



An Aging & Disability Resource Center

October 18, 2016

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9549 Koger Blvd.

Suite 100

St. Petersburg, FL

33702

727-570-9696

Kathryn Starkey, Chairman
Board of Pasco County Commissioners, Pasco County
8731 Citizens Dr., Suite 340
New Port Richey, FL 34654

Dear Ms. Starkey:

Enclosed is the report for the Older Americans Act Title III-C/LSP (#16-09) Nutrition Program. This visit was made on October 3-5th & 12th by Shannon Fernandez, Program Manager. The cooperation of Gabriel Papadopoulos and staff throughout the visit was greatly appreciated.

This report is intended to provide an overview of the projects operations as of the date of the monitoring visit. It should also be a useful instrument in the evaluation of your programs.

Your program is commended for meeting all standards for contract compliance and service delivery.

Should you have any questions or comments concerning this report, please feel free to contact the Program Manager at (727) 570-9696, extension 271. Thank you for your continued commitment to serve the seniors of Pasco County.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Isaacson', with a long horizontal flourish extending to the right.

Michael Isaacson
Executive Director

Enclosures

cc: Gabriel Papadopoulos, Manager, PCEN
Cathy Pearson, Assistant County Administrator, Pasco County
Michele Baker, County Administrator, Pasco County
Mike Moore, Vice Chairman, BOCC Pasco County





Area Agency on Aging of Pasco-Pinellas, Inc.
2016 LSP/IIIC1/IIIC2 NUTRITION MONITORING CHECKLIST

PROVIDER	Pasco County Elderly Nutrition
SERVICE(S)	OAA Title IIIC/LSP Nutrition Services
DATE(S) OF VISIT	October 3-5 & 12, 2016
PARTICIPANT(S)	Gabriel Papadopoulos, Manager, PCEN Diane Cunningham, Assistant Manager, PCEN
MONITOR(S)	Shannon Fernandez, Program Manager, AAAPP

CONTRACT COMPLIANCE AND SERVICE DELIVERY

STANDARD #1 – Previous Programmatic Monitoring

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

RESPONSE:

There are no unresolved issues resulting from the Monitoring Visit that took place on November 2-5, 2015.

Achieved
 Partially Achieved
 Not Achieved
 Not Applicable
 Follow-up Necessary

STANDARD #2 – Targeting, Prioritization and Waitlist

A targeting plan with specific targeting objectives is in place:

- A. The 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, older individuals residing in rural areas, and older low income minority individuals with limited English Proficiency.
- 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, older individuals residing in rural areas, and older low income minority individuals with limited English Proficiency.
- C. The Provider currently utilizes prioritization instruments in accordance with the Provider’s Prioritization Policy.
- D. If applicable, IIC1 and IIC2 waitlist policies and procedures have been appropriately established, maintained, and utilized as necessary.

RESPONSE:

- a) The Provider has an approved Service Provider Application on file with the AAAPP. This application denotes the Program’s proposed efforts to target older 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, older individuals residing in rural areas, and older low income minority individuals with limited English Proficiency.
- b) The Provider has implemented the plan of action outlined in the Service Provider Application to satisfy the service needs of targeted individuals. The Program Director indicated they are on track with serving the proposed number and percentage of clients to be served in each category:

OAA	Proposed	Achieved	LSP	Proposed	Achieved
SOCIAL NEEDY	240	875	SOCIAL NEEDY	120	885
LI,MIN	30	77	LI,MIN	15	39
RURAL	100	159	RURAL	50	167
MIN	67	71	MIN	33	79
ECONOMIC NEED	113	157	ECONOMIC NEED	57	262
LEP	16	121	LEP	3	123
AT RISK	58	450	AT RISK	28	425
LI,MIN,LEP	14	40	LI,MIN,LEP	6	42

STANDARD #2 CONTINUED.

- c) The Program is utilizing prioritization instruments in accordance with their Prioritization Policy. All clients who are placed on the waiting list through a 701S assessment tool are prioritized during initial contact and, if applicable, on an annual basis.
- d) The Provider has appropriately established and is maintaining and prioritizing the IIC2 waitlist as required. There is currently no waiting list for IIC1 services.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #3 – Staff Training

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

- A. Utilizing the appropriate DoEA assessment tool; provide a list of all staff that perform DoEA assessments and a copy of their certification training.
- B. 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.)
- C. List of current Nutrition Services staff hired since the last Annual Monitoring Visit and the documentation supporting the DoEA required pre-service training for each (see Chapter 4 of the most current DoEA Program and Services Handbook)
- D. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training has been conducted.

