



**TO:** Yasmin Teja, Purchasing Agent  
Purchasing Division  
**FROM:** Stacy Fruhling, Director  
Broward Addiction Recovery Center Division (BARC)  
**SUBJECT:** Solicitation No.: W2114718B1  
Temporary Nursing Personnel Services

Recommended Vendor: First Care Home Services, Inc.  
Recommended Group(s)/Line Item(s): Primary - Group 1 (Items 1 thru 4)  
Initial Award Amount: \$328,480.00 Potential Total Amount: \$985,440.00  
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I  
☒ have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

☒ I am satisfied with the Vendor's financial background and/or rating and payment performance.  
☐ Not applicable Provide explanation if choosing this option

**LITIGATION HISTORY: (check one)**

☒ I have reviewed the Litigation History Form and there is no issue of concern.  
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

☐ Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
☐ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☒ No past Performance Evaluations exist in Contracts Central.

**AND**

☒ Reference Verification Forms are attached.

**OR**

☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

☐ I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Polly Cacurak  
(Individual authorized to administer the contract.)

TITLE: Business Manager

SIGNATURE: POLLY CACURAK

Digitally signed by POLLY CACURAK  
DN: dc=cty, dc=broward, dc=bc, ou=Organization,  
ou=BCC, ou=HSD, ou=BARC, ou=BM, ou=Users,  
cn=POLLY CACURAK  
Date: 2017.09.29 13:34:51 -04'00'

DATE: September 29, 2017



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: Temporary Nursing Personnel Services, W2114718B1

Reference for: (Name of Firm) First Care Home Services

Organization/Firm Name providing reference: Classic Home Care

Contact Name/Title: Mark Yarnold

Contact E-mail: gericare@aol.com

Contact Phone: 305-761-1508

Name of Referenced Project: Skilled Nursing Services

Contract No. N/A

Contract Amount: 275,000

Date Services Provided: 2007

(list date range or date services began until "current")

Vendor's role in Project: ☐ Prime Vendor ☒ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provide CNA's.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### 3. Timeliness of:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

They have only used one or two nurses from them so they did not have to deal with the vendor very often, but he remembers that it was a competent company and they never had any issues with them. They contacted the vendor via phone. They worked with them only in 2007.

References Checked By

Name: Samantha Whyte

Division/Department: BARC

Title: OSS

Date of Verification: 8/8/2017



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: Temporary Nursing Personnel Services, W2114718B1

Reference for: (Name of Firm) First Care Home Services

Organization/Firm Name providing reference: Department of Veteran's Affairs

Contact Name/Title: Dr. John Mendez

Contact E-mail: john.mendez@va.gov

Contact Phone: 305-575-7000 ext. 3219

Name of Referenced Project: Skilled Nursing Services

Contract No. N/A

Contract Amount: 975,000

Date Services Provided: 2011-present

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provide non-skilled care only.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 3. Timeliness of:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

They used non-skilled care only. They have had no complaints about the care from the veterans. The vendor has no problems at all in responding to requests with only a shift's notice. They contact the vendor via phone. They have used this vendor for the past 5-6 years.

References Checked By

Name: Samantha Whyte

Division/Department: BARC

Title: OSS

Date of Verification: 8/7/2017



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: Temporary Nursing Personnel Services, W2114718B1

Reference for: (Name of Firm) First Care Home Services

Organization/Firm Name providing reference: Jackson Health System

Contact Name/Title: Mildred Oge

Contact E-mail: mildred.oge@jhs-miami.org

Contact Phone: 305-355-1359

Name of Referenced Project: Skilled Nursing Services

Contract No. N/A

Contract Amount: 1,000,000

Date Services Provided: 2015 - present

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provide home health aids, IV administration, etc.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### 3. Timeliness of:

a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

They used RN's for the most part and a few LPN's. They used a high number of quality nurses from the vendor. They were very receptive to requests within only a shift's notice; they never had a problem - even in the evening hours. They respond very quickly outside of normal business hours. They contacted the vendor via phone. They never had any issues with the vendor; they are very consistent.

