



Staff Report

File #: LN-692

PLANNING AND ZONING BOARD

Meeting Date: MAY 28, 2025

HEALTH CARE USES CODE TEXT AMENDMENT

Request: Create Hospital-Based Off-Campus Emergency Room Use
P&Z# 25-81000001
Owner: HCA Florida Northwest Hospital
Project Location: N/A
Folio Number: N/A
Land Use Designation: N/A
Zoning District: N/A
Commission District: N/A
Agent: Dennis Mele, Greenspoon Marder LLP
Project Planner: Jean Dolan, AICP, CFM

Applicant Request:

The Applicant is requesting a Zoning Code Text Amendment to Article 4 of the Code (Use Specific Standards) to create a new use, Hospital-Based Off-Campus Emergency Room, and the use specific standards to regulate that use. Adding this use to 155.4209 Institutional: Health Care Uses, required a full review of the uses and regulations within this Code section to ensure that the regulations for the Hospital-Based Off-Campus Emergency Room and other uses in this section, particularly Special Medical Facilities and Urgent Care Facilities, are treated consistently.

Without this proposed code amendment to create specific regulations for this use, a Hospital-Based Off-Campus Emergency Room would be regulated as a “Specialty Hospital”. The Specialty Hospital use requires a 3-acre parcel and thus is a much larger and more intense use than the Hospital-Based Off-Campus Emergency Room.

Staff Analysis:

The proposed code amendment is to create a new use for “Hospital-Based Off Campus Emergency Department”. A hospital-based off-campus emergency department, is defined and governed by Florida Statutes, Chapter 395. The proposed definition of this use in Pompano’s zoning code is consistent with the definition in Chapter 395 F.S., and is as follows:

“A hospital-based off-campus emergency department, is a facility that provides emergency services and care; is owned and operated by a licensed hospital; and is located on separate premises from the hospital. Patients shall be served solely on an outpatient basis and such services shall not include overnight stays. Internal and external signage is required, consistent with Florida Statutes Chapter 395, that clearly states the facility is not an urgent care facility and is a hospital-affiliated emergency department that charges hospital emergency department rates

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for services.”

It is likely that this type of use would be more intense than the closest use already in our Specialty Medical zoning district, Urgent Care Facility. To adopt the suggested use specific standards for the new use, the use specific standards for Urgent Care and the other Specialty Medical uses had to be revisited for consistency.

When proposing changes to this Specialty Medical code section, it is worth revisiting how it came into being. Back in 2015 when the code amendment was written, the urgent issue at the time was that 17 substance abuse facilities had located in Pompano between 2011 and 2015 and seven of those were in 2015 alone. That was at the height of the opioid epidemic and the related deaths linked to unethical sober home and rehabilitation facility operators. The State of Florida adopted regulations in late 2015 that began to create a regulatory structure to address the issues of these deadly, fraudulent activities. It should be noted that since these medical use regulations were adopted in 2016 (9 years ago), only 7 Special Exceptions have been requested for one of these specialty medical uses and only one was drug rehab related. This code section and the subsequently adopted State regulations, therefore, appear to have achieved the intended purpose and it is reasonable to revisit some of the use specific standards in this code section.

Changes to Section 155.4209 (Institutional: Health Care Uses) proposed by staff that are not directly related to the private-sector proposed code amendment for the new off-campus emergency department use include:

- Removal of the “template” approach to the use specific standards which creates confusion and redundancies (particularly related to 24-hour facilities and “overnight” treatment).
- Moved the Medical or Dental Lab use to be the first use after Medical Office and to place it before the Specialty Medical uses section.
- Re-wrote the “Specialty Medical Facility” section to define appropriate use specific standards for each of the uses listed in this category and to remove Urgent Care Facility from this category.
- Created Urgent Care Facility as a standard Health Care Use and amended the use specific standards to remove “24-hours” from the name since it is redundant with the definition and Hours of Operation standard; permit it by-right in the B-3 district rather than with a Special Exception consistent with the proposed standard for the new Off-Campus Emergency Department use; clearly permit treatment in the night-time hours; remove the requirement for it to be separated by 500 feet from a Single-Family (RS) or Two-Family (RD) zoning district; and introduce two new development standards to minimize traffic and visual impacts on residents when the use is within 500 feet of an RS or RD district.
- Amended the definition of Specialty Medical Facility in Article 9 of the Code to delete “urgent care facility (not including 24-hour urgent care facility)”. The 5,000 SF related to medical and dental offices in the Specialty Medical category was clarified as referring to the “gross floor area” of the use.

