

Jul 29, 2024

Office of Appeal Hearings
Dept. of Children and Families

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

[REDACTED]

APPEAL NO. 24N-00044

PETITIONER,

VS.

[REDACTED]

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic administrative hearing in the above-referenced matter on June 24, 2024 at 8:59 a.m.

APPEARANCES

For the Petitioner: [REDACTED], pro se

For the Respondent: Shanon Pelage, Social Services Director

ISSUE

Petitioner appeals Respondent’s action discharging Petitioner from [REDACTED] [REDACTED] (the “Facility”). Respondent carries the burden of proof by clear and convincing evidence.

SUMMARY OF PROCEEDINGS

[REDACTED], Administrator, was present for the hearing, but merely for observation. [REDACTED] has only been at the Facility for about two weeks and is unfamiliar with Petitioner.

Respondent submitted two exhibits, which were marked and entered as Respondent's Exhibits one ("1") through two ("2").

The undersigned held the record open through the close of business on June 25, 2024 for Respondent to supplement the record. Respondent's additional exhibit was marked and entered into evidence as Respondent's Exhibit three ("3"). The record closed on June 25, 2024.

Petitioner's Position

Petitioner took the position that he longer uses drugs. He asserts the incidents that happened occurred months ago and it is a "new beginning". Petitioner explained two nurses that provoked and teased him are now gone and he has had a fresh start. He stated both were at fault, cussing at each other. Petitioner admitted to smoking marijuana in the past but did not know it was laced with other substances. He also admitted to obtaining a pain pill from his roommate when he experienced real bad pain. Petitioner stated the pain pill converged with other medication obtained from the nurse that resulted in his hospitalization. He asserts he does not like taking pills and he is not a "pill head".

Respondent's Position

Respondent took the position that when Petitioner returns from outside of the facility his behavior changes. Respondent believes this is indicative of drug use that is altering Petitioner's mental status. Respondent asserts Petitioner becomes agitated, combative, and verbally aggressive towards staff resulting from his use of drugs. Respondent stated Petitioner had to be hospitalized after being found unresponsive in his room. Respondent explained Petitioner tested positive for multiple drugs and almost

overdosed. Respondent argued that Petitioner's behaviors are problematic and that he refuses to go to a recommended drug treatment program. Respondent asserts because of Petitioner's refusal to participate in a drug treatment program, he is a high risk to remain in the facility. Respondent has requested that Petitioner be discharged on the basis that his needs cannot be met at the Facility.

FINDINGS OF FACT¹

1. Petitioner is a resident of [REDACTED]. He is residing at the facility pending the outcome of this appeal. (Hr'g R.)
2. On April 24, 2024, Respondent issued a Nursing Home Transfer and Discharge Notice ("Notice") to Petitioner with an effective date of May 24, 2024. The notice allows for a brief explanation to support the action and explains a physician/designee's signature or a physician's written order for discharge are required if the facility is seeking to discharge a resident because the individuals need cannot be met in the facility. The brief explanation of the action included the following: "Resident requires higher level of care and services than we can provide (alcohol substance use in-patient treatment facility/detox). Facility cannot meet the needs of resident based on the requirements of specialized services." (Resp't Ex. 1.)
3. Petitioner is a fifty-five-year-old male. He is not diagnosed with a substance abuse disorder². His mental health diagnoses include: Anxiety Disorder, Unspecified;

¹ Citations within the Findings of Fact, Controlling Law, and Conclusions of Law in this order follow Florida Rules of Appellate Procedure 9.800 and *The Bluebook: A Uniform System of Citation* as the standard for citation.

² ICD-10-CM Codes for mental and behavior disorders due to psychoactive substance use are F10-F19, as follows: F10-Alcohol Related Disorders, F11-Opioid Disorders, F12-Cannabis Related Disorders, F13-Sedative, Hypnotic, or Anxiolytic Disorders, F14-Cocaine Related Disorders, F15-Other Stimulant Related Disorders, F16- Hallucinogen Related Disorders, F17-Nicotine Dependence, F18-Inhalant Related Disorders, and F19-Other Psychoactive Substance Related Disorders.

Major Depressive Disorder, Recurrent, Unspecified; Senile Degeneration of Brain, Not Elsewhere Classified; Bipolar Disorder, Unspecified; and Encounter for Blood-Alcohol and Blood-Drug Test (Z02.83³). (Resp't Ex. 3 at 6.)

