

**AGENDA REQUEST
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

Meeting Date 6/19/07	Open Agenda ___ Yes <u> x </u> No	Time Certain Request ___ Yes <u> x </u> No
		Agenda Item Number F-5

TITLE: Continuation Agreements with Various Health Care Facilities							
REQUESTED ACTION: Approve the continuation agreements between The School Board of Broward County, Florida, Community Blood Centers of South Florida, Inc. and Broward Nursing and Rehabilitation Center LLC.							
SUMMARY EXPLANATION AND BACKGROUND: Health Science Education programs provide secondary and postsecondary career and technical students with clinical learning experiences through contractual agreements with hospitals, nursing homes, and other facilities. The continuation agreements with Community Blood Centers of South Florida, Inc. and Broward Nursing and Rehabilitation Center LLC will provide clinical experiences to Broward County Schools' Health Science Education students. On-site clinical experiences are necessary to meet curriculum frameworks, student performance standards, and requirements of regulatory agencies for students to qualify for certification/licensure examinations upon program completion. The following Health Science Education programs are located at 21 high schools: Allied Health Assisting, Patient Care Assistant and Practical Nursing. The following Health Science Education programs are located at the technical centers: Medical Coder/Biller, Electrocardiograph (Cardiovascular) Technology, Health Unit Coordinator, Hemodialysis Technician, Massage Therapy, Medical Assistant, Medical Records Transcribing, Optometric Technician, Patient Care Technician, Pharmacy Technician, Practical Nursing, First Responder, Emergency Medical Technician and Surgical Technology. Currently, The School Board of Broward County, Florida has 38 School Board approved agreements with various health care facilities. These agreements have been reviewed and approved as to form by the School Board Attorney.							
SCHOOL BOARD GOALS: <u> x </u> • Goal One: All students will achieve at their highest potential. ___ • Goal Two: All schools will have equitable resources. ___ • Goal Three: All operations of the school system will demonstrate best practices while supporting student achievement. ___ • Goal Four: All stakeholders will work together to build a better school system.							
FINANCIAL IMPACT: There is no financial impact to the district.							
EXHIBITS: (List) Continuation Agreement – Community Blood Centers of South Florida, Inc. Continuation Agreement – Broward Nursing and Rehabilitation Center LLC							
BOARD ACTION: (For Official School Board Records' Office Only)	APPROVED <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">SOURCE OF ADDITIONAL INFORMATION:</td></tr><tr><td>John Miracola</td><td>754-321-2647</td></tr><tr><td>Name</td><td>Phone</td></tr></table>	SOURCE OF ADDITIONAL INFORMATION:		John Miracola	754-321-2647	Name	Phone
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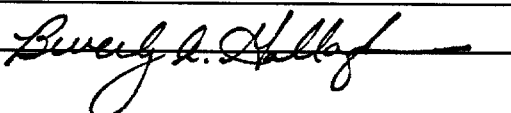
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Dr. Earlean C. Smiley, Deputy Superintendent
Curriculum & Instruction/Student Support

JUN 19 2007

Approved in Open Board Meeting on:

By:

 School Board Chair

Revised November 28, 2006

JFN:E.C.Smiley/J.Miracola/L.Gettinger/D.Borzillo

AGREEMENT

THIS AGREEMENT is made and entered into as of this 19th day of June, 2007, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

COMMUNITY BLOOD CENTERS OF SOUTH FLORIDA, INC.

(hereinafter referred to as "Agency"),
whose principal place of business is
1700 North State Road 7
Lauderhill, Florida 33313

WHEREAS, SBBC is conducting educational programs through Health Science Education for the purpose of providing skilled workers for the health service industry in the fields of service described in Exhibit "A" which is attached hereto and incorporated herein by reference; and

WHEREAS, the Agency has the clinical facilities necessary to assist in the provision of the said educational programs and desires to participate in the education programs for the benefit of the entire community.

NOW, THEREFORE, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

ARTICLE 1 - RECITALS

1.01 **Recitals.** The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.

ARTICLE 2 – SPECIAL CONDITIONS

2.01 **Program Purpose.** The education of the student shall be the primary purpose of the programs.

2.02 **Term of Agreement.** The term of this Agreement shall be for the period commencing on June 1, 2007 and concluding on May 31, 2009.

2.03 **Instruction and Curriculum.** SBBC shall be responsible, at its sole expense, for provision of classroom instruction, the selection of students, establishment of curriculum, maintenance of records, evaluation of programs, and all educational experiences through the employment of certified instructors through compliance with the guidelines established by the Florida Department of Education and within SBBC Policies and Procedures.

All faculty provided by SBBC shall be duly licensed, certified or otherwise qualified to participate in the program. Neither SBBC or any participating student or faculty member shall interfere with or adversely affect the Agency's operations or the Agency's provision of health care services.

2.04 **Substitute Instructors.** SBBC shall, at its sole expense, provide substitute instructors certified for Health Occupations Education in the event of teacher absence for clinical educational experiences or for the withdrawal of students from classroom activities.