The amendments to 155.4209 proposed by the Applicant to create the “Hospital-Based Off Campus Emergency Department” use include:

- Insertion of the new health care use category of “Hospital-based off-campus emergency department”, with use specific standards identical to those of an urgent care facility;
- Amended Article 9 to include the definition of “Hospital-based off-campus emergency department”.
- Amended Appendix A, Consolidated Use Table to be consistent with the changes in Sec. 155.4209

Review Standards for Code Amendments:

1. Consistency with the Comprehensive Plan

There are no policies in the Comprehensive Plan that apply to Special Medical Facilities in general or Off Campus Emergency Rooms specifically. General policies that could apply include the following:

Policy 01.03.08

Establish criteria to protect residential areas and other land uses that are adjacent to industrial and commercial areas from excessive, odors, traffic and parking impacts.

Response: The ITE does have a trip generation rate for free standing emergency rooms identified as ITE Code 650. The PM peak hour trip rate for this use is 1.52 trips per 1,000 SF. It should be noted that the PM peak hour trip rate is less than the 3.93 trips per 1,000 SF for a stand-alone medical or dental office (use code 720) and is comparable to the 1.23 trips per 1,000 SF of a veterinary clinic (use code 640) which are permitted uses by right in the B-3 district.

In regard to odors, the regulations for waste management for all medical uses would also be consistent with all other medical waste disposal regulations so no difference in odors is expected.

Objective 01.04.00 - Major Corridor Land Use

Support and promote the intermix of residential and commercial uses along major traffic corridors.

Response: The major traffic corridors where mixed use is encouraged are predominantly B-3 zoning, particularly east of Dixie Highway and there are many RS and RD zoning districts within 500 feet of B-3 zoning. There are many permitted uses in B-3 that could have a greater theoretical impact on both on-site and adjacent residential uses than a medical use. To mitigate any perceived visual or noise impacts, the proposed code amendment adds use specific standards for the Urgent Care and Off-Campus Based Hospital Emergency Department Uses requiring them to be located on a major arterial or collector and provide a Type C buffer on any adjacent residential street frontage (Type C = 10-feet wide, with an 8-foot wall and landscaping on both sides).

Policy 01.04.03

Except for schools, regional and community facilities shall be located close to major traffic corridors and mass transit routes adequate to carry the volume of traffic generated by such facilities.

Response: The proposed use specific standards for both Urgent Care and “Hospital-Based Off Campus Emergency Department” do require these uses be located on a major arterial or collector consistent with this land use plan policy.

2. Does not conflict with any other code provisions.

Response: The staff amendments to this code section removes any apparent conflicts with the use specific standards for other medical uses which may be less intense than the proposed new Hospital-Based Off-Campus Emergency Department use.

3. Is required by changed conditions.

Response: The “Hospital-Based Off Campus Emergency Department” is a relatively new use governed by Chapter 395 F.S. This is a changed conditions resulting in this code amendment.

4. Addresses a demonstrated community need.

Response: Affordable and accessible health care services are a community need. Off-Campus emergency departments reduce the need to travel to a hospital for emergency services that aren’t likely to result in the need to be admitted to a hospital but are true emergencies that cannot be treated at an urgent care facility.

5. Is consistent with the purpose and intent of the zoning districts, or would improve compatibility among uses and would ensure efficient development in the city.