RESPONSE:

- a) All staff conducting client assessments that are utilizing the DOEA 701S, 701C & 701A Assessment tools have been certified, and all appropriate certifications were observed and obtained. In addition, the Program Manager reviewed all policies & procedures for DoEA Assessment Tools including the 701S, 701A, and/or 701C.
- b) All Nutrition Program staff with food handling responsibilities as well as Administrative staff has been formally trained on Safe Food Handling and sanitation requirements.
- c) All new staff with the aforementioned responsibilities were/are trained to the same degree by the licensed dietitian as per the most current DoEA Program and Services Handbook. Further, the Program Manager obtained copies of all new staff's certification of the DoEA 701B web-based training as well as an attestation form for completion of the DoEA 701S training webinar.
- d) The Provider abides by the mandatory reporting requirement for persons suspected of being abused, neglected and/or exploited, and the most recent training was conducted in 2016.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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. Semi-Annual Outreach Report including back-up materials to support activities reported.
- E. Advisory Council Meeting Minutes
- F. Surplus/Deficit Reports

RESPONSE:

- a) Outreach and Public Education Reports are due in March of FY2016 but pertinent to activities performed in FY2015. At the time of this report, the Outreach and Public Education Report was submitted punctually and is considered accurate.
- b) Quarterly Reports are due by the tenth of every April, July, October and January. At the time of this report, the second Quarterly Report was submitted punctually and is considered accurate.
- c) All Meeting Minutes from the Pasco County Board of County Commissioners are submitted to and received by the AAAPP upon completion.
- d) The Semi-Annual Outreach Report is due with the 2nd and 4th Quarterly Reports. The first report was submitted punctually and is considered accurate.
- e) All Advisory Council Meeting Minutes are submitted and received by the AAAPP upon completion.
- f) Surplus/Deficit Reports are due by the 20th of each month. All Surplus/Deficit Reports are submitted and received by the Program Manager on a monthly basis.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #5 – Outcome Measures

Outcome measures referenced in the current Standard Contract are achieved:

- A. Provider has implemented the strategies detailed in the current Service Provider Application.
- B. Provider uses available CIRT reports to track outcome achievement.
- C. Provider submits quarterly reports including review of outcome exceptions.
- D. Provider analyzes factors that enhance or inhibit ability to achieve outcome measures.
- E. Provider takes appropriate action including staff training to address outcomes, which are not achieved.

RESPONSE:

- a) The Provider has implemented all strategies detailed in their current Service Provider Application as it pertains to the understanding and meeting of legislatively mandated Outcome Measures.
- b) The Provider uses all available CIRT reports to track and report on Outcome Measures.
- c) The Provider submits Monthly and Quarterly Outcome Measure Reports punctually. The reports include the review of Outcome exceptions, if applicable.
- d) Please see sub-topic C.
- e) Other staff members are involved when taking action to address Outcome Measures that are not achieved. The Program Director is proactive, resulting in appropriate contact with the AAAPP when there are issues of concern.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #6 – Case Record Compliance

Case records sampled showed:

- A. Compliance with requirements for client eligibility, intake, and service delivery.
- B. CIRT records of assessment, program enrollment and received services are accurate, entered in CIRT in a timely manner and agree with client and project records.

RESPONSE:

- a) The Program Manager randomly sampled twenty (20) clients for file review purposes (10 for IIC1 and 10 for IIC2). The client files represented a variety of client enrollments. Additionally, of the client files chosen, two (2) files were reviewed representing clients under the age of 60. All files reviewed met program requirements and no discrepancies were identified. Please see Attachment III. & IV. for specific details.
- b) All CIRT records of 701S, 701A and/or 701C assessments, program enrollment and received services are accurate, entered in CIRT 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. Further, all reassessments are completed 365 days after the prior assessment through the end of the month.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #7 – CIRT Data Integrity

CIRT Exception Reports are accurate and exemplify 100% accuracy.

RESPONSE:

The Program Manager ran several CIRT reports prior to the monitoring visit that were used for the purpose of data integrity reviews through the Provider's use of CIRT. The exception reports indicated 100% accuracy as it pertains to CIRT, Services Received data, Enrollment data and Assessment data. The Program Manager commends the CIRT Data Entry staff and managers who work diligently along with the AAAPP for CIRT Accuracy.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #8 – Budgetary Compliance

All backup budget documentation for the month of AUGUST is required for:

- A. OAA Congregate Dining (C1)
 - Daily, weekly, and monthly totals including reservation sheets for the sampled site: **Land O Lakes**
- B. Home Delivered Meals (C2)
 - Daily, weekly, and monthly totals including reservation sheets for the sampled site: **Southgate**
- C. Nutrition Counseling (C1 & C2)
- D. Outreach (C1 & C2)
- E. Nutrition Education (C1 & C2)
- F. Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.

RESPONSE:

