



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • www.aaapp.org

December 15, 2023

David Lomaka, President/CEO
Neighborly Care Network
13945 Evergreen Avenue
Clearwater, FL 33762

Dear Mr. Lomaka,

Enclosed is the Annual Programmatic Monitoring report for the Older Americans Act Title III-B/LSP Nutrition program.

The purpose of monitoring is to perform a programmatic review of operations and to verify that corrective actions resulting from previous monitoring reviews have been implemented. The monitoring objective is to ensure programs, policies, and practices comply with state and federal rules and meet standards of good governance and practices.

The 2023 monitoring produced one finding and three recommendations. The finding is described in the report summary and a written plan of corrective action will be required. This will be a formal plan that is expected to identify steps and actions that will be implemented to ensure the deficiency is not repeated. Recommendations will require a written follow up response. The written plan of corrective action and written responses to the three recommendations are due to AAAPP by Wednesday, January 3, 2023.

The cooperation of your staff throughout the monitoring process was greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Marie Winter".

Ann Marie Winter
Executive Director

Enclosures

cc: Anita Frankhauser, Director of Nutrition



Area Agency on Aging
of Pasco - Pinellas, Inc.

Area Agency on Aging of Pasco-Pinellas, Inc.

2023 OAA/LSP

NUTRITION SERVICE MONITORING

PROVIDER: Neighborly Care Network
Nutrition Service Provider

DATE(S) OF VISIT: November 7, 2023

PARTICIPANT(S): Anita Frankhauser, Director of Nutrition
Carole Kitchen, Food Service Manager

MONITOR(S): Michelle Tavares, Program Manager

FUNDING PERIOD: 2022-2023

SITES VISITED: Lake Seminole Presbyterian Church
8505 113th St, Seminole, FL 33772

REPORT SUMMARY

(This section provides an overview of minor recommendations, significant findings and positive/noteworthy activities recognized during the monitoring period. Details are outlined in the Contract Compliance and Service Delivery section of the report).

I. Recommendations for Improvement

(Recommendations require a written response from the provider)

- Per current contract requirements, the provider shall respond to additional, routine, or special requests for information and reports required by the AAAPP in a timely manner as determined by AAAPP. Review of 2022/2023 BOD meeting minutes submission indicate that minutes were not submitted in a timely manner. It is recommended that the provider submit copies of the Board of Director meeting minutes to AAAPP thirty days following the meeting.
- Per current DOEA Programs and Services Handbook, Appendix A, Nutrition Services – Home Delivered Meals, documentation for meals served to guests include meal delivery sheets signed by either the recipient or driver. Review of client logs indicate that signatures were not obtained on all service dates. It is recommended that signatures are included for all home delivered meals.
- Review of volunteer background screenings indicate that two (2) volunteers who volunteered over twenty (20) hours completed a Level II background screening but did not have a signed and dated Affidavit of Compliance Candidate form. Four (4) volunteers who volunteered less than twenty (20) hours per month were searched on the Department of Law Enforcement Career Offender database but did not have a signed and dated Affidavit of Compliance Candidate Form claiming exception from the Level II background screening. In accordance with DOEA Programs and Services Handbook, Appendix E, it is required that volunteers sign and date the current Affidavit of Compliance Candidate form after the Level II background screening results have been received and reviewed. Volunteers who volunteer less than 20 hours per month and who are not listed on the Department of Law Enforcement Career Offender Search are required to sign and date current Affidavit of Compliance Candidate form claiming an exception from the Level II background screening.

II. Findings/Corrective Action

(Findings result in a formal corrective action plan)

- Per current DOEA Programs and Services Handbook, Chapter 5, advisory councils must be comprised of at least 51% clients of the nutrition program and must meet a minimum of two times per year (as evidenced

by dated sign in sheet). Although the provider maintains attendance sheets and meeting notes for each council meeting, the attendance sheets are not signed by the attendees as required.