Response: The B-3 zoning district is intended for office uses including medical office. Having the emergency medical treatment capability provided by facilities close to residential is convenient for residents and reduces the travel time for emergency medical care.

6. Would result in a logical and orderly development pattern.

Response: See response to #5.

7. Would not result in a significantly adverse impact on the natural environment.

Response: Creating decentralized locations for emergency services will reduce trip lengths and allow medical emergencies to be resolved faster which will result in better patient outcomes. Reduced trip lengths are associated with fewer environmental impacts.

Proposed Text Amendment:**155.4209. INSTITUTIONAL: HEALTH CARE USES****A. Medical Office (Less than 5,000 square feet)****1. Districts Where Permitted**

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| | | | | | | | | | | | | P | P | P | P |

| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
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2. Definition

A medical office is a small-scale office providing medical or dental treatment. A small-scale office shall mean a maximum gross floor area (gfa) of 5,000 sq ft. This use shall not include any uses specified as a specialty medical facility. An office which is greater than 5,000 sq gfa shall be considered a specialty medical facility.

3. Standards

A medical office shall comply with the following standards:

a. ~~Separation from Residential Uses.~~ A medical office is not required to be separated from residential uses.

~~b. Overnight Treatment.~~ Overnight treatment is prohibited.

e. b. Hours of Operations.

i. Medical offices shall not offer treatment or similar services between the hours of 10:00 p.m. and 7:00 a.m.

ii. Medical offices within 500 feet of a Single Family (RS) or Two-Family (RD) Zoning District shall not offer treatment or similar services between the hours of 7:00 p.m. and 7:00 a.m.

F B. Medical or Dental Lab (Less than 5,000 square feet)**1. Districts Where Permitted**

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
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| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
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| | | P | | P | | | | P | | | | | P | | P | |

2. Definition

A medical or dental lab consists of facilities and offices providing diagnostic analysis of medical tests (such as blood test urinalysis, CT Scan, X-ray or other medical tests related to diagnostic treatment); collecting or withdrawing human blood, organs, skin, or other human tissue; or producing such items as dentures, caps, bridges and optical prescriptions. A lab which is greater than 5,000 sq gfa shall be considered a specialty medical facility.

B. Specialty Medical Facility**1. Districts Where Permitted**

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| | | | | | | | | | | | | | | S | P |

| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
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2. Definition

— A specialty medical facility is a facility, regardless of size, offering specialized treatment and services including, but not limited to, ambulatory surgical facilities, dialysis centers, substance abuse treatment facilities, outpatient rehabilitation facilities, birthing facilities, and urgent care facilities (not including a 24-hour urgent care facility). This use also includes medical or dental offices which are larger than 5,000 sq ft gross floor area (gfa).

3. Standards

— A specialty medical facility shall comply with the following standards:

— a. Separation from Residential Uses. The facility shall be at least 500 feet from a Single Family (RS) or Two-Family (RD) Zoning District. An ambulatory surgical facility that is smaller than 5,000 sq ft gfa is excluded from this separation requirement.

— b. Overnight Treatment. Overnight treatment is prohibited.

— c. Hours of Operations. The facility shall not offer treatment or similar services between the hours of 10:00 p.m. and 7:00 a.m.

— d. Ambulatory surgical facilities that are smaller than 5,000 sq. ft. gfa shall not provide any overnight treatment or surgical services between the hours of 6:00 p.m. and 7:00 a.m.

C. Specialty Medical Facility

A specialty medical facility is a facility, regardless of size, offering specialized treatment and services.

1. Districts Where Permitted

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
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| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
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2. Definition and Use Standards

Specialty Medical includes any of the following facilities:

a. Medical Office (larger than 5,000 sq ft)

A medical office classified as a Specialty Medical Facility is an office larger than 5,000 square feet providing medical

or dental treatment.