4. For the period March 1, 2024, through May 4, 2024, Respondent provided Petitioner's Progress Notes that include entries signed by nursing staff, an advanced practice registered nurse (APRN), and a Doctor of Psychology (PsyD), none of which appeared and testified. (Resp't Ex. 3.)

5. Dr. [REDACTED] signed the Notice as the Physician/Designee. He is Petitioner's primary care physician. (Resp't Ex. 1 at 2; Resp't Ex. 3 at 6.) Dr. [REDACTED] did not appear and testify at the hearing. (Hr'g R.) Respondent did not provide any clinical records leading up to the discharge notice that were specifically notated by Dr. [REDACTED] to support the allegations and the facility's position. (Resp't Ex. 3 at 6-282.)

6. Respondent provided medical records from a hospitalization that are incomplete. Pages four through seven of twelve were provided. The records include a toxicology report, dated April 15, 2024, that establish Petitioner tested positive for opiates, oxycodone, cocaine, and cannabinoids. Petitioner was admitted for intractable nausea and vomiting. The records do not support Respondent's assertion that Petitioner was treated for an overdose. (*Id.* at 2-5.)

7. Progress Notes establish Petitioner is routinely given oxycodone for nonacute pain. (*Id.* at 110, *Id.* at 116, *Id.* at 128, *Id.* at 136, *Id.* at 142, *Id.* at 146; *Id.* at 152.)

³ Z02.83 is a reimbursement code for testing blood alcohol or blood-drug.

8. On April 19, 2024, social services and the unit manager met with Petitioner and his mother to discuss his recent drug use that resulted in his hospitalization from April 15, 2024 through April 18, 2024. They also discussed the dangers of continued drug use. He declined drug rehab services. Patient reported having back pain and after taking a pill given to him by his roommate, he felt like he “overdosed”. (*Id.* at 71-72.) It was explained that the facility will be looking for placement for him due to his continued drug use. (*Id.* at 86.)

9. Respondent submitted a Substance Use Disorder Resident and/or Resident Representative Contract Acknowledgement, dated April 19, 2024, identifying Petitioner as the “resident”. The form does not specify a diagnosis of substance use disorder (“SUD”) and does not identify a substance of choice. (*Id.* at 1.)

10. Progress Notes leading up to the date of the Notice demonstrate Petitioner was exhibiting aggressive behaviors towards others, yelling, and threatening staff, and engaging in outbursts. (*Id.* at 82, *Id.* at 121, *Id.* at 136, *Id.* at 145, *Id.* at 166, *Id.* at 189, *Id.* at 214.)

11. On April 21, 2024, the police were called when Petitioner exhibited threatening behavior. After they arrived, he calmed down. Petitioner was sent to the hospital for a Baker Act, but he did not meet criteria and was sent back to the facility. In a follow-up session Petitioner reported that he says things when he is angry but would not hurt himself or anybody. He admitted that he has been using marijuana and cocaine. (*Id.* at 66-69.)

12. The day before the Notice, Petitioner exited the door of the facility after being informed he could not sign out by himself. No aggressive or irate behaviors are

indicated. It is noted that discussions will take place the next day for possible discharge order for non-compliance. (*Id.* at 57.)

13. Petitioner is prescribed psychotropic medication for depression and participates in psychotherapy. Staff have been instructed to provide supportive and resident-focused care and have been educated regarding therapeutic communication and nonpharmaceutical techniques to redirect and support Petitioner. He wants to continue services to cope with his anger. Petitioner demonstrates willingness and cognitive ability to benefit and participate in treatment. (Resp't Ex. 2.)

14. Staff have reported behavioral and mood/personality changes and are questioning substance use when Petitioner signs out from the facility. It is noted that Petitioner's presenting symptoms can also be multifactorial since he has a history of senile degeneration of brain and cerebral infarction. (*Id.* at 1.)

15. Petitioner has been approached by staff regarding drug rehab but does not think he has a drug problem or needs rehab. (*Id.* at 8, *Id.* at 17-18.) His psychologist has discussed with him the importance of rehab in order to help him to stabilize his symptoms of depression. (*Id.* at 13-14.) It has been recommended that Petitioner consider [REDACTED] for substance abuse treatment. (*Id.* at 17.) [REDACTED] provides both inpatient and outpatient services. (Hr'g R.)