2.05 **Telephone Consultation.** SBBC shall provide faculty or school administration for consultation with the agency by telephone at any given time during which students are on the Agency's premises without supervision by an instructor.

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2.07 **Educational Plan.** SBBC faculty will prepare an educational plan in conjunction with Agency staff prior to the placement of students with the Agency. The clinical experience to be provided to students shall be specified in writing and shall be based upon the needs of the student to satisfy the objectives of the program. The faculty shall be responsible for maintaining cooperative relationships with Agency staff. The Agency shall provide opportunities for participating students to observe and assist in various aspects of patient care.

2.08 **Student-Teacher Ratio.** SBBC shall maintain the student-teacher ratios specified in Exhibit "B" which is attached hereto and incorporated herein by reference.

2.09 **Approval/Accreditation Status.** Through its administrators and faculty, SBBC shall maintain approval/accreditation status for those programs specified in Exhibit "C" which is attached hereto and incorporated herein by reference.

2.10 **Facility Availability.** If applicable, the Agency shall make the operating room suite available to Surgical Technology Students and central supply areas available to students participating in the program for clinical educational experiences. The Agency shall provide locker space for participating students who will be required to furnish their own locks.

2.11 **Supervision of Clinical Experiences.** Students participating in the Allied Health Assisting Program (Secondary) Program for clinical educational experiences directly related to patient care shall be supervised by SBBC through a certified instructor.

2.12 **Faculty Orientation.** The Agency shall provide an orientation for SBBC faculty prior to the commencement of the students' clinical educational experiences.

2.13 **Student Evaluation.** Upon the request of SBBC, the Agency shall assist in the evaluation of student performance. However, SBBC shall be responsible for guidance, direction and supervision of students participating in the program. The Agency shall be responsible at all times for patient care.

2.14 **Patient Confidentiality.** SBBC and its participating students and faculty shall keep strictly confidential and hold in trust all confidential information of Agency and/or its patients and shall not disclose or reveal any confidential information to any third party without

the express prior written consent of the Agency. Participating students and faculty will be required by SBBC to execute a Confidentiality Statement substantially complying with the form attached hereto as Exhibit "D" and herein incorporated by reference. SBBC and its participating students and faculty shall comply with any applicable state or federal laws or regulations concerning patient confidentiality or protected health information. Unauthorized disclosure of confidential information, patient information or protected health information shall be a material breach of this Agreement and shall constitute cause for the immediate termination of this Agreement. SBBC shall immediately notify the Agency of any unauthorized disclosure of confidential information, patient information or protected health information that comes to its knowledge. SBBC will not enter into any contracts with third persons to whom confidential information, patient information or protected health information would be provided without the express written consent of the Agency and the imposition upon such third persons of the same duty to safeguard said information. SBBC's records relating to the use and disclosure of said information shall be available to inspection upon reasonable notice to the Agency or any federal or state authority entitled to access to such information. The provisions of this section shall survive the expiration or termination of this Agreement.

2.15 **Number of Assigned Students.** SBBC and the Agency agree that the determination of the number of students to be assigned to the Agency shall be a mutual decision based on a variety of factors including, but not limited to, staff, space availability and the number of students enrolled in the program.

2.16 **Program Uniforms.** SBBC shall require students participating in the educational program to wear the uniform of the program and approved nametag while on the Agency's premises.

2.17 **Students are Not Agency Employees.** SBBC, its faculty and its students shall in no event become or be deemed to be employees, servants, agents, or volunteers of the Agency. Students shall be considered employees, servants, agents or volunteers of SBBC.

2.18 **No Compensation.** Each party shall perform the duties and responsibilities specified in this Agreement without compensation. Participating students shall be treated by the Agency as trainees and shall have no expectation of receiving compensation or future employment from either party. Any courtesy appointments to Agency's staff for the purposes of this program shall be without entitlement of the appointee to compensation or benefits. Students and faculty shall pay for their own meals while participating in the program.

2.19 **Discontinued Student Placement.** SBBC reserves the right to refuse or discontinue the placement of students if the Agency does not meet the professional educational requirements and standards of SBBC. The Agency reserves the right to discontinue the availability of its facilities and services to any student who does not continuously meet professional or other requirements, qualifications and standards of the Agency as determined by the Agency, following collaboration with SBBC personnel. The Agency reserves the right to immediately remove from its premises any student who behaves unprofessionally or poses an immediate threat or danger to patients or personnel or to the quality of medical services. However, the parties agree that only SBBC can dismiss a student from program participation.

2.20 **Infectious Diseases and Student Immunizations.** SBBC shall advise students of the risk of infectious diseases and that the Agency is not responsible for exposure to infectious diseases that occur beyond their reasonable control. SBBC shall verify that students have received immunizations for Measles, Mumps, Rubella (MMR) Diphtheria and Tetanus (DT) and

have received annual screening for Tuberculosis. SBBC shall be responsible for compliance by participating students and faculty with the applicable regulations issued by OSHA and for the provision to participating students and faculty of (1) information and training about the hazards associated with blood and other potentially infectious materials; (2) information and training about the protective measures to be taken to minimize the risk of occupational exposure to bloodborne pathogens, (3) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials; and (4) information as to the reasons the employee should participate in hepatitis B vaccination and post-exposure evaluation and follow-up.

