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December 19, 2022

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 for contract year January 1, 2022 - December 31, 2022.

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 2022 monitoring produced one finding and four 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. Responsible persons and timelines are to be included as part of the plan. Recommendations will require a written follow up response. The written plan of corrective action and written responses to the four recommendations are due to AAAPP by Tuesday, January 3, 2023.

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

Sincerely,

  
AnnMarie Winter (Dec 20, 2022 13:54 EST)

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.**  
**2022 OAA/LSP**  
**NUTRITION SERVICE MONITORING**

<b>PROVIDER:</b>	Neighborhood Care Network Nutrition Service Provider
<b>DATE(S) OF VISIT:</b>	Site visit waived due to COVID-19.
<b>PARTICIPANT(S):</b>	Anita Frankhauser, Director of Nutrition
<b>MONITOR(S):</b>	Michelle Tavares, Program Manager
<b>FUNDING PERIOD:</b>	January 1, 2022 - December 31, 2022
<b>SITES VISITED:</b>	Monitoring completed via desk review

## **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)*

- Recommendation that the provider ensures their internal acknowledgment form for HIPAA release, notification of complaint procedure, and notification of reason to collect social security number is signed and maintained in the client's file.
- Recommendation that the provider maintains an internal tracking system for tracking client reassessment dates.
- Recommendation that the provider maintains sign in sheets for all advisory council meetings.
- Recommendation and technical assistance provided on Level II background screenings and proper completion of the attestation of compliance candidate form.

### **II. Findings/Corrective Action**

*(Findings result in a formal corrective action plan)*

- 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.

## **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:** 2021 Monitoring CAP Complete.

### **Standard #2 – Targeting, Prioritization, and Waitlist**

*A targeting plan with specific targeting objectives is in place:*

- 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).*
- 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).*
- Provider currently utilizes an Older Americans Act Prioritization Instrument in accordance with the Provider's Prioritization Policy.*
- 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.

- The provider has sufficiently outlined their targeting plan in their 2022 Continuing Service Application. Review of the providers quarterly reports (1,2, & 3) support that the provider is implementing their approved plan to serve clients in all OAA target areas.
- A review of provider's quarterly reports (1,2, &3) support that the provider has exceeded in meeting the proposed number of clients in all LSP targeting categories except for minority and limited English proficiency. Thus far, the provider has exceeded in meeting the proposed number of clients in all OAA targeting categories except for minority and limited English proficiency.

- C. The Provider is correctly utilizing an approved prioritization instrument and in accordance with their OAA Service Prioritization Policy and Procedures.
- D. A review of APCL client files and CIRTS data indicates that clients are prioritized correctly and 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.*

**Response:** Partially Achieved.

- A. The provider completes 701S assessments to screen and re-screen individuals requesting home delivered meals. Clients placed on the APCL (waitlist) in eCIRTS by the ADRC are prioritized by Neighborly Care Network for OAA home-delivered meals and contacted when funding becomes available to release clients from the waitlist. Assessments are being completed as outlined in the DOEA Programs and Services Handbook. 701A assessments are being completed face to face. If a virtual assessment is requested due to Covid 19, the provider documents as necessary.
- B. Quality assurance activities include staff training and use of the 701D assessment instructions.
- C. The provider submitted 701B certificates of completion for four employees who are 701 assessors. Per the provider, 701S training was not completed due to the training being "outdated" and referencing legacy CIRTS. Provider was informed that all assessors must complete the current 701S training until further instruction and/or update is provided.



The provider completed the request and submitted signed 701S training attestations for all required assessors.

- D. The provider submitted appropriate training certificates demonstrating that required staff have completed mandatory reporting of abuse, neglect, self-neglect, and exploitation of the elderly within the past year.

#### **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:** Achieved.

- A. The provider submitted their 2021 Annual Outreach and Publication Education Report and supports outreach efforts completed in FY 2021.
- B. The provider has submitted 2021 Quarter 1,2, & 3 reports on time. Minor adjustments to the reports were required.
- C. Detailed meeting minutes from the Board of Directors are submitted regularly.
- 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. Twenty (20) client files were reviewed (ten congregate dining and ten home delivered meals). Overall files demonstrated no compliance issues with eligibility, intake and service delivery and required documentation was present. One file did not have an original signed client intake acknowledgment form indicating receipt of HIPAA privacy practices, complaint procedure, and notification of reason for collection of social security number. Provider followed up and submitted a signed acknowledgement intake form.
- B. Review of eCIRTS records, program enrollment and received services demonstrate that overall client information is accurate. One assessment contained some minor turn over errors. All client 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 also demonstrate that nine (9) of the twenty (20) files did not have reassessments completed 365 days after the prior assessment or through end of month. Since eCIRTS implementation, the assessment due report has not been available. The provider indicated that it has been very challenging to keep track of assessments due with consideration given to the number of clients they serve. The provider has implemented a tracking system utilizing their internal system, ServTracker.