16. According to Dr. [REDACTED] May 17, 2024 Progress Note, Petitioner's current diagnosis and assessment includes Bipolar Disorder, Hyperlipidemia, and Neuropathy. As for the Plan: Petitioner is inappropriate for nursing home care due to drug abuse. Further information is not provided. There is no recommendation for any type of drug

abuse treatment, inpatient or outpatient, and does not specify the need for detoxification. (*Id.* at 15.)

17. There are no laboratory records or toxicology reports to show Respondent completed any drug testing on Petitioner. The medical records do not contain any data or means to substantiate that Petitioner used drugs each time he left the facility, nor that drug use was the sole trigger for his episodes of aggression and outbursts. The medical records do not distinguish if Petitioner has a prevalent drug abuse problem or if he is merely a recreational user. (Resp't Ex. 2, Resp't Ex. 3.)

18. Petitioner admitted that he smoked marijuana while off the grounds of the facility, but he did not know it was laced with cocaine. Smoking marijuana helped him relax and eat (boosts his appetite) but it was not an everyday habit. It has been a few weeks since he smoked marijuana. (Hr'g R.)

19. The parties concur that there have been no significant incidents of aggressive behavior since May 3, 2024, and the facility has been able to meet Petitioner's needs. (Hr'g R.)

CONTROLLING LAW

20. Section 400.0255(15), Florida Statutes ("F.S."), provides the Department of Children and Families, Office of Appeal Hearings, jurisdiction over the subject matter of this proceeding and the parties. This section further prescribes this order as the final administrative decision of the Department of Children and Families.

21. Title 42 Code of Federal Regulations ("C.F.R.") Section 483.15 sets forth the reasons a facility may involuntarily discharge a resident as follows: Admission, transfer and discharge rights.

(c) Transfer and discharge—

(1) Facility requirements—

(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless—

(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;

(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;

(D) The health of individuals in the facility would otherwise be endangered;

(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility.

Non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or

(F) The facility ceases to operate.

...

(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.

(i) Documentation in the resident's medical record must include:

(A) The basis for the transfer per paragraph (c)(1)(i) of this section.

(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).

(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by—

(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and

(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.

[Emphasis added]

22. Title 42 C.F.R. § 483.40, Behavioral health services, states in part:

Each resident must receive, and the facility must provide the necessary

behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial wellbeing of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and

(2) Implementing non-pharmacological interventions.

(b) Based on the comprehensive assessment of a resident, the facility must ensure that—

(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being;

23. Title 42 C.F.R. § 483.70 provides that a facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

24. Title 42 C.F.R. § 483.71, Facility Assessment, states in part:

The facility must conduct and document a facility wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

(a) The facility assessment must address or include:

(1) The facility's resident population, including, but not limited to,

(i) Both the number of residents and the facility's resident capacity;

- (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
- (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
- (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services...

25. Section 400.0255, F.S., Resident transfer, or discharge requirements and procedures; hearings, in relevant part states:

(3) When a discharge or transfer is initiated by the nursing home, the nursing home administrator employed by the nursing home that is discharging or transferring the resident, or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administration, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge must either be signed by the resident's attending physician or the medical director of the facility, or include an attached written order for the discharge or transfer. The notice or the order must be signed by the resident's physician, medical director, treating physician, nurse practitioner, or physician assistant...

...

(7) At least 30 days prior to any proposed transfer or discharge, a facility must provide advance notice of the proposed transfer or discharge to the resident and, if known, to a family member or the resident's legal guardian or representative, except, in the following circumstances, the facility shall give notice as soon as practicable before the transfer or discharge:

(a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility, and the circumstances are documented in the resident's medical records by the resident's physician;

...

(8) The notice required by subsection (7) must be in writing and must contain all information required by state and federal law, rules, or regulations applicable to Medicaid or Medicare cases. The agency shall develop a standard document to be used by all facilities licensed under this part for purposes of notifying residents of a discharge or transfer. Such document must include a means for a resident to request the local long-term care ombudsman council to review the notice and request information about or assistance with initiating a fair hearing with the

department's Office of Appeals Hearings. In addition to any other pertinent information included; the form shall specify the reason allowed under federal or state law that the resident is being discharged or transferred, with an explanation to support this action. Further, the form must state the effective date of the discharge or transfer and the location to which the resident is being discharged or transferred. The form must clearly describe the resident's appeal rights and the procedures for filing an appeal, including the right to request the local ombudsman council review the notice of discharge or transfer. A copy of the notice must be placed in the resident's clinical record, and a copy must be transmitted to the resident's legal guardian or representative and to the local ombudsman council within 5 business days after signature by the resident or resident designee.