2.21 **Personal Property.** The Agency shall not be responsible for the personal property belonging to SBBC, SBBC faculty or students participating in the program.

2.22 **Participant's Medical Care.** SBBC and/or the students participating in the program shall be responsible for arranging for the student's medical care and/or treatment, if necessary, including transportation in the event of illness or injury while participating in the program provided at the Agency's premises. In no event shall the Agency be financially or otherwise responsible for said medical care and treatment.

2.23 **Emergency Health Care Services.** The Agency shall provide immediate emergency health care services to faculty and students participating in the program in the event of accidental injury or illness while on the Agency's premises. At the time of providing such services, the Agency shall accept assignment of the affected individual's insurance policy. The Agency shall not be responsible for costs involved in the provision of such services, the follow-up care, or hospitalization.

2.24 **Agency Accreditation/Licensure.** The Agency shall provide proof of its accreditation/licensure status to SBBC.

2.25 **Professional Liability Insurance Coverage.** SBBC shall provide the agency proof of professional liability insurance coverage with minimum limits of \$1,000,000/\$3,000,000 for each student and faculty member. Students shall be required to be covered by their own health or accident insurance.

2.26 **Agency Insurance.** The Agency maintains a self-insurance fund for the benefits of its employees, servants and agents. Nothing contained within this Agreement shall constitute a waiver of sovereign immunity by the Agency if the Agency possesses sovereign immunity.

2.27 **Criminal Background Check and Drug Screening.**

All current and future health science students participating in a clinical experience at a hospital, nursing home or other clinical facility must take and successfully pass a criminal background check and a nine panel drug-screening test.

Students who are not "cleared" as a result of the background tests should understand that the final decision related to program entrance or retention will be rendered by the school district SIU department. Drug screening results indicating a possible misuse of drugs will also be used to deny program entrance or retention. Such results will be discussed with the student and the parent/guardian, if required.

2.28 Indemnification.

A. By SBBC: SBBC agrees to be fully responsible for its acts of negligence, or its agent's acts of negligence when acting within the scope of their employment and agrees to be liable for any damages resulting from said negligence.

B. By Agency: Agency agrees to indemnify, hold harmless and defend SBBC, its agents, servants and employees from any and all claims, judgments, costs, and expenses including, but not limited to, reasonable attorney's fees, reasonable investigative and discovery costs, court costs and all other sums which SBBC, its agents, servants and employees may pay or become obligated to pay on account of any, all and every claim or demand, or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the products, goods or services furnished by Agency, its agents, servants or employees; the equipment of Agency, its agents, servants or employees while such equipment is on premises owned or controlled by SBBC; or the negligence of Agency or the negligence of Agency's agents when acting within the scope of their employment, whether such claims, judgments, costs and expenses be for damages, damage to property including SBBC's property, and injury or death of any person whether employed by Agency, SBBC or otherwise.

ARTICLE 3 – GENERAL CONDITIONS

3.01 **No Waiver of Sovereign Immunity.** Nothing contained in this Agreement is intended to serve as a waiver of sovereign immunity by any agency to which sovereign immunity may be applicable.

3.02 **No Third Party Beneficiaries.** The parties expressly acknowledge that it is not their intent to create or confer any rights or obligations in or upon any third person or entity under this Agreement. None of the parties intend to directly or substantially benefit a third party by this Agreement. The parties agree that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against any of the parties based upon this Agreement. Nothing herein shall be construed as consent by an agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of any contract.

3.03 **Non-Discrimination.** The parties shall not discriminate against any employee or participant in the performance of the duties, responsibilities and obligations under this Agreement because of race, age, religion, color, gender, national origin, marital status, disability or sexual orientation.

3.04 **Termination.** This Agreement may be canceled by either party during the term hereof upon thirty (30) days written notice to the other parties of its desire to terminate this Agreement.

3.05 **Records.** Each party shall maintain its own respective records and documents associated with this Agreement in accordance with the records retention requirements applicable to public records. Each party shall be responsible for compliance with any public documents request served upon it pursuant to Section 119.07, Florida Statutes, and any resultant award of attorney's fees for non-compliance with that law.

3.06 **Entire Agreement.** This document incorporates and includes all prior negotiations, correspondence, conversations, agreements and understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

3.07 **Amendments.** No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by each party hereto.