References Checked By

Name: Samantha Whyte

Division/Department: BARC

Title: OSS

Date of Verification: 8/14/2017



**TO:** Yasmin Teja, Purchasing Agent  
Purchasing Division  
**FROM:** Stacy Fruhling, Director  
Broward Addiction Recovery Center Division (BARC)  
**SUBJECT:** Solicitation No.: W2114718B1  
Temporary Nursing Personnel Services

Recommended Vendor: Cochhbha Enterprises, Inc.  
Recommended Group(s)/Line Item(s): Tertiary - Group 1 (Items 1 thru 4)  
Initial Award Amount: \$343,900.20 Potential Total Amount: \$1,031,700.60  
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I  
☒ have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

☒ I am satisfied with the Vendor's financial background and/or rating and payment performance.  
☐ Not applicable Provide explanation if choosing this option

**LITIGATION HISTORY: (check one)**

☒ I have reviewed the Litigation History Form and there is no issue of concern.  
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

☒ Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
☐ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☐ No past Performance Evaluations exist in Contracts Central.

**AND**

☒ Reference Verification Forms are attached.

**OR**

☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

☐ I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Polly Cacurak  
(Individual authorized to administer the contract.)

TITLE: Business Manager

SIGNATURE: POLLY CACURAK

Digitally signed by POLLY CACURAK  
DN: dc=cty, dc=broward, dc=bc, ou=Organization,  
ou=BCC, ou=HSD, ou=BARC, ou=BM, ou=Users,  
cn=POLLY CACURAK  
Date: 2017.09.29 13:33:32 -04'00'

DATE: September 29, 2017



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: Temporary Nursing Personnel Services, W2114718B1

Reference for: (Name of Firm) CEI COCHHBHA

Organization/Firm Name providing reference: Broward County Board of County Commissioners

Contact Name/Title: Christina Boggs

Contact E-mail: cboggs@broward.org

Contact Phone: 954-357-4837

Name of Referenced Project: Temporary Health Services Personnel

Contract No. N/A

Contract Amount: 3,215,988.00

Date Services Provided: 10/27/15-10/26/18

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provide LPN's & MHT's for Detox & Residential Services.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 3. Timeliness of:

a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

Maximum number of nurses used at any given time is 6-10; they send quality nurses. They respond to requests within a shifts notice satisfactorily - better than most. They respond within the contracted time frame. They contact the vendor via phone, text, and e-mail. They have worked with the vendor for at least 10 years.

References Checked By

Name: Samantha Whyte

Division/Department: BARC

Title: OSS

Date of Verification: 8/21/2017





### Vendor Reference Verification Form

Broward County Solicitation No. and Title: Temporary Nursing Personnel Services, W2114718B1

Reference for: (Name of Firm) CEI COCHHBHA

Organization/Firm Name providing reference: Promed Personnel Services

Contact Name/Title: Takoda Tas

Contact E-mail: ttas@promedpersonnel.com

Contact Phone: 212-719-9600

Name of Referenced Project: Long-term temporary staffing services

Contract No. N/A

Contract Amount: 1,132,960.00

Date Services Provided: 4/2/11 - 6/30/15

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provide temporary nurses such as: school nurses, first line nurses, MP's & PA's.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 3. Timeliness of:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

He said that he never rates anything excellent because no matter what everything always needs improvement, but that the vendor is very involved in every step of the way and they have the ability to talk things out and get the company what they need in an amicable and timely manner. The vendor knows the company's model and they are very proactive. He contacts them via phone or text, usually doesn't e-mail. They send quality nurses, and the vendor resolves all issues swiftly.

References Checked By

Name: Samantha Whyte

Division/Department: BARC

Title: OSS

Date of Verification: 8/21/2017



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: Temporary Nursing Personnel Services W2114718B1

Reference for: (Name of Firm) CEI COCHHBHA

Organization/Firm Name providing reference: TLC Adult Day Care

Contact Name/Title: Darlene Ponder

Contact E-mail: N/A

Contact Phone: 954-254-8286

Name of Referenced Project: Staffing Services

Contract No. N/A

Contract Amount: As needed

Date Services Provided: 2013-Current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provide CNA's as needed.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 3. Timeliness of:

a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

The vendor provides them with CNA's; at maximum they have employed two nurses at any given time. They send quality nurses who always show up on time and respond very quickly to requests within a shifts notice. The personnel is very responsible and timely. She contacts them via phone, e-mail, and text. She has not had any issues in dealing with them; this vendor is their only one and she has worked with them for the past 4-5 years.