CONTRACT COMPLIANCE AND SERVICE DELIVERY

Each standard will note at least one of the following:

- *Achieved*
- *Partially Achieved*
- *Not Achieved*
- *Not Applicable*
- *Follow-Up Required*

Standard #1 – Previous Programmatic Monitoring

All issues from the previous programmatic monitoring have been resolved within an established and reasonable timeframe.

Response:

- A. Recommendation that the provider maintains sign in sheets for all advisory council meetings. Unresolved. Review of 2023 monitoring documents indicate that attendance is documented but attendance sheets have not been signed by each attendee.
- B. Finding- Four (4) assessors did not complete the required 701S training. Per 2020 DOEA Programs and Services Handbook Chapter 3 Section III Technical Assistance and Training: G. All aging network staff responsible for conducting screening and assessments using the Department Screening (701S), Condensed Assessment (701A), Congregate Meals Assessment (701C), and the Comprehensive Assessment (701B) must be trained and certified as required by DOEA policy. Resolved. 701S assessors have completed the 701S training as evidenced by signed and dated attestations submitted by the provider.

Standard #2 – Targeting, Prioritization, and Waitlist

A targeting plan with specific targeting objectives is in place:

- A. *Provider has implemented the approved plan to target individuals with greatest economic need, older individuals with greatest social needs, older individuals at risk for institutional placement, older minority individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*
- B. *Provider is serving the proposed number and percentage of older individuals with greatest economic need, older minority individuals, older individuals at risk for institutional placement, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (Pasco only).*

- C. *Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- D. *A random sample of client files from the Assessed Prioritized Consumer List (APCL) in eCIRTS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies, and procedures available.*

Response: Achieved.

- A. The provider has sufficiently outlined their targeting plan in their 2023 Continuing Service Application. Review of the provider's 2023 Quarter 3 report indicates that the provider has met proposed outreach numbers for all target populations.
- B. A review of provider's 2022 Quarter 4 report indicated that the provider served the proposed number of clients in all OAA targeting categories except for minority. Review of 2023 Quarter 3 report indicates that the provider has not served the proposed numbers in any OAA targeting categories YTD.
- C. The Provider is correctly utilizing an approved prioritization instrument and in accordance with their OAA Service Prioritization Policy and Procedures. Prioritization tools and O3C2 (Home Delivered Meals) waitlist are maintained in a Neighborly Care Network electronic database.
- D. A review of APCL client files and eCIRTS data indicates that clients are prioritized correctly and in compliance with their internal intake/priority/waitlist policy and procedures.

Standard #3 – Staff Training

Provider staff has received training pertinent to the performance of required functions:

- A. *Utilizing the appropriate DOEA Assessment Tool including the 701S, 701A and/or 701C (Registered Services only) in accordance with the DOEA Programs and Services Handbook.*
 - *Review of policies and procedures for DOEA Assessment Tools including the 701S, 701A, and/or 701C to ensure assessments are being completed as outlined in the DOEA Programs and Services Handbook.*
 - *Ensure requirements for face-to-face visits are being adhered to.*
- B. *Quality assurance activities to include use of the Assessment Instructions (DOEA 701D), direct observation, coaching, and training of screening staff to ensure the accuracy and quality of the screenings being conducted.*
- C. *DOEA standards for specific service training as outlined in the most current DOEA Program and Services Handbook is being utilized:*
 - *DOEA web-based training with receipt of a certificate of completion. The certificate must be submitted to the AAAPP for all 701 assessors and will be verified during monitoring.*
 - *DOEA 701S Training Webinar with appropriate documentation of completion is required per the AAAPP.*
- D. *Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training is conducted annually for all applicable program staff.*

- E. *All appropriate Nutrition Services staff instrumental to food service delivery has received appropriate training relevant to their food service function (I.E., certified food protection, Serv Safe, etc.)*

Response: Achieved.