3.08 **Preparation of Agreement.** The parties acknowledge that they have sought and obtained whatever competent advise and counsel as was necessary for them to form a full and complete understanding of all rights and obligations herein and that the preparation of this Agreement has been their joint effort. The language agreed to herein expresses their mutual intent and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

3.09 **Waiver.** The parties agree that each requirement, duty and obligation set forth herein is substantial and important to the formation of this Agreement and, therefore, is a material term hereof. Any party's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. A waiver of any breach of a provision of this Agreement shall not be deemed a waiver of any subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

3.10 **Compliance with Laws.** In performing its duties, responsibilities and obligations pursuant to this Agreement, each party shall comply with all applicable federal and state laws, codes, rules and regulations including, without limitation, applicable SBBC policies, the Civil Rights Act of 1964, Title IX of the Education Amendments of 1974, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

3.11 **Governing Law.** This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. Any controversies or legal problems arising out of this Agreement and any action involving the enforcement or interpretation of any rights hereunder shall be submitted to the jurisdiction of the State courts of the Seventeenth Judicial Circuit of Broward County, Florida.

3.12 **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

3.13 **Assignment.** Neither this Agreement or any interest herein may be assigned, transferred or encumbered by any party without the prior written consent of the other party. There shall be no partial assignments of this Agreement including, without limitation, the partial assignment of any right to receive payments from SBBC.

3.14 **Force Majeure.** Neither party shall be obligated to perform any duty, requirement or obligation under this Agreement if such performance is prevented by fire, hurricane, earthquake, explosion, wars, sabotage, accident, flood, acts of God, strikes, or other labor disputes, riot or civil commotions, or by reason of any other matter or condition beyond the control of either party, and which cannot be overcome by reasonable diligence and without

unusual expense ("Force Majeure"). In no event shall a lack of funds on the part of either party be deemed Force Majeure.

3.15 **Place of Performance.** All obligations of SBBC under the terms of this Agreement are reasonably susceptible of being performed in Broward County, Florida and shall be payable and performable in Broward County, Florida.

3.16 **Severability.** In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, unlawful, unenforceable or void in any respect, the invalidity, illegality, unenforcability or unlawful or void nature of that provision shall not effect any other provision and this Agreement shall be considered as if such invalid, illegal, unlawful, unenforceable or void provision had never been included herein.

3.17 **Notice.** When any of the parties desire to give notice to the other, such notice must be in writing, sent by U.S. Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

To SBBC: Superintendent of Schools (Interim)
The School Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

With a Copy to: Director
Career, Technical and Adult/Community Education
The School Board of Broward County, Florida
600 Southeast Third Avenue – 11th Floor
Fort Lauderdale, Florida 33301

And a Copy to: Curriculum Specialist
Health Science Education
600 Southeast Third Avenue – 11th Floor
Fort Lauderdale, Florida 33301

To Agency: Mr. Steve Erjavec, Chief Financial Officer
Name of Agency
Community Blood Centers of South Florida, Inc.
Address
1700 North State Road 7
Address
Lauderhill, Florida 33313
Address

3.18 **Captions.** The captions, section numbers, article numbers, title and headings appearing in this Agreement are inserted only as a matter of convenience and in no way define, limit, construe or describe the scope or intent of such articles or sections of this Agreement, nor in any way effect this Agreement and shall not be construed to create a conflict with the provisions of this Agreement.

3.19 **Authority.** Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

3.20 **Excess Funds** Any party receiving funds paid by SBBC under this Agreement agrees to promptly notify SBBC of any funds erroneously received from SBC upon the discovery of such erroneous payment or overpayment. Any such excess funds shall be refunded to SBBC with interest calculated from the date of the erroneous payment or overpayment. Interest shall be calculated using the interest rate for judgements under Section 55.03, Florida Statutes, applicable at the time the erroneous payment or overpayment was made by SBBC.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Agreement on the date first above written.

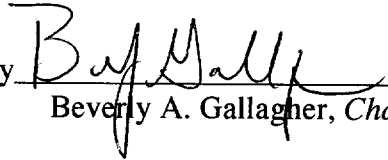
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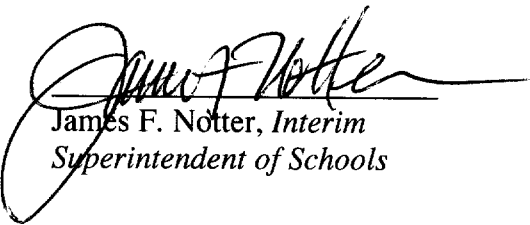
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(Corporate Seal)

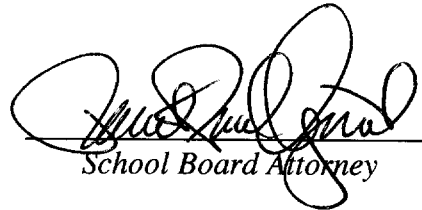
THE SCHOOL BOARD OF
BROWARD COUNTY, FLORIDA

ATTEST:

By 
Beverly A. Gallagher, *Chair*


James F. Notter, *Interim*
Superintendent of Schools

Approved as to Form:


School Board Attorney

FOR AGENCY

(Corporate Seal)

Community Blood Centers of South Florida, Inc.

Name of Agency

ATTEST:

By Steven Erjavec

_____, Secretary

STEVEN ERJAVEC
CHIEF FINANCIAL OFFICER
COMMUNITY BLOOD CENTERS OF
SOUTH FLORIDA, INC.