#### **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:*

- Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.*
- For the month of **May 2022**, 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:** Achieved.

- Review of Surplus Deficit Reports and the Provider Service application demonstrate that the provider has met the proposed units for home delivered meals and nutrition education. 78% of the proposed outreach units have been met thus far. The provider reports that units for congregate meals are 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 are 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. The provider is currently expending additional funds received through the American Rescue Plan. The additional funds have assisted in enrolling new clients for home delivered meals.
- Provider utilizes an internal database, Servtracker. A review of eCIRTS billing in May of 2022 was compared to provider logs and Servtracker reporting. Provider has a clear audit trail that is aligned with the eCIRTS database.

## **Standard #9 – Consumer Satisfaction**

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

- Policies and procedures related to consumer satisfaction detailing how satisfaction will be measured annually.*
- Home visits and/or client interviews (including service observation, if possible) in order to reveal effective delivery of service.*
- 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. This monitor had the pleasure of attending a grand opening celebration event at the Lake Seminole Presbyterian Church location. This monitor spoke with many diners in attendance. Overall, the diners were satisfied with services and very pleased with the new meal vendor. They indicated that the food quality is “much better” and “fresher”. Diners also expressed gratitude for the opportunity to socialize with peers and have the support of Neighborly staff.
- C. The provider completed an annual client satisfaction survey in 2022. Two hundred fifty-two (252) responses were received from diners attending the congregate meal sites. Overall, diners are satisfied with the services and the variety of meals. 90% of diners report that they are aware of healthy eating and nutrition and 79% of diners report that their health improved as a result of participating in the program. Three Hundred and Sixty-Nine (369) responses were received from clients of home delivered meals. Overall, clients are satisfied with the services and the variety of meals. 86% of clients report that they are aware of healthy eating and nutrition and 70% of clients report that their health improved as a result of participating in the program. Review of the survey analysis indicates that there are no trends. The provider has subcontracted with two new meal vendors and reported that the response has been very positive. Clients have indicated they are enjoying the change and having a choice of meal options.
- 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 2021 - YTD. No grievances reported.
- B. The provider has an approved policy and procedure for reporting complaints. Provider submitted complaint log for September 2021 - YTD. Six (6) 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 2021 - YTD. Thirty-seven (37) 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 clearly convey that services are free of charge and all contributions shall be used to increase service availability.*

**Response:** Achieved.

- A. The provider has an approved voluntary contributions policy and procedure.
- B. The provider submitted a sample letter related to voluntary contributions which clearly convey that services are free of charge and all contributions shall be 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 DOEA 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.
- 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).*
- C. *If applicable, essential information is captured about the nature of the person's physical, mental and functional abilities, concerns, limitations or problems, as well as general background information during the 701S intake process to assist in screening for eligibility and applicable program and service referrals. Potential LTCC clients are referred to the ADRC for the appropriate screening measures.*

**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.
- C. 701S assessments are in compliance with DOEA standards. Potential LTCC clients are referred to the ADRC for appropriate screening measures as necessary.

**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 monitors its sub-contractor, GA Foods, as required on an annual basis. A complete report dated August 29,2022 was submitted. Health inspection reports

completed by the Department of Business and Professional Regulation indicate a total of nine high priority violations. AAAPP has followed up on the violations, which include a meeting with GA Foods and notifying DOEA. The provider also completed an initial and full monitoring of subcontractors Metz Meals and Rebuilt. Complete reports, both dated May 3, 2022, are on file with no concerns noted.

- 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.

#### **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 2021 volunteer activity report to DOEA.

#### **Standard #16 –Background Screening**

*Provider completes Level II Background Screening as necessary.*

**Response:** Partially Achieved.

Background Screenings were reviewed for two (2) staff members and five (5) volunteers. Technical assistance provided on proper completion of the attestation of compliance candidate form.