- A. The provider completes 701S assessments to screen and re-screen individuals requesting home delivered meals. Clients placed on the O3C2 (home delivered meals) waitlist in eCIRTS by the ADRC are prioritized by Neighborly Care Network and contacted when funding becomes available to release clients from the waitlist. Appropriate DOEA assessment tools are being used (701S for screening, 701C for congregate dining and 701A for home-delivered meals). Provider is completing 701A assessments face-to-face. If a virtual assessment is requested by the client due to Covid, the provider documents and submits the virtual assessment log monthly to AAAPP.
- B. The provider outlined quality assurance methods in their 2023 continuing application which includes regular evaluation of all staff to ensure job requirements are met.
- C. Review of client assessments and staff training certificates indicate that 701 assessors have completed the DOEA web-based training. Assessors have also completed to 701S training webinar.
- D. The provider submitted appropriate training certificates which indicates that required staff have completed mandatory reporting of abuse, neglect, self-neglect, and exploitation of the elderly within the past year.
- E. Review of staff and volunteer training logs and certifications indicate that staff and volunteers have received training relevant to their food service function.

Standard #4 – Programmatic Reporting

All required programmatic reports are accurate and submitted in a timely manner:

- A. *Annual Outreach and Public Education Report*
- B. *Quarterly Reports*
- C. *Detailed meeting minutes from the agency Board of Director meetings are submitted regularly.*
- D. *Surplus/Deficit Reports*

Response: Partially Achieved.

- A. The provider submitted their 2022 Annual Outreach and Publication Education Report and supports outreach efforts completed in FY 2022.
- B. The provider submitted 2022 Quarterly reports on time. 2023 Quarter 1,2, and 3 reports have been submitted on time also.
- C. Minutes from Neighborly Care Network Board of Directors meetings for the first half of FY 2022 were submitted to the AAAPP on time. AAAPP requested meeting minutes for the remainder of FY 2022, and they were received in February 2023. For FY 2023, reports were not submitted for the first half of the year until September 2023.
- D. Surplus/Deficit reports are submitted to AAAPP monthly on time and appear accurate.

Standard #5 – Outcome Measures

Outcome measures referenced in the current Standard Contract are achieved:

The provider has implemented the strategies detailed in the current Service Provider Application including:

- *using available eCIRTS reports to track outcome achievement*
- *each exception is addressed on the outcome measures report monthly detailing the factors that enhance or inhibit ability to achieve outcome measures*
- *appropriate actions, including staff training to address outcomes which are not achieved, are included in the quarterly narrative of the outcome measures report*

Response: N/A

Since implementation of eCIRTS in December 2021, outcome measure reports have been unavailable.

Standard #6 – Case Record Compliance

Using the AAAPP Client File Monitoring Tool, case records sampled showed:

- A. Compliance with requirements for client eligibility, intake, and service delivery.*
- B. eCIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in eCIRTS in a timely manner and agree with client and project records:*
 - *701S attempts are made within three business days after receipt of a client referral and completion of assessments are no later than 14 business days from initial contact.*
 - *Reassessments are completed 365 days after the prior assessment through the end of the month.*

Response: Partially Achieved. See Attachment I, II, III

- A. Thirty (30) client files were reviewed. Files included active HDM, active CNML clients, and HDM APCL clients. Overall, review of client files indicates no compliance issues with eligibility and intake. Two (2) HDM client files did not have required signatures to support service delivery on specified dates in April 2023.
- B. Review of thirty (30) client files indicate that information, including assessments, enrollments, and services received were entered in eCIRTS in a timely manner and agree with client and project records.
 - The provider completes 701S assessments to screen and re-screen individuals requesting home delivered meals. Attempts to complete 701S are made within three (3) business days after receipt of referral. Assessments are completed no later than fourteen (14) business days from initial contact. All assessments were completed in a timely manner.
 - Review of client files demonstrate that reassessments are completed 365 days after the prior assessment or through end of month as applicable.