-or-

Shirley Lee Louch
Witness

[Signature]
Witness

The Following Notarization is Required for Every Agreement Without Regard to Whether the Agency Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 8th day of May, 2007 by Steven Erjavec of

Name of Person

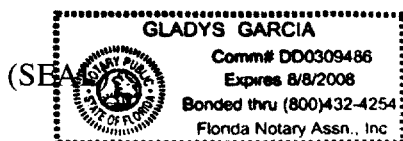
Community Blood Centers of So. Fl, Inc. on behalf of the corporation/agency.

Name of Corporation or Agency

He/She is personally known to me or produced _____ as
identification and did/did not first take an oath. Type of Identification

My Commission Expires: 8/8/08

[Signature]
Signature - Notary Public



Gladys Garcia
Printed Name of Notary

DD0309 486
Notary's Commission No.

EXHIBIT A

The School Board of Broward County through Health Science Education, is conducting the following educational programs for the purpose of providing skilled workers for the Health Service Industry:

ALLIED HEALTH ASSISTING (SECONDARY)
MEDICAL CODER/BILLER
ELECTROCARDIOGRAPH TECHNOLOGY
PHLEBOTOMY
CENTRAL SERVICE TECHNOLOGY
HEALTH UNIT COORDINATOR
HEMODIALYSIS TECHNICIAN
LICENSED PRACTICAL NURSING
MASSAGE THERAPY
MEDICAL ASSISTANT
MEDICAL RECORDS TRANSCRIBING
MEDICAL LAB TECHNOLOGY
OPTOMETRIC TECHNICIAN
PATIENT CARE TECHNICIAN
PHARMACY TECHNICIAN
SURGICAL TECHNOLOGY
FIRST RESPONDER
EMERGENCY MEDICAL TECHNICIAN

EXHIBIT B

Maintain the following student teacher ratio for:

- | | |
|---|------|
| • Allied Health Assisting Program (Secondary) | 20:1 |
| • Patient Care Assistant Program | 12:1 |
| • Practical Nursing Program | 12:1 |

EXHIBIT C

Through administrators and faculty maintain approval/accreditation status for:

- Practical Nursing Program (PN)
Florida Board of Nursing Approval (BON)
National League for Nursing Accreditation (NLN)

EXHIBIT D

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under the Agreement between The School Board of Broward County, Florida ("SBBC") and _____ ("Agency"), to keep confidential any information regarding Agency patients, as well as all confidential information of Agency. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Agency, except as required by law or as authorized by Agency. The undersigned agrees to comply with any patient information privacy policies and procedures of School and Agency. The undersigned further acknowledges that he or she has viewed a videotape regarding Agency's patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Agency's and School's privacy policies and procedures and privacy practices. The undersigned acknowledges its responsibility as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and agrees to comply with all of the requirements as contained in HIPAA.

Dated this _____ day of _____, 20_____.

Program Participant

Witness

AGREEMENT

THIS AGREEMENT is made and entered into as of this ^{19th} 14 day of ~~May~~ June, 2007, by and between

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(hereinafter referred to as "SBBC"),
a body corporate and political subdivision of the State of Florida,
whose principal place of business is
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301

and

BROWARD NURSING AND REHABILITATION CENTER LLC

d/b/a BROWARD NURSING AND REHABILITATION

(hereinafter referred to as "Agency"),
whose principal place of business is
1330 South Andrews Avenue
Fort Lauderdale, Florida 33316

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2.14 **Patient Confidentiality.** SBBC and its participating students and faculty shall keep strictly confidential and hold in trust all confidential information of Agency and/or its patients and shall not disclose or reveal any confidential information to any third party without the express prior written consent of the Agency. Participating students and faculty will be required by SBBC to execute a Confidentiality Statement substantially complying with the form attached hereto as Exhibit "D" and herein incorporated by reference. SBBC and its participating students and faculty shall comply with any applicable state or federal laws or regulations concerning patient confidentiality or protected health information. Unauthorized disclosure of confidential information, patient information or protected health information shall be a material breach of this Agreement and shall constitute cause for the immediate termination of this Agreement. SBBC shall immediately notify the Agency of any unauthorized disclosure of confidential information, patient information or protected health information that comes to its knowledge. SBBC will not enter into any contracts with third persons to whom confidential information, patient information or protected health information would be provided without the express written consent of the Agency and the imposition upon such third persons of the same duty to safeguard said information. SBBC's records relating to the use and disclosure of said information shall be available to inspection upon reasonable notice to the Agency or any federal or state authority entitled to access to such information. The provisions of this section shall survive the expiration or termination of this Agreement.

2.15 **Number of Assigned Students.** SBBC and the Agency agree that the determination of the number of students to be assigned to the Agency shall be a mutual decision based on a variety of factors including, but not limited to, staff, space availability and the number of students enrolled in the program.

2.16 **Program Uniforms.** SBBC shall require students participating in the educational program to wear the uniform of the program and approved nametag while on the Agency's premises.

