or being evacuated to a another facility).

❑ Arrangement of post-disaster priorities including communication with resident families, medical needs, transportation and reporting to State and County.

❑ Provides a legal basis for actions taken in an emergency.

How to Develop an Effective Emergency Management Plan

❑ Follow the AHCA Guidance as a plan format, including the use of corresponding labeling.

   ❑ Using the new crosswalks and templates makes this easy.

❑ AHCA wants the EM copy to be a mirror image (exact copy) document to the one in your facility.

❑ Answer every issue even if the answer is duplicated from a previous page.

❑ TYPED plan, with No hand-written notes or corrections.

CEMP Organization

- ❑ The Base Plan –
    - ❑ I. Introduction
    - ❑ II. Authorities and References
    - ❑ III. Hazards Analysis
    - ❑ IV. Concept of Operations
        - ▪ Direction and Control
        - ▪ Notification
        - ▪ Evacuation
        - ▪ Re-Entry
        - ▪ Sheltering
    - ❑ V. Information, Training and Exercise
- ❑ Appendices.
    - ❑ VI-X
- ❑ Start sections and subsections on new pages.
- ❑ Should take approximately 20 pages for the base plan.

CEMP
Putting it together

❑ Plan in a 3-ring binder with name on cover.

❑ A 'typed' letter from the administrator.

❑ A completed, cross-referenced, AHCA criteria form as supplied by our office.

❑ Must have a title page, dated with facility name and address.

❑ Must successfully meet each issue defined by AHCA in the crosswalk.

❑ Must have pages numbered.

❑ Must be tabbed.

❑ May have individual pages inserted into page protectors if you desire. However, you must extend your tabs past the page protectors.

❑ **All updates to a plan must be 3 hole punched.**

TABS

The plan should be organized into tabs:

- ❑Tab I: Introduction
- ❑Tab II: Authorities
- ❑Tab III: Hazard Analysis
- ❑Tab IV: Concept of Operations
- ❑Tab V: Information, Training, and Exercises
- ❑Tab VI: Key Disaster Roles
- ❑Tab VII: Agreements and Understandings
- ❑Tab VIII: Support Material
- ❑Tab IX: Fire Plan and Approval Letter
- ❑Tab X: Standard Operating Procedures

Tab VI: Key Disaster Roles

❑Roster of employees with disaster related roles.
　　❑Name, address, phone number of employees with disaster related roles.

❑List of companies, agencies or organizations providing emergency support
　　❑Name, address, phone number.

Tab VII: Agreements and Understandings

❑ Mutual Aid Agreements

1. Agreement
2. Primary Route and Map
3. Secondary Route and Map

❑ Vendor Agreements

❑ Letters from Vendors

- Transportation
- Generator Maintenance
- Generator Fuel
- Food

- Water
- Pharmacy
- Local Police
- Local Fire
- Red Cross

Tab VIII: Support Material Tab

❑   Forms and such: Any/All forms used day-to-day or in emergencies referenced in plan

- ❑   License
- ❑   Organizational Chart
- ❑   Hierarchy of Authority
  - ❑   (Chain of Command)
- ❑   Emergency Menus
- ❑   Generator Form
- ❑   Evacuation Log
- ❑   Floor Plan
- ❑   Training Schedule

Tab IX: Fire Plan and Approval Letter

❑ Facility Fire Plan –

    ❑ The Fire Department Approval Letter.

    ❑ Fire Plan.

Tab X: Standard Operating Procedures

❑ Standard Operating Procedures

❑ Each Position in your Organizational Chart has specific duties to perform during any emergency

   ❑ "State the operational support roles for all facility staff. *(This will be accomplished through Standard Operating Procedures, which must be attached to this plan)"*

❑ Operational Roles

   ❑ Administrator

   ❑ Second in Command

   ❑ Staff Roles

Other Plans
(Completely Optional)

❑ **May be individually tabbed for ease of use.**

❑ Other Stand Alone Plans, for example:

  ❑ Terrorism

  ❑ Severe weather

  ❑ Flooding

  ❑ Missing Resident

  ❑ Power Outages

  ❑ Hazardous Materials

Past History Tab
(Completely Optional)

Past history and lessons learned of hurricanes, or other times your disaster plan was put into use.

- ❑ Power Outage?
- ❑ Flooding?
- ❑ Hurricanes Wilma, Frances, Jean?
- ❑ Tropical Storm Isaac?

Storage and Use of Facility CEMP

❑ Located in Plans Library. (Secure location)

❑ Old Plans are destroyed.

❑ Duty Officer may use plan if responding to a disaster at a facility.

❑ All facilities are encouraged (**NOT REQUIRED**) to provide a digital copy.

  ❑ This is stored with your plan.

  ❑ Used for a digital back-up to facility copy.

I Get What a CEMP is. What Do I Do With it?

❏ Grab the last PASSING crosswalk.

  ❏ It should be located in the front of your binder.

  ❏ If not call us for a copy.

❏ Read crosswalk for reviewer comments.

  ❏ If it passed there likely are none. This is good!

❏ Use the crosswalk to read through your plan by criteria. This will help you see how organized the plan is.

❏ Identify out of place criteria and old information for replacing.

So I've Found Gaps..

❑ If you are taking over the plan suddenly there may be no history on plan elements.

    ❑ Corporate Facilities –

        ❑ Consult your corporate office for guidance.

        ❑ Often items not specified by corporate can be removed or simplified.

        ❑ Review best practices from sister facilities.

So I've Found Gaps..

❑ If you are taking over the plan suddenly there may be no history on plan elements.

  ❑ Independent Facilities-

   ❑ Reach out to internal staff and ask questions about past practices.

   ❑ Consider saving old documents but streamline the plan when needing to come into compliance.

   ❑ Reach out to like facilities

    ❑ Consider size and clients served rather than proximity.

Ask For Help!

❑ You have options to get assistance

❑ Contact DEM

   ❑ Phone Calls.
      ❑ Great for about 3 questions or 15 minutes.
   ❑ Make an appointment
      ❑ Ideal for reviewing rejected plans.
      ❑ Can be by phone or in our office.

❑ Reach out to other facilities or associations.

Ask For Help!

❑ Let's help each other out.
- ❑ Share and enter MOU's
- ❑ Share best practices.
- ❑ Streamlining updates.

Please Don't

❑ Mail checks without the facility name.

❑ Send disorganized submissions.

❑ Expect Walk-In meetings.

    ❑ We are always happy to answer a few questions but please respect our time and the needs of other facilities by making an appointment.

Evacuation and Flood Map Information

- Evacuation.

- http://www.pbcgov.com/dem/knowurzone/

- Under the Make a Plan section you can find your evacuation zone.

- Flood Zone Determination System.

- http://maps.co.palm-beach.fl.us/gis/floodzones.aspx?

- Look up your Flood Zone.

Thank You!

Any questions?

Keith **Wall** MPA CEM MPCP

Palm Beach County Division of Emergency Management
Senior Planner
Email: Kwall@pbcgov.org
Phone: 561-712-6329

http://www.pbcgov.com/dem/ sections/operations/health_care.htm