References Checked By

Name: Samantha Whyte

Division/Department: BARC

Title: OSS

Date of Verification: 8/24/2017





**TO:** Yasmin Teja, Purchasing Agent  
Purchasing Division  
**FROM:** Stacy Fruhling, Director  
Broward Addiction Recovery Center Division (BARC)  
**SUBJECT:** Solicitation No.: W2114718B1  
Temporary Nursing Personnel Services

Recommended Vendor: Florida One Care LLC  
Recommended Group(s)/Line Item(s): Tertiary - Group 1 (Items 1 thru 4)  
Initial Award Amount: \$350,760.00 Potential Total Amount: \$1,052,280.00  
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I  
☒ have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

☒ I am satisfied with the Vendor's financial background and/or rating and payment performance.  
☐ Not applicable Provide explanation if choosing this option

**LITIGATION HISTORY: (check one)**

☒ I have reviewed the Litigation History Form and there is no issue of concern.  
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

☐ Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
☐ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☒ No past Performance Evaluations exist in Contracts Central.

**AND**

☒ Reference Verification Forms are attached.

**OR**

☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

☐ I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Polly Cacurak  
(Individual authorized to administer the contract.)

TITLE: Business Manager

SIGNATURE: **POLLY CACURAK**  
Digitally signed by POLLY CACURAK  
DN: dc=cty, dc=broward, dc=bc, ou=Organization,  
ou=BCC, ou=HSD, ou=BARC, ou=BM, ou=Users,  
cn=POLLY CACURAK  
Date: 2018.03.20 08:56:32 -04'00'

DATE:



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: W2114718B1 / Temporary Nursing Personnel Services

Reference for: (Name of Firm) Florida One Care, Inc. (Brightstar Care)

Organization/Firm Name providing reference: Reawakening Wellness Center/Detox

Contact Name/Title: Joe Toro, CEO

Contact E-mail: ToroJoe@rwcsfl.com

Contact Phone: 646-661-0932

Name of Referenced Project: Temporary Staff

Contract No. N/A

Contract Amount: N/A

Date Services Provided: September 2017-current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

They provide temporary RN's and LPN's.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 3. Timeliness of:

a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

They use RN's and LPN's from this vendor. Maximum used at any given time is 2. They send quality personnel. They respond very quickly to requests within a shifts notice - they needed an emergency nurse a couple hours before the shift began and they sent one immediately. He contacts the direct owner via text and phone and they respond quickly. They have had no issues with the vendor in the time that they have been working with them (past 6 months).

References Checked By

Name: Samantha Whyte

Division/Department: BARC Finance

Title: OSS

Date of Verification: March 09, 2018



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: W2114718B1 / Temporary Nursing Personnel Services

Reference for: (Name of Firm) Florida One Care, Inc. (Brightstar Care)

Organization/Firm Name providing reference: Evoke Wellness Center/Detox

Contact Name/Title: Tom Dean

Contact E-mail: TomD@evokedetox.com

Contact Phone: 954-947-3290

Name of Referenced Project: Temporary Staff

Contract No. N/A

Contract Amount: N/A

Date Services Provided: 2017-current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

They provide LPN's for their 24 hour detox and residential 1 services.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

##### 3. Timeliness of:

a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

They mainly use LPN's across a 24 hour window from this company - 3 staff used at the most at any given time. They send quality personnel. The contact stated that the vendor has excellent leadership and it shows through their staffing. They respond extremely well to requests within a shift's notice. They contact the vendor via phone and e-mail. They have not had any issues all with the vendor; when something does arise they are very responsive and take care of everything.

References Checked By

Name: Samantha Whyte

Title: OSS

Division/Department: BARC Finance

Date of Verification: March 08, 2018



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: W2114718B1 / Temporary Nursing Personnel Services

Reference for: (Name of Firm) Florida One Care, Inc.

Organization/Firm Name providing reference: Compass Detox

Contact Name/Title: David Lynch

Contact E-mail: dlynch@compassdetox.com

Contact Phone: 954-505-5550

Name of Referenced Project: Temporary Staff

Contract No. N/A

Contract Amount: N/A

Date Services Provided: N/A

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

They provided Detox nurses.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 2. Vendor's Organization

a. Staff expertise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### 3. Timeliness of:

a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional Comments: (provide on additional sheet if needed)

He said he has mixed reactions about this vendor. He requested nurses with Detox experience, and the company stated they had Detox experience when they really only had nursing home experience. He has had to send several nurses home, but has also hired two nurses full time from the vendor. He has a serious issue with the pay rate as they charge \$39 per hour but only pay the nurses \$16/17 per hour.

References Checked By

Name: Samantha Whyte

Title: OSS

Division/Department: BARC Finance

Date of Verification: March 20, 2018