Standard #7 – eCIRTS Exception Reports

eCIRTS Exception Reports are reviewed on a regular basis and exemplify accuracy Specific Older Americans Act Reports include:

- *Assessment Due Report;*
- *ACTV, APPL, APCL Clients Moved to Another PSA;*
- *ACTV Clients Not Served in A Time Range (Defaults To 14 Months);*
- *Clients Served Not Enrolled;*
- *Consumer Age Verification;*
- *Possible Duplicate Clients;*
- *ACTV Pace Clients Who Are ACTV, APCL, Or APPL In Another Program;*
- *eCIRTS Data Clean Up;*
- *ACTV MLTC Clients Who Are ACTV, APCL, Or APPL In Another Program, and*
- *Data Inconsistencies Found When Comparing Vital Statistics Death Certificates With eCIRTS*

Response: Achieved.

Since implementation of eCIRTS, not all reports have been available. The provider is encouraged to review current available reports on a regular basis. The provider edits eCIRTS data entries as necessary.

Standard #8 – Budgetary Compliance

Budgetary Compliance:

- A. *Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- B. *For the month of **April 2023**, the provider has a clear audit trail for units of service entered in eCIRTS as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.*

Response: Partially Achieved.

- A. Review of 2022 Surplus Deficit Reports and the Provider Service application demonstrate that the provider has met the proposed units for home delivered meals (HDM) and nutrition education (NTED). The provider reports that units for congregate meals (CNML) were below target for 2022 due to the slow return of diners in the beginning of the year. It is also reported that units for nutrition counseling (NUCOI) were below target due to the transition and hiring of a new dietitian at the beginning of the year and less clients agreeing to nutrition counseling. Review of October 2023 surplus deficit report indicates the provider fully expended LSP funds in the beginning of 2023 as required. OAA funds for HDM NTED have been fully expended and CNML NTED is on track to be fully expended by year end. OAA funds for CNML NUCOI have been fully expended and 37 % of HDM NUCOI have been expended thus far. OAA CNML and HDM outreach (OTR) funds have been fully expended. The provider is currently expending

additional funds received through the American Rescue Plan (ARP) for HDM and CNML. ARP funds expire in September 2024. OAA funds for HDM are at 58% expenditure and CNML 3.8% expenditure.

- B. Provider utilizes an internal database, Servtracker. A review of eCIRTS billing in April of 2023 was compared to provider logs and Servtracker reporting. Provider has a clear audit trail that is aligned with the eCIRTS database. It was noted that two (2) HDM client service logs were not signed by the client nor driver for specified dates in April 2023 to support service delivery. Provider utilizes electronic system to record attendance of CNML clients.

Standard #9 – Consumer Satisfaction

Consumer satisfaction and effective delivery of service has been verified through:

- A. *Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- B. *Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- C. *Client satisfaction surveys accompanied by a satisfaction survey summary report for the last fiscal year.*
- D. *Provide status on the timeframe for the client satisfaction survey in the current fiscal year (will vary depending on when monitoring visit occurs).*

Response: Achieved.

- A. The provider has policies and procedures related to consumer satisfaction and detailing how satisfaction will be measured.
- B. AAAPP monitor met with diners at Lake Seminole Presbyterian Church location. Monitor spoke with many diners in attendance. Overall, the diners were satisfied with services and pleased with the meals. Diners also expressed gratitude for the opportunity to socialize with peers and to have the support of Neighborly Care Network staff.
- C. The provider completed an annual client satisfaction survey in 2022. One hundred ninety-nine responses were received from diners attending the congregate meal sites. 99% of diners reported overall satisfaction with services. 81% reported that their nutritional intake has improved. 91% of diners report that they are more aware of healthy eating and good nutrition. 98% report feeling more socially connected. Three Hundred and Sixty-Nine (369) responses were received from clients of home delivered meals. 98% of HDM clients reported overall satisfaction with services. 86% of clients report that they are more aware of healthy eating and nutrition. 71% of clients report that their health improved due to participating in the program. Review of the survey analysis indicates that there are no trends.
- D. The provider completes satisfaction surveys with all clients on an annual basis.