2.17 **Students are Not Agency Employees.** SBBC, its faculty and its students shall in no event become or be deemed to be employees, servants, agents, or volunteers of the Agency. Students shall be considered employees, servants, agents or volunteers of SBBC.

2.18 **No Compensation.** Each party shall perform the duties and responsibilities specified in this Agreement without compensation. Participating students shall be treated by the Agency as trainees and shall have no expectation of receiving compensation or future employment from either party. Any courtesy appointments to Agency's staff for the purposes of

this program shall be without entitlement of the appointee to compensation or benefits. Students and faculty shall pay for their own meals while participating in the program.

2.19 Discontinued Student Placement. SBBC reserves the right to refuse or discontinue the placement of students if the Agency does not meet the professional educational requirements and standards of SBBC. The Agency reserves the right to discontinue the availability of its facilities and services to any student who does not continuously meet professional or other requirements, qualifications and standards of the Agency as determined by the Agency, following collaboration with SBBC personnel. The Agency reserves the right to immediately remove from its premises any student who behaves unprofessionally or poses an immediate threat or danger to patients or personnel or to the quality of medical services. However, the parties agree that only SBBC can dismiss a student from program participation.

2.20 Infectious Diseases and Student Immunizations. SBBC shall advise students of the risk of infectious diseases and that the Agency is not responsible for exposure to infectious diseases that occur beyond their reasonable control. SBBC shall verify that students have received immunizations for Measles, Mumps, Rubella (MMR) Diphtheria and Tetanus (DT) and have received annual screening for Tuberculosis. SBBC shall be responsible for compliance by participating students and faculty with the applicable regulations issued by OSHA and for the provision to participating students and faculty of (1) information and training about the hazards associated with blood and other potentially infectious materials; (2) information and training about the protective measures to be taken to minimize the risk of occupational exposure to bloodborne pathogens, (3) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials; and (4) information as to the reasons the employee should participate in hepatitis B vaccination and post-exposure evaluation and follow-up.

2.21 Personal Property. The Agency shall not be responsible for the personal property belonging to SBBC, SBBC faculty or students participating in the program.

2.22 Participant's Medical Care. SBBC and/or the students participating in the program shall be responsible for arranging for the student's medical care and/or treatment, if necessary, including transportation in the event of illness or injury while participating in the program provided at the Agency's premises. In no event shall the Agency be financially or otherwise responsible for said medical care and treatment.

2.23 Emergency Health Care Services. The Agency shall provide immediate emergency health care services to faculty and students participating in the program in the event of accidental injury or illness while on the Agency's premises. At the time of providing such services, the Agency shall accept assignment of the affected individual's insurance policy. The Agency shall not be responsible for costs involved in the provision of such services, the follow-up care, or hospitalization.

2.24 Agency Accreditation/Licensure. The Agency shall provide proof of its accreditation/licensure status to SBBC.

2.25 Professional Liability Insurance Coverage. SBBC shall provide the agency proof of professional liability insurance coverage with minimum limits of \$1,000,000/\$3,000,000 for each student and faculty member. Students shall be required to be covered by their own health or accident insurance.

2.26 Agency Insurance. The Agency maintains a self-insurance fund for the benefits of its employees, servants and agents. Nothing contained within this Agreement shall constitute a waiver of sovereign immunity by the Agency if the Agency possesses sovereign immunity.

2.27 Criminal Background Check and Drug Screening.

All health science education students at Atlantic, McFatter and Sheridan Technical Centers, as well as the practical nursing students at Blanche Ely High School who participate in a clinical experience at a hospital, nursing home or other clinical facility, must take and successfully pass a criminal background check and a nine panel drug screening test. In accordance with the reemployment regulations and guidelines of the hospital, nursing home or clinical facility, students may be denied program entrance. The results of the criminal background check and drug screening tests will be discussed with the student and his/her parent or guardian, if required.

2.28 Indemnification.

A. By SBBC: SBBC agrees to be fully responsible for its acts of negligence, or its agent's acts of negligence when acting within the scope of their employment and agrees to be liable for any damages resulting from said negligence.

B. By Agency: Agency agrees to indemnify, hold harmless and defend SBBC, its agents, servants and employees from any and all claims, judgments, costs, and expenses including, but not limited to, reasonable attorney's fees, reasonable investigative and discovery costs, court costs and all other sums which SBBC, its agents, servants and employees may pay or become obligated to pay on account of any, all and every claim or demand, or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the products, goods or services furnished by Agency, its agents, servants or employees; the equipment of Agency, its agents, servants or employees while such equipment is on premises owned or controlled by SBBC; or the negligence of Agency or the negligence of Agency's agents when acting within the scope of their employment, whether such claims, judgments, costs and expenses be for damages, damage to property including SBBC's property, and injury or death of any person whether employed by Agency, SBBC or otherwise.

ARTICLE 3 – GENERAL CONDITIONS

3.01 No Waiver of Sovereign Immunity. Nothing contained in this Agreement is intended to serve as a waiver of sovereign immunity by any agency to which sovereign immunity may be applicable.