...

(10)(a) A resident is entitled to a fair hearing to challenge a facility's proposed transfer or discharge....

(b) If a resident requests a hearing within 10 days after receiving the notice from the facility, the request shall stay the proposed transfer or discharge pending a hearing decision. The facility may not take action, and the resident may remain in the facility, until the outcome of the initial fair hearing, which must be completed within 90 days after receipt of a request for a fair hearing.

...

(15)(a) The department's Office of Appeals Hearings shall conduct hearings under this section. The office shall notify the facility of a resident's request for a hearing.

(b) The department shall, by rule, establish procedures to be used for fair hearings requested by residents. These procedures shall be equivalent to the procedures used for fair hearings for other Medicaid cases, chapter 10-2, part VI, Florida Administrative Code. The burden of proof must be clear and convincing evidence. A hearing decision must be rendered within 90 days after receipt of the request for hearing.

(c) If the hearing decision is favorable to the resident who has been transferred or discharged, the resident must be readmitted to the facility's first available bed.

(d) The decision of the hearing officer shall be final. Any aggrieved party may appeal the decision to the district court of appeal in the appellate district where the facility is located. Review procedures shall be conducted in accordance with the Florida Rules of Appellate Procedure.

26. Section 400.022, F.S., Resident's rights, in relevant part states:

(1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following:

...

(j) The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.

(k) The right to refuse medication or treatment and to be informed of the consequences of such decisions, unless determined unable to provide informed consent under state law. When the resident refuses medication or treatment, the nursing home facility must notify the resident or the resident's legal representative of the consequences of such decision and must document the resident's decision in his or her medical record. The nursing home facility must continue to provide other services the resident agrees to in accordance with the resident's care plan.

CONCLUSIONS OF LAW

27. Based on the evidence presented, the nursing facility has established that the discharge is necessary because Petitioner's needs cannot be met in the facility. This is one of the six reasons provided in federal regulations for which a nursing facility may involuntarily discharge a resident.

28. Establishing that the reason for a discharge is lawful is just one step in the discharge process. The Facility must also provide discharge planning, which includes identifying an appropriate transfer or discharge location and sufficiently preparing the resident for a safe and orderly transfer or discharge from the Facility. The undersigned cannot and has not considered either of these issues. The undersigned has considered only whether the discharge is for a lawful reason.

29. Any discharge by the Facility must comply with all applicable federal regulations, Florida Statutes, and Agency for Health Care Administration ("AHCA") requirements.

Should the resident have concerns about the appropriateness of the discharge location

or the discharge planning process, the resident may contact the AHCA's health care facility complaint line at (888) 419-3456.

30. The findings show on April 24, 2024, the Facility issued the Notice to discharge Petitioner. The Facility's reason for discharging Petitioner was that his needs could not be met at the Facility. More specifically, Respondent noted that Petitioner requires higher level of care and services than it can provide (alcohol substance use in-patient treatment facility/detox). This is the only reason being considered for discharge from the facility pursuant to the above cited Federal Regulation.

31. In accordance with the above Federal Regulation and State Statute, the Notice was signed by the Facility Administrator and Physician/Designee. A copy was also provided to Petitioner. The Notice also indicated the reason and effective date of the discharge, the location to which Petitioner was to be discharged, and Petitioner's appeal rights along with other required assistance information.