Standard #10 – Grievances, Complaints, and Incidents

Consumer satisfaction and effective delivery of service has been verified through:

- A. *Provider has approved grievance policies, procedures, and logs, including documentation of the service provider's response and resolution.*
- B. *Provider has approved complaint policies and procedures. Complaints are recorded using the appropriate AAAPP narrative and log which will include documentation of the service provider's response and resolution.*
- C. *Provider has approved incident policies, procedures, and logs, including documentation of the service provider response and resolution.*

Response: Achieved.

- A. The provider has an approved policy and procedure for reporting grievances. Provider submitted grievance logs for September 2022 – August 2023. No grievances reported.
- B. The provider has an approved policy and procedure for reporting complaints. Provider submitted complaint log for September 2022 – August 2023. Two (2) complaints have been received. All complaints were documented appropriately including the provider's response and resolution.
- C. The provider has an approved policy and procedure for reporting incidents. Provider submitted complaint log for September 2022 – August 2023. Four (4) incidents were reported. All incidents were documented appropriately including the provider's response and resolution.

Standard #11 – Voluntary Contributions

Provider has a voluntary contribution system in place conforming with the Older Americans Act:

- A. *Approved Voluntary Contributions Policy/Procedure*
- B. *Sample letter and/or sign related to voluntary contributions which provides each recipient with an opportunity to voluntarily and confidentially contribute to the cost of the service.; clearly informs each recipient that there is no obligation to contribute, and that the contribution is purely voluntary; and all contributions shall be used to increase service availability.*

Response: Achieved.

- A. The provider has an approved voluntary contributions policy and procedure.
- B. Sign and letter related to voluntary contributions were reviewed and indicate that contributions are voluntary and are used to increase service availability.

Standard #12 – Regulatory Compliance

OAA Provider is in Regulatory Compliance with:

- A. *OAA services reviewed are being provided in accordance with the most current DOEA Program and Services Handbook and the most current approved Service Provider Application*
- B. *Provider complies with all pertinent to the service being provided (I.E, fire, health inspections, licensure, etc.)*

- C. *Provider is acting in accordance with the Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for collection.*
- D. *Health Insurance Portability and Accountability Act (HIPAA) requirements including policies/procedures.*
- E. *Provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132) issued 12/2017.*
- F. *Provider submits their Comprehensive Emergency Management Plan/Continuity of Operations Plan annually as required.*

Response: Achieved.

- A. Nutrition services are provided in compliance with the most current DOE Program and Services Handbook and the most current approved Service Provider Application.
- B. The provider complies with all pertinent to the service being provided and submitted supportive documentation for fire and health inspections. It was noted that fire inspections are not completed annually for all locations. Per provider, depending on the town/city, inspections may occur periodically or every three years. For example, last inspection for Palm Lake Village site located in Dunedin occurred on July 24, 2015. Provider submitted email correspondence dated November 27, 2023, from Pinellas County staff confirming that July 24, 2015, was the last inspection completed. Further Review of Dunedin, Florida - Code of Ordinances Subpart A - GENERAL ORDINANCES Chapter 38 - FIRE PROTECTION AND PREVENTION Section 38-31(b) indicates the following "The fire prevention division shall make periodic inspection of all buildings or structures and is empowered to issue citations for violations".
- C. The provider is acting in accordance with the Florida Statute 119.071 (5) and provides a written explanation to the individual the reason for collection of social security numbers.
- D. The provider is in regulatory compliance with HIPAA requirements which include policies and procedures.
- E. The provider is in compliance with the Provider Conflict of Interest Program Procedure (PR 132).
- F. The CEMP/COOP is submitted to AAAPP Director of Planning as required.