3.02 **No Third Party Beneficiaries.** The parties expressly acknowledge that it is not their intent to create or confer any rights or obligations in or upon any third person or entity under this Agreement. None of the parties intend to directly or substantially benefit a third party by this Agreement. The parties agree that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against any of the parties based upon this Agreement. Nothing herein shall be construed as consent by an agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of any contract.

3.03 **Non-Discrimination.** The parties shall not discriminate against any employee or participant in the performance of the duties, responsibilities and obligations under this Agreement because of race, age, religion, color, gender, national origin, marital status, disability or sexual orientation.

3.04 **Termination.** This Agreement may be canceled by either party during the term hereof upon thirty (30) days written notice to the other parties of its desire to terminate this Agreement.

3.05 **Records.** Each party shall maintain its own respective records and documents associated with this Agreement in accordance with the records retention requirements applicable to public records. Each party shall be responsible for compliance with any public documents request served upon it pursuant to Section 119.07, Florida Statutes, and any resultant award of attorney's fees of non-compliance with that law.

3.06 **Entire Agreement.** This document incorporates and includes all prior negotiations, correspondence, conversations, agreements and understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

3.07 **Amendments.** No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by each party hereto.

3.08 **Preparation of Agreement.** The parties acknowledge that they have sought and obtained whatever competent advise and counsel as was necessary for them to form a full and complete understanding of all rights and obligations herein and that the preparation of this Agreement has been their joint effort. The language agreed to herein expresses their mutual intent and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

3.09 **Waiver.** The parties agree that each requirement, duty and obligation set forth herein is substantial and important to the formation of this Agreement and, therefore, is a material term hereof. Any party's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. A waiver of any breach

of a provision of this Agreement shall not be deemed a waiver of any subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

3.10 **Compliance with Laws.** In performing its duties, responsibilities and obligations pursuant to this Agreement, each party shall comply with all applicable federal and state laws, codes, rules and regulations including, without limitation, applicable SBBC policies, the Civil Rights Act of 1964, Title IX of the Education Amendments of 1974, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

3.11 **Governing Law.** This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. Any controversies or legal problems arising out of this Agreement and any action involving the enforcement or interpretation of any rights hereunder shall be submitted to the jurisdiction of the State courts of the Seventeenth Judicial Circuit of Broward County, Florida.

3.12 **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

3.13 **Assignment.** Neither this Agreement or any interest herein may be assigned, transferred or encumbered by any party without the prior written consent of the other party.

3.14 **Force Majeure.** Neither party shall be obligated to perform any duty, requirement or obligation under this Agreement if such performance is prevented by fire, hurricane, earthquake, explosion, wars, sabotage, accident, flood, acts of God, strikes, or other labor disputes, riot or civil commotions, or by reason of any other matter or condition beyond the control of either party, and which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall a lack of funds on the part of either party be deemed Force Majeure.

3.15 **Place of Performance.** All obligations of SBBC under the terms of this Agreement are reasonably susceptible of being performed in Broward County, Florida and shall be payable and performable in Broward County, Florida.

3.16 **Severability.** In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, unlawful, unenforceable or void in any respect, the invalidity, illegality, unenforcability or unlawful or void nature of that provision shall not effect any other provision and this Agreement shall be considered as if such invalid, illegal, unlawful, unenforceable or void provision had never been included herein.

3.17 **Notice.** When any of the parties desire to give notice to the other, such notice must be in writing, sent by U.S. Mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

To SBBC:

Superintendent of Schools (Interim)
The School Board of Broward County, Florida
600 Southeast Third Avenue
Fort Lauderdale, Florida 33301

With a Copy to:

Director
Career, Technical and Adult/Community Education
The School Board of Broward County, Florida
600 Southeast Third Avenue – 11th Floor
Fort Lauderdale, Florida 33301

And a Copy to: Curriculum Specialist
Health Science Education
600 Southeast Third Avenue – 11th Floor
Fort Lauderdale, Florida 33301

To Agency: Mr. John Hymans, Administrator
Name of Agency
Broward Nursing & Rehabilitation Center
Address
1330 South Andrews Avenue
Address
Fort Lauderdale, Florida 33316
Address

3.18 **Captions.** The captions, section numbers, article numbers, title and headings appearing in this Agreement are inserted only as a matter of convenience and in no way define, limit, construe or describe the scope or intent of such articles or sections of this Agreement, nor in any way effect this Agreement and shall not be construed to create a conflict with the provisions of this Agreement.

3.19 **Authority.** Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

3.20 **Excess Funds.** Any party receiving funds paid by SBBC under this Agreement agrees to promptly notify SBBC of any funds erroneously received from SBBC upon the discovery of such erroneous payment or overpayment. Any such excess funds shall be refunded to SBBC with interest calculated from the date of the erroneous payment or overpayment. Interest shall be calculated using the interest rate for judgments under Section 55.03, Florida Statutes, applicable at the time the erroneous payment or overpayment was made by SBBC.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Agreement on the date first above written.