The specialty medical office shall be separated from Residential uses (RS and RD Districts) by a minimum of 500 feet.

b. Medical / Dental Lab (larger than 5,000 sq ft)

A medical or dental lab consists of facilities and offices larger than 5,000 square feet gfa providing diagnostic analysis of medical tests (such as blood test urinalysis, CT scan, X-ray or other medical tests related to diagnostic treatment); collecting or withdrawing human blood, organs, skin, or other human tissue; or producing such items as dentures, caps, bridges and optical prescriptions.

The specialty medical or dental lab shall be separated from Residential uses (RS and RD Districts) by a minimum of 500 feet.

c. Ambulatory Surgical Facilities

An ambulatory surgery center (ASC) is a State licensed facility not part of a hospital with the primary purpose of providing elective surgical care. Patients who choose to have surgery in an ASC arrive on the day of their procedure and, following their post-operative recovery, are discharged from the facility the same business day, with no overnight stays permitted. ASCs treat only patients who have already seen a healthcare provider and selected surgery as the appropriate treatment. Physician's offices, hospitals and free-standing emergency rooms are not ASCs and are regulated separately by the Code.

Ambulatory surgical facilities shall not provide surgical services between the hours of 7:00 p.m. and 7:00 a.m. and, if over 5,000 SF, will be separated from residential uses (RS and RD Districts) by a minimum of 500 feet.

d. Dialysis Centers

A medical facility, either hospital-based or independent, that provides outpatient dialysis services, for people with chronic kidney failure, by filtering the blood to remove waste and excess fluids when the kidneys can no longer function properly.

If over 5,000 square feet gross floor area, the facility shall be at least 500 feet from residential uses (RS or RD Zoning Districts).

e. Substance Abuse Treatment Facility

A facility (other than a hospital) whose primary function is the treatment of substance abuse and which is licensed by the State of Florida to provide such service.

These facilities must be separated from residential uses (RS and RD zoning districts) by a minimum of 500 feet and provide no services between the hours of 7:00 p.m. and 7:00 a.m.

f. Outpatient Rehabilitation Facility

A non-residential facility providing diagnostic, therapeutic, and restorative services at a single fixed location for the rehabilitation of injured, disabled, or sick persons, which includes substance abuse rehabilitation, by or under the supervision of a physician.

These facilities must be separated from residential uses (RS and RD Zoning Districts) at a minimum of 500 feet and provide no services between the hours of 7:00 p.m. and 7:00 a.m.

g. Birthing Facility

A birthing center is a facility licensed by the State of Florida where births are planned to occur following a normal, uncomplicated, low-risk pregnancy, away from the mother's usual place of residence and not within a hospital.

These facilities can be open 24-hours a day, as necessary to serve the needs of the patient.

G. D. Urgent Care Facility 24-hours**1. Districts Where Permitted**

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
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| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
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2. Definition

An urgent care facility ~~24-hours~~ is a facility which holds itself out to the general public as a walk-in, extended-hour access facility where immediate, but not emergent, care is provided. Patients shall be served solely on an outpatient basis and such services shall not include overnight stays.

3. Standards

An urgent care facility ~~24-hours~~ shall comply with the following standards:

a. ~~Separation from Residential Uses.~~ The facility shall be at least 500 feet from a Single Family (RS) or Two-Family (RD) Zoning District. An urgent care facility is not required to be separated from residential uses.

b. ~~Overnight Treatment.~~ Overnight treatment is prohibited.

b. c. ~~Hours of Operations.~~ The facility may be open 24 hours per day.

c. d. Vehicular access and circulation systems and exterior signage shall be designed to provide safe and separate emergency vehicle access to the facility, with minimal conflicts with other vehicular or pedestrian traffic in the area.

d. Urgent care facilities within 500 feet of a Single Family (RS) or Two-Family (RD) Zoning District shall be designed as follows to minimize impacts to the residential area:

i. Primary entrances for vehicular traffic must be located on a collector or arterial roadway. Secondary means of access should direct traffic away from the residential neighborhood to the maximum extent practical.

ii. A Type C Buffer must be provided along all street-side yards abutting roadways not designated as an arterial or collector street.