Standard #13 – Involvement with the ADRC

Provider is involved with the Aging and Disability Resource Center (ADRC) and abides by the no-wrong-door system:

- A. *Maintains partnership with the ADRC, state, and community agencies to ensure that regardless of which agency people contact for help, they can access information about the options available across all the agencies and in their communities.*
- B. *Services not arranged through agency contracts should be obtained through referrals to other community resources (i.e., ADRC, volunteer agencies, informal networks and/or proprietary agencies that charge fees).*

Response: Achieved.

- A. The provider maintains a positive partnership with the ADRC and other community partner agencies to ensure referrals receive the assistance they need. If the provider receives a referral from someone in need of additional services, a referral is made to the ADRC or directly to the appropriate program/resource.
- B. The provider ensures referrals are made to community resources as appropriate.

Standard #14 – Subcontractors

Provider shall monitor, at least once per year, each of its subcontractors that are paid from OAA/LSP funds as required by the Standard Contract and will:

- A. *Submit a copy of the programmatic monitoring record to the AAAPP upon completion to ensure contractual compliance.*
- B. *The Provider maintains copies of current Nutrition Consultant(s) agreement (s) and all pertinent licensure requirements.*

Response: Achieved.

- A. The provider terminated their sub-contract with GA Foods effective April 10,2023 due to the sub-contractor receiving twelve (12) high priority violations issued by the Department of Business and Professional Regulation within a twelve-month period. The provider currently contracts with Metz Culinary Management and Rebuilt Meals. The provider completed monitoring of both subcontractors in October 2023. Monitoring reports indicate subcontractors complied with all contractual requirements.
- B. N/A – the provider does not utilize a Nutrition Consultant. All nutrition counseling is provided by a dietician that is employed by Neighborly Care Network. NCN dietician licenses are on file and current.

Standard #15 – Volunteers

Provider has policies/procedures governing the utilization of volunteers and submits the Department of Elder Affairs Volunteer Activity Report annually as required.

Response: Achieved.

The provider has policies/procedures governing the utilization of volunteers and submitted the 2022 volunteer activity report to DOEA.

Standard #16 –Background Screening

Provider completes Level II Background Screenings, as necessary. Documentation to include:

- *Signed and dated Privacy Policy;*
- *“Eligibility Statement” with proof of Employment History from DOEA;*
- *Signed and dated Attestation of Compliance Candidate Form*

Response: Partially Achieved.

Background Screenings were reviewed for four (4) staff members and seven (7) volunteers. Provider completed background screenings and all required documents were available for all four staff members. Appropriate background screenings were completed for the volunteers; however, signed, and dated Affidavit of Compliance Candidate forms were not provided. Volunteers who volunteer less than twenty (20) hours per month are required to sign and date current Affidavit of Compliance Candidate form claiming an exception from the background screening. Volunteers who volunteer more than twenty (20) hours per month, are required to sign and date current Affidavit of Compliance Candidate form after the Level II background screening results have been received and reviewed.

Standard #17 – Nutrition Specific Service Compliance

- A. *There is an established Advisory Council that meets two (2) times per year*
- B. *Provider maintains legible daily food temperature logs and temperatures are in compliance.*
- C. *Home delivered meal temperature checks are completed and are performed at least annually for each route on a random, rotating basis.*
 - C1. *Potentially hazardous foods are held and transported in a method that ensures hot food temperatures are 140 degrees F or higher and cold food temperatures are 41 degrees F or lower. Frozen meals are frozen solid.*
- D. *Provider maintains legible menu substitution logs that are reviewed by the Registered Dietitian.*
- E. *The Dietitian/Nutritionist is licensed in accordance with Chapter 468.509, FS, and Chapter 64B8-42, FAC*
- F. *A licensed dietitian who is covered by liability insurance provides counseling*
- G. *Menus are approved by a Florida Registered Dietitian at least 4 weeks prior to use, are dated and posted in a conspicuous location in each meal site and are kept on file for one year.*
- H. *NPCR forms are completed appropriately.*
- I. *A qualified dietician participates in developing and approval (as indicated by an authorizing signature and date) of the annual and monthly nutrition education plan and coordinates the provision of nutrition education so it is effective and appropriate.*