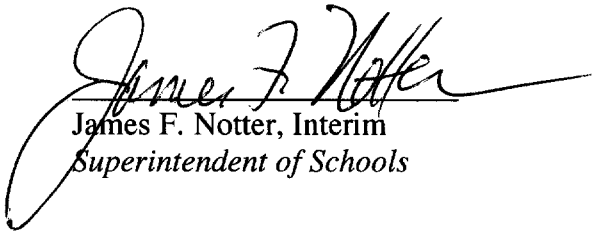
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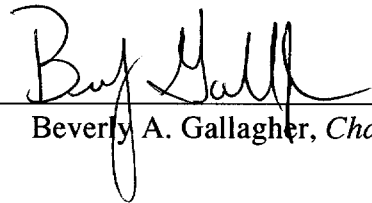
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(Corporate Seal)

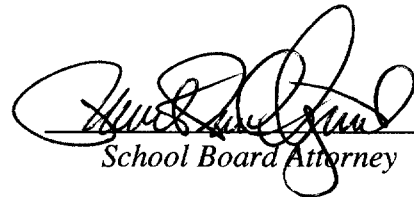
**THE SCHOOL BOARD OF
BROWARD COUNTY, FLORIDA**

ATTEST:


James F. Notter, Interim
Superintendent of Schools

By 
Beverly A. Gallagher, Chair

Approved as to Form:


School Board Attorney

FOR AGENCY

(Corporate Seal)

Broward Nursing & Rehabilitation Center

Name of Agency

ATTEST

By *John Hymans* ADMINISTRATOR, LLC
Mr. John Hymans, Administrator D.S.A. B.N.R.C.

_____, Secretary

-or-

Susan O'Leary

Witness

Sylvia P. Baker

Witness

The Following Notarization is Required for Every Agreement Without Regard to Whether the Agency Chose to Use a Secretary's Attestation or Two (2) Witnesses.

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 14 day of

MAY, 2007 by JOHN HYMAN of

Name of Person

Broward Nursing & Rehab Ctr. LLC, on behalf of the corporation/agency.

Name of Corporation or Agency

He/She is personally known to me or produced _____ as
identification and did/did not first take an oath. Type of Identification

My Commission Expires: 4/29/08

Lenroy Smith
Signature Notary Public

LENROY SMITH
Printed Name of Notary

(SEAL)



LENROY SMITH
MY COMMISSION # DD 314759
EXPIRES: April 29, 2008
Bonded Thru Budget Notary Services

DD 314759
Notary's Commission No.

EXHIBIT A

The School Board of Broward County through Health Science Education, is conducting the following educational programs for the purpose of providing skilled workers for the Health Service Industry:

ALLIED HEALTH ASSISTING (SECONDARY)
MEDICAL CODER/BILLER
ELECTROCARDIOGRAPH TECHNOLOGY
PHLEBOTOMY
CENTRAL SERVICE TECHNOLOGY
HEALTH UNIT COORDINATOR
HEMODIALYSIS TECHNICIAN
LICENSED PRACTICAL NURSING
MASSAGE THERAPY
MEDICAL ASSISTANT
MEDICAL RECORDS TRANSCRIBING
MEDICAL LAB TECHNOLOGY
OPTOMETRIC TECHNICIAN
PATIENT CARE TECHNICIAN
PHARMACY TECHNICIAN
SURGICAL TECHNOLOGY
FIRST RESPONDER
EMERGENCY MEDICAL TECHNICIAN

EXHIBIT B

Maintain the following student teacher ratio for:

- | | |
|---|------|
| • Allied Health Assisting Program (Secondary) | 20:1 |
| • Patient Care Assistant Program | 12:1 |
| • Practical Nursing Program | 12:1 |

EXHIBIT C

Through administrators and faculty maintain approval/accreditation status for:

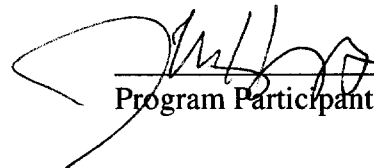
- Practical Nursing Program (PN)
Florida Board of Nursing Approval (BON)
National League for Nursing Accreditation (NLN)

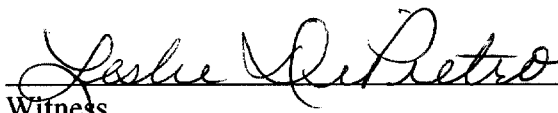
EXHIBIT D

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under the Agreement between The School Board of Broward County, Florida ("SBBC") and Bicentennial Rehab. Ctr. LLC ("Agency"), to keep confidential any information regarding Agency patients, as well as all confidential information of Agency. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Agency, except as required by law or as authorized by Agency. The undersigned agrees to comply with any patient information privacy policies and procedures of School and Agency. The undersigned further acknowledges that he or she has viewed a videotape regarding Agency's patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Agency's and School's privacy policies and procedures and privacy practices. The undersigned acknowledges its responsibility as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and agrees to comply with all of the requirements as contained in HIPAA.

Dated this 14 day of Nov, 2007.


Program Participant B.S.M. BREC -


Witness