E. Hospital-Based Off-Campus Emergency Department**1. Districts Where Permitted**

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| | | | | | | | | | | | | | | P | P |

| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
|-----|----|-----|------|-----|-----|----|----|----|----|---|----|------|-----|-------|-----|------|
| | | P | | P | | | | P | | | | | P | | P | P |

2. Definition

A hospital-based off-campus emergency department, as defined in Florida Statutes Chapter 395, is a facility that provides emergency services and care; is owned and operated by a licensed hospital; and is located on separate premises from the hospital. Patients shall be served solely on an outpatient basis and such services shall not include overnight stays. Internal and external signage is required, consistent with Florida Statutes Chapter 395, that clearly states the facility is not an urgent care facility and is a hospital-affiliated emergency department that charges hospital emergency department rates for services.

3. Standards

A hospital-based off-campus emergency department shall comply with the following standards:

- a. A hospital-based off-campus emergency department is not required to be separated from residential uses.
- b. The facility may be open 24 hours per day.
- c. Vehicular access and circulation systems and exterior signage shall be designed to provide safe and separate emergency vehicle access to the facility, with minimal conflicts with other vehicular or pedestrian traffic in the area.
- d. Hospital-based off-campus emergency departments within 500 feet of a Single Family (RS) or Two-Family (RD) Zoning District shall be designed as follows to minimize impacts to the residential area:
 - i. Primary entrances for vehicular traffic must be located on a collector or arterial roadway. Secondary means of access should direct traffic away from the residential neighborhood to the maximum extent practical.
 - ii. A Type C Buffer must be provided along all street-side yards abutting roadways not designated as an arterial or collector street.

D.F. Specialty Hospital

1. Districts Where Permitted

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| | | | | | | | | | | | | | | S | P |

| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
|-----|----|-----|------|-----|-----|----|----|----|----|---|----|------|-----|-------|-----|------|
| | | P | | P | | | | P | | | | | P | | P | |

2. Definition

A specialty hospital is a hospital which offers a restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical or psychiatric illnesses or disorders which include: Specialty medical hospitals; specialty rehabilitation hospitals; specialty psychiatric hospitals, which may include beds licensed to offer intensive residential treatment programs; specialty substance abuse hospitals, which may include beds licensed to offer intensive residential treatment programs; and an addictions receiving facility.

3. Standards

A specialty hospital shall comply with the following standards:

- a. ~~Separation from Residential Uses.~~ The hospital shall be at least 500 feet from a Residential Zoning District.
- b. ~~Overnight Treatment.~~ ~~Overnight treatment is permitted.~~
- c. ~~b. Hours of Operations.~~ The hospital may be open 24 hours per day.
- d. ~~c.~~ The specialty hospital shall be located on a site that has an area of at least three acres and fronts on or has direct access to and from an arterial or collector street.
- e. ~~d.~~ Vehicular access and circulation systems and exterior signage shall be designed to provide safe and separate emergency vehicle access to the specialty hospital, with minimal conflicts with other vehicular or pedestrian traffic in the area.
- f. ~~e.~~ A perimeter security plan is required and shall address at a minimum vehicular and pedestrian access to site, parking areas, and lighting.
- g. ~~f.~~ Outdoor recreation and/or passive space shall be provided for both patients and visitors.

E.G. General Hospital

1. Districts Where Permitted

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| | | | | | | | | | | | | | | S | P |

| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAC | PD-1 |
|-----|----|-----|------|-----|-----|----|----|----|----|---|----|------|-----|-------|-----|------|
| | | P | | P | | | | P | | | | | P | P | P | |

2. Definition

A general hospital is a state-licensed institution that provides primary health services and medical or surgical care to humans, primarily inpatients, who are sick or injured, and including as an integral part of the institution, related facilities such as clinical laboratories, outpatient facilities, training facilities, central services facilities, and staff offices. Hospitals offer facilities and beds for use beyond 24 hours by persons needing medical treatment or service.