Response: Partially Achieved

- A. There is an established Advisory Council for each dining site that meets two (2) times per year and the provider reports that the council membership includes 51% or more of clients. List of advisory council attendees was received. Per current DOEA Programs and Services Handbook, dated sign in sheets are required.
- B. Review of 2023 Quarter 1,2, and 3 logs indicate that the provider maintains legible daily food temperature logs for each meal site. Documentation of corrective actions taken for out-of-range temperatures were addressed for some but not all. Reviewed with the provider at the monitoring visit. Corrections were made and the provider submitted documentation supporting corrective actions taken for all out-of-range temperatures.

- C. Provider has submitted home delivered meal temperatures logs which demonstrate that temperatures are performed randomly and on a rotating basis for each route. 2023 Quarter 1,2 and 3 logs were reviewed with no concerns noted.
 - C1. Potentially hazardous foods are transported and held in appropriate equipment to ensure hot food temperatures are 140 degrees F or higher and cold foot temperatures are 41 degrees F or lower. Frozen meals are frozen solid.
- D. Provider maintains appropriate menu substitution logs which are reviewed and signed by a registered dietician.
- E. Provider submitted active dietician licensure for two registered dieticians.
- F. Provider submitted proof of active liability insurance covering Neighborly's registered dietician.
- G. All menus submitted through 2023 are approved and signed by a Florida Registered Dietician. Review of subcontractor menu cycles indicate that all menus were approved least four (4) weeks prior to use.
- H. Provider completes NPCR forms quarterly as required. Provider submitted NPCR forms for all meal sites completed in 2023. Forms are completed once per quarter. Review of 2023 Quarter 1,2, and 3 indicate that the forms were completed by the "Project Administrator" twice in 2023. The provider has stated that the Site Manager had completed the form but reviewed and documented on the form as the Project Administrator. The Project administrator review is a more comprehensive one, therefore all items required for review by the Site Manager were covered.
- I. Review of the providers nutrition education plan indicates that the plan is appropriate. Review of client surveys indicate that the education provided is effective.

Signatures:

Michelle Tavares

Dec 15, 2023

Michelle Tavares, Program Manager

Date

Christine Didion

Dec 15, 2023

Christine Didion, Director of Program Accountability

Date

Kerry Marsalek

Dec 15, 2023

Kerry Kimball Marsalek, Chief Operating Officer

Date



Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
Specific to 7015

Organization: Neighborly Care Network
Registered Service: Home Delivered Meals

Attachment I

Questions	1749089 M.G.	1775073 D.D.	785085 H.P.	1732612 R.P.	1728380 F.K.	1217810 G.S.	1682676 J.N.	106120 D.H.	1678604 E.M.	795992 J.G.	
Was the most current intake/7015 assessment completed and entered into eCIRTS correctly?	ADRC	Y	ADRC	ADRC	Y	Y	Y	ADRC	Y	ADRC	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	N/A	Y	N/A	N/A	Y	Y	Y	N/A	Y	N/A	
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant
No = Non-compliant and comment is required
N/A = Not applicable



Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
 Specific to 701A/701C

Organization: Neighborhood Care Network
 Registered Service: Congregate Dining

Attachment II

Questions	1361603 L.O.	1749034 S.B.	1777171 G.C.	1517814 M.D.	1694256 K.G.	1686853 R.J.	1510210 P.L.	659938 C.M.	1480453 M.P.	1412931 J.R.	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	N/A	N/A	Y	Y	Y	Y	N/A	N	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established and recorded using an approved prioritization tool?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No waitlist for congregating dining.
Did the provider obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the provider notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal recordkeeping?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Notes	Received NUCOI All required documentation available.										