#### **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. *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:** 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. Three of the dining sites did not have sign in sheets. The provider reports they have standardized how record attendance is recorded so that all councils follow the same procedures.
- B. Review of quarter 1,2, and 3 logs demonstrates that the provider maintains legible daily food temperature logs for each meal site. Temperatures are in compliance.
- C. Provider has submitted home delivered meal temperatures logs which demonstrate that temperatures are performed randomly and on a rotating basis for each route. Review of quarter 1,2 and 3 logs indicate two home delivered meal route temperatures were out of compliance at the last stop. The provider followed corrective actions in accordance with DOEA Programs and Services Handbook.
  - 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. Increased substitutions noted and documented by the registered dieticians as reason being due to nationwide food shortages.
- 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 2022 are approved and signed by a Florida Registered Dietician. Review of three subcontractor menu cycles demonstrate that not all menus were approved least 4 weeks prior to use. AAAPP has implemented a policy requesting that all meal subcontractors submit draft menus to the provider at the minimum of eight (8) weeks prior to menu implementation to allow more time for review, cross communication, and revisions.
- H. Provider completes NPCR forms quarterly as required. Provider submitted NPCR forms for all meal sites completed in 2022. Forms are completed once per quarter. Review of quarter 1,2, and 3 demonstrate that the form was completed by the "Project Administrator" twice in 2022. 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. The provider discussed and reviewed correct documentation practices on the NPCR with the Site Manager.



- I. 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.)

Signatures:

*Michelle Tavares*

\_\_\_\_\_  
Michelle Tavares, Program Manager

Dec 20, 2022

\_\_\_\_\_  
Date

*Kristina Jalazo*

\_\_\_\_\_  
Kristina Jalazo, Director of Program Accountability

Dec 20, 2022

\_\_\_\_\_  
Date

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

**Organization:** Neighborhood Care Network  
**Registered Service:** Home Delivered Meals

Questions	1524072	1696836	1728862	1514040	1455613	
Was the most current intake/7015 assessment completed and entered into eCIRTS correctly?	Y	Y	Y	Y	ADRC	1524072,1514040 - Overdue reassessment
Was client eligibility verified? (see "Service Eligibility for OAA Programs")	Y	Y	Y	Y	Y	
Has OAA priority for service delivery been established using an approved prioritization tool?	Y	Y	Y	Y	Y	
Was the client notified of why their SS# is collected?	Y	Y	Y	Y	N/A	
Is the client correctly enrolled on the waitlist for this program/service in eCIRTS?	Y	Y	Y	Y	Y	
Did the provider utilize the use of recorded telephone calls?	N/A	N/A	N/A	N/A	N/A	
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

Attachment II

Organization: Neighborly Care Network  
 Registered Service: Home Delivered Meals

Questions	1316300	622723	1158549	1385582	1338363	1666547	1332728	1701170	878698	1526623	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	622723: 701A #40, #46A, #46E, #46F Inconsistent with written. Provider reviewed and corrected.
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	Y	N	N/A	Y	Y	Y	Y	N	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?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker obtain a signed Release of Information/HIPAA form?	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	1701170 - Provider unable to locate original document. New document completed and submitted.
Was the client notified of why their SSN is collected?	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	1701170 - Provider unable to locate original document. New document completed and submitted.
Did the worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	1701170 - Provider unable to locate original document. New document completed and submitted.
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	Y	N/A	Y	N/A	Y	Y	
DOEA FORM 217 on file	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Notes											

Yes = Compliant  
 N/A = Not applicable  
 N/A = Not applicable



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

Attachment III

Organization: Neighborhood Care Network

Registered Service: Congregate Meals

Questions	468623	502490	659618	1507718	5789303	860220	1324086	833438	1735027	1702566	Comments
Was the most current assessment (701A and/or 701C) completed in a timely manner and entered into eCIRTS correctly?	701C	701C	701C	701C	701C	701C	701C	701C	701C	701C	
If applicable, was the reassessment completed 365 after the prior assessment (through the end of the month)?	N	N	N	N	N	N/A	N/A	N	N/A	N/A	
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?	*	*	*	*	*	*	*	*	*	*	*There is no waitlist for congregating dining. Service delivery prioritization unnecessary.
Did the worker 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 SSN is collected?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Did the worker 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	N	1702566 - Client was in active status and should have been terminated in June 2022.
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	
Notes											

Yes = Compliant

No = Non-compliant and comment is required

N/A = Not applicable

Revised 2/22/18










# NCN Nutrition Monitoring Report 2022 - Updated

Final Audit Report

2022-12-20

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