3. Standards

A general hospital shall comply with the following standards:

- a. ~~Separation from Residential Uses.~~ The hospital shall be at least 500 feet from a Residential Zoning District.
- ~~b. Overnight Treatment. Overnight treatment is permitted.~~
- ~~b. c. Hours of Operations.~~ The hospital may be open 24 hours per day.
- ~~c. d.~~ The hospital shall be located on a site that has an area of at least five acres and fronts on or has direct access to and from an arterial or collector street.
- ~~d. e.~~ Vehicular access and circulation systems and exterior signage shall be designed to provide safe and separate emergency vehicle access to the hospital, with minimal conflicts with other vehicular or pedestrian traffic in the area.
- ~~e. f.~~ A Perimeter Security Plan is required and shall address at a minimum vehicular and pedestrian access to site, parking areas, and lighting.
- ~~f. g.~~ Outdoor recreation and/or passive space shall be provided for both patients and visitors.

F. ~~Medical or Dental Lab~~

1. ~~Districts Where Permitted~~

| RS-1 | RS-2 | RS-3 | RS-4 | RS-L | RD-1 | RM-7 | RM-12 | RM-20 | RM-30 | RM-45 | MH-12 | B-1 | B-2 | B-3 | B-4 |
|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-----|-----|-----|-----|
| | | | | | | | | | | | | | | S | P |

| M-1 | CR | I-1 | I-IX | OIP | M-2 | TO | PR | CF | PU | T | BP | RPUD | PCD | PD-TO | LAG | PD-1 |
|-----|----|-----|------|-----|-----|----|----|----|----|---|----|------|-----|-------|-----|------|
| | | P | | P | | | | P | | | | | P | | P | |

2. ~~Definition~~

~~—A medical or dental lab consists of facilities and offices providing diagnostic analysis of medical tests (such as blood test urinalysis, CT Scan, X-ray or other medical tests related to diagnostic treatment); collecting or withdrawing human blood, organs, skin, or other human tissue; or producing such items as dentures, caps, bridges and optical prescriptions.~~

G H. Nursing Home Facility

1. Districts Where Permitted

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ARTICLE 9: DEFINITIONS AND INTERPRETATION

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PART 5 TERMS AND USES DEFINED

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Hospital-Based Off-Campus Emergency Department

A hospital-based off-campus emergency department, as defined in Florida Statutes Chapter 395, is a facility that provides emergency services and care; is owned and operated by a licensed hospital; and is located on separate premises from the hospital. Internal and external signage is required, consistent with Florida Statutes Chapter 395, that clearly states the facility is not an urgent care facility and is a hospital-affiliated emergency department that charges hospital emergency department rates for services.

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Medical or Dental Lab

Consists of facilities and offices providing diagnostic analysis of medical tests (such as blood test urinalysis, CT-Scan, X-ray or other medical tests related to diagnostic treatment); collecting or withdrawing human blood, organs, skin, or other human tissue; or producing such items as dentures, caps, bridges and optical prescriptions.

Medical Office

A small-scale office providing medical or dental treatment. A small-scale office shall mean a maximum gross floor area (gfa) of 5,000 sq ft. This use shall not include any uses specified as a specialty medical facility. An office which is greater than 5,000 sq gfa shall be considered a specialty medical facility.

Specialty Hospital

A hospital which offers a restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical or psychiatric illnesses or disorders which include: Specialty medical hospitals; specialty rehabilitation hospitals; specialty psychiatric hospitals, which may include beds licensed to offer intensive residential treatment programs; specialty substance abuse hospitals, which may include beds licensed to offer intensive residential treatment programs; and an addictions receiving facility.

Specialty Medical Facility

A specialty medical facility is a facility, regardless of size, offering specialized treatment and services including, but not limited to, ambulatory surgical facilities, dialysis centers, substance abuse treatment facilities, outpatient rehabilitation facilities, ~~and birthing facilities, and urgent care facilities (not including a 24-hour urgent care facility)~~. This use also includes medical or dental offices which are larger than 5,000 sq ft gross floor area (gfa).