Yes = Compliant
 No = Non-compliant and comment is required
 N/A = Not applicable



Area Agency on Aging of Pasco-Pinellas, Inc.
Client File Monitoring Tool for Registered Services
 Specific to 701A/701C

Organization: Neighborhood Care Network
 Registered Service: Home Delivered Meals

Attachment III

Questions	1339843 C.B.E.	283711 B.B.	1685177 M.C.	1468758 A.F.	1502577 C.H.	1429526 G.L.	1570277 B.M.	1457705 R.P.	1559882 D.S.	1679042 F.T.	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	Y	Y	Y	Y	Y	N/A	Y	Y	Y	
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established and recorded using an approved prioritization tool?	Y	*N	Y	Y	Y	Y	Y	Y	Y	Y	B.B.- Client enrolled in 2010, per provider, tool no longer available.
Did the provider obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the provider notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the client correctly enrolled for this program and service in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Based on the audit trail month selected for review, do the received services in eCIRTS balance with provider's internal recordkeeping?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	B.B. Signature missing on service log for 4/26/23, 4/27/23. G.L. Missing signature on service log for 4/21/23,4/24/23.
Do notes within the client's file reflect the current status of the client as indicated in eCIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
If service frequency increased/decreased at any time during the fiscal year, were notes updated accordingly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant
 No = Non-compliant and comment is required
 N/A = Not applicable












NCN Nutrition Monitoring Report 2023

Final Audit Report

2023-12-15

Created:	2023-12-15 (Eastern Standard Time)
By:	Michelle Tavares (Michelle.Tavares@aaapp.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA9TII8jVTeqTeOht5unAu4hq-58doPluO

"NCN Nutrition Monitoring Report 2023" History

-  Document created by Michelle Tavares (Michelle.Tavares@aaapp.org)
2023-12-15 - 2:47:33 PM EST - IP address: 47.207.41.210
-  Document e-signed by Michelle Tavares (Michelle.Tavares@aaapp.org)
Signature Date: 2023-12-15 - 2:49:37 PM EST - Time Source: server- IP address: 47.207.41.210
-  Document emailed to Christine Didion (christine.didion@aaapp.org) for signature
2023-12-15 - 2:49:38 PM EST
-  Email viewed by Christine Didion (christine.didion@aaapp.org)
2023-12-15 - 2:50:09 PM EST - IP address: 47.207.41.210
-  Document e-signed by Christine Didion (christine.didion@aaapp.org)
Signature Date: 2023-12-15 - 2:50:18 PM EST - Time Source: server- IP address: 47.207.41.210
-  Document emailed to Kerry Marsalek (kerry.marsalek@aaapp.org) for signature
2023-12-15 - 2:50:19 PM EST
-  Email viewed by Kerry Marsalek (kerry.marsalek@aaapp.org)
2023-12-15 - 3:19:54 PM EST - IP address: 104.47.51.126
-  Document e-signed by Kerry Marsalek (kerry.marsalek@aaapp.org)
Signature Date: 2023-12-15 - 3:21:35 PM EST - Time Source: server- IP address: 65.35.18.106
-  Document emailed to AnnMarie Winter (annmarie.winter@aaapp.org) for signature
2023-12-15 - 3:21:37 PM EST
-  Email viewed by AnnMarie Winter (annmarie.winter@aaapp.org)
2023-12-15 - 3:41:03 PM EST - IP address: 104.47.51.126
-  Document e-signed by AnnMarie Winter (annmarie.winter@aaapp.org)
Signature Date: 2023-12-15 - 3:42:13 PM EST - Time Source: server- IP address: 47.207.41.156

✔ Agreement completed.

2023-12-15 - 3:42:13 PM EST