32. However, the evidence submitted does not establish that Petitioner's medical records were well documented with the reasons by which his medical needs could not be met. The evidence establishes Petitioner experiences periods of anger, irritability, aggression, and outbursts but there is no evidence that this behavior is the direct result of drug use. There is no documentation in the record to substantiate that each time Petitioner returned to the facility after an outing, he tested positive for drugs and/or engaged in aggressive behavior precipitated by the use of drugs. The staffs' suspicion of drug use is insufficient to conclude Petitioner is an everyday drug user. Respondent has failed to document Petitioner has a substance abuse disorder of such severity that he requires inpatient drug rehabilitation and/or detoxification resulting in the Facility's

inability to care for his needs. The record does not show that Petitioner's diagnoses of Anxiety Disorder, Major Depressive Disorder, Senile Degeneration of Brain, and Bipolar Disorder have been excluded as the root cause for his behaviors. No evidence was provided of documentation, by Petitioner's physician and in Petitioner's medical record, revealing the basis for the transfer and the specific needs of Petitioner that cannot be met, as well as the attempts to meet said needs, and the service available to the receiving facility to meet those needs. While Dr. [REDACTED] did sign the Notice, he did not appear and testify during the hearing regarding the evidence to substantiate and support the facts that Petitioner's needs cannot be met. Additionally, Dr. [REDACTED] Progress Note was created after the April 24, 2024 discharge notice was issued and provides no recommendation for any type of drug abuse treatment, inpatient or outpatient, and does not specify the need for detoxification.

33. *Edgewater at Waterman Village v. Youngren*, 803 So.2d 900 (2002), is the controlling precedent with regards to this issue. In *Youngren*, a nursing facility appealed an administrative order from the Department. The hearing officer determined the nursing facility did not have the authority to transfer the resident to another facility. The Fifth District Court of Appeal held "when the facility transfers or discharges a resident, the resident's clinical record must be documented."

34. The controlling authorities require a higher standard of proof in nursing home discharge hearings; there must be substantial and credible evidence at the level of clear

and convincing⁵. The undersigned concludes Respondent's evidence does not rise to the level of clear and convincing.

35. After careful review of the cited authorities and evidence, the undersigned concludes that Respondent did not meet the burden of proof by clear and convincing evidence. The undersigned concludes that Respondent's action discharging Petitioner is improper, as the Facility failed to prove that it could not meet his needs.

DECISION

Based on the foregoing Findings of Fact and Conclusions of Law, this appeal is GRANTED. The Facility is ORDERED to not discharge Petitioner if he has not yet been discharged. If Petitioner has already been discharged, Respondent is ordered to readmit him to the Facility to the first available bed.

NOTICE OF RIGHT TO APPEAL

The decision of the hearing officer is final. Any aggrieved party may appeal the decision to the district court of appeals in the appellate district where the facility is located. Review procedures shall be in accordance with the Florida Rules of Appellate Procedure. To begin the judicial review, the party must file one copy of a "Notice of Appeal" with the Office of Appeal Hearings, 2415 North Monroe Street, Suite I, Room 129, Tallahassee, FL 32303-4190. The party must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. Petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The Department has no funds to assist in this review, and any financial obligations incurred will be the party's responsibility.

⁵ *State v. Graham*, 240 So.2d 486 (1974), states, "Clear and convincing evidence requires that the evidence must be found to be credible; the facts to which the witnesses testify must be precise and explicit and the witnesses must be lacking in confusion as to the facts in issue. The evidence must be of such weight that it produces in the mind of the trier of fact a firm belief or conviction, without hesitancy, as to the truth of the allegations sought to be established. (Id. quoting *Slomowitz v. Walker*, 429 So.2d 797, 800 (Fla. 4th DCA 1983))."

DONE and ORDERED this 29 day of July, 2024,

in Tallahassee, Florida.

Shelly Goodfellow

Shelly Goodfellow
Hearing Officer
2415 North Monroe Street
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Tallahassee, FL 32303-4190
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Copies Furnished To: [REDACTED] Petitioner
[REDACTED], Respondent
Agency for Health Care Administration

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

[REDACTED]

PETITIONER,

APPEAL NO. 24N-00044

Vs.

FLORIDA DEPT OF CHILDREN AND FAMILIES
CIRCUIT: [REDACTED]

CASE NO.

RESPONDENT.

CERTIFICATE OF SERVICE

This is to certify that a copy of the attached notice or order was provided to Petitioner at the above address and to the following individuals by either regular U.S. or electronic mail:

I HEREBY CERTIFY that these copies were furnished on July 29, 2024.

/s/ Karina Sarmiento

Karina Sarmiento

Agency Clerk, Office of Appeal Hearings

Department of Children and Families

Suite I, Room 129, 2415 North Monroe Street, Tallahassee, FL 32303-4190