- a) The Provider has served 3,229 CNML/CNMLS/CNMLM units for the month of August. Per the supporting documentation for C1 Congregate Dining, all units rendered have been reconciled and no concerns are present. CIRTS reports and back-up billing documents are consistent. All reservation sheets for (C1) congregated meal sites are consistent with reimbursed units.
- b) The Provider has served 9,698 HDM units for the month of August. Per the supporting documentation for C2 Home Delivered Meals, all units rendered have been reconciled and no concerns are present. CIRTS reports and back-up billing documents are consistent. The number of (C2) Home Delivered Meals is consistent with back-up documentation and segregated to separate meals funded by CCE and any other funding.
- c) The Provider has served 4 C2 units of Nutrition Counseling for the month of August. Per the supporting documentation for Nutrition Counseling (C2), all units rendered have been reconciled and no concerns are present. CIRTS reports and back-up billing documents are consistent.
- d) The Provider has served 26 C1 units and 25 C2 units of Outreach for the month of August. Per the supporting documentation for Outreach (C1 & C2), all units rendered have been reconciled and no concerns are present. CIRTS reports and back-up billing documents are consistent.
- e) The Provider has served 10 C1 units and 7 C2 units of Nutrition Education for the month of August. Per the supporting documentation for Nutrition Education (C1 & C2), all units rendered have been reconciled and no concerns are present. CIRTS reports and back-up billing documents are consistent.
- f) The Provider is meeting or is on track to meet all budgetary goals proposed in the most current approved Service Provider Application.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #9 – Consumer Satisfaction

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

- A. AAAPP will conduct client interviews, if possible, in order to reveal effective delivery of service. Further, temperatures of C1 and C2 meals as well as a C2 meal route will be observed.
- B. The Provider's Client satisfaction surveys for both C1 and C2 Programs accompanied by a Satisfaction Survey Summary Report.

RESPONSE:

- a) The Program Manager had the opportunity to interview a Title III C1/LSP Nutrition Services recipient. Please see Attachment V. for specific details.
- b) The Nutrition Program conducts satisfaction surveys. Returned surveys are reviewed, analyzed, summarized and used to make service improvements as necessary. Generally the comments summarized are indicative of high levels of satisfaction across the centers.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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 response and resolution.
- B. Provider has approved Complaint Policies, Procedures and Logs, including documentation of the Service Provider response and resolution.
- C. Provider has approved Incident Policies, Procedures, and Logs, including documentation of the Service Provider response and resolution.

RESPONSE:

- a) The Provider has Grievance Policies, Procedures and Logs pertinent to contractual requirements. No registered grievances have occurred in 2015 and 2016 YTD.
- b) The Provider has Complaint Policies, Procedures and Logs pertinent to contractual requirements. No complaints occurred in 2015 for both C1 and C2; two (2) complaints have occurred 2016 YTD. The Program Manager reviewed all logs which included documentation of the Service Provider Response and resolution. All Complaints are documented and handled appropriately.
- c) The Provider has Incident Policies, Procedures and Logs pertinent to contractual requirements. Four (4) incidents total occurred in 2015 for both C1 and C2; four (4) occurred 2016 YTD. The Program Manager reviewed all logs which included documentation of the Service Provider Response and resolution. All Incidents are documented and handled appropriately.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #11 – Voluntary Contributions

Provider has a voluntary contribution system in place:

- A. Approved Voluntary Contribution Policy/Procedures
- B. Sample letter provided to client requesting voluntary contributions
- C. Dining sites inform clients they may contribute to the cost of their services, be provided a private and confidential method to contribute and be provided services whether they contribute or not contribute. Contributions shall be free of any form of coercion or peer pressure.

RESPONSE:

- a) The Provider has a Voluntary Contribution policy consistent with the Older Americans Act.
- b) Clients are notified of their right to contribute voluntarily at the point the service is initiated. Agreements for service denote the organizations acceptance of donations strictly on a voluntary basis.
- c) Each dining site maintains public displays of what the meal price is with notice that a voluntary contribution is accepted. The Provider allows for complete anonymity regarding contributions and all signage is free of any form of coercion or peer pressure.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #12 – Regulatory Compliance

OAA Provider is in Regulatory Compliance with the DOEA Program And Services Handbook and the approved Service Provider Application:

- A. Most current Menu Substitution Policies, Procedures, and Logs including back-up documentation YTD
- B. Provider complies with all regulations pertinent to the service being provided (I.E, fire, health inspections, pest control, etc.)
- C. The 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 its collection.
- D. Health Insurance Portability and Accountability Act (HIPAA) requirements.

RESPONSE:

- a) The Provider has Policies, Procedures, and Logs for all Menu Substitutions. All substitutions were approved by a licensed dietician and are considered appropriate. The Provider is compliant with all regulations pertinent to the service being provided.
- b) Nutrition sites maintain all applicable required permits. Permits applicable to specific sites are reviewed on a quarterly basis and denoted on the Nutrition Program Compliance Review Form.
- c) The Provider is compliant with Florida Statute 119.071(5); in that it notifies every client they serve with information on why they collect their individual Social Security information. Clients receive this at the intake process, just prior to the service being performed.
- d) The Provider has policies within their most current approved Service Provider Application to address the Health Insurance Portability and Accountability Act, (HIPAA) requirements.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

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.

RESPONSE:

The Provider is compliant with the 'no-wrong-door' system, which helps to designate ADRC long term care and financial assistance programs for elders, persons with developmental disabilities, and their caregivers.

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. Clients who need additional services and/or potential LTCC clients are referred to the ADRC for the appropriate screening measures.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #14 - Subcontractors

Provider monitors subcontractors as required by the Standard Contract:

- A. The Provider maintains a copy of their most current monitoring of their sub-contractor(s). The monitoring should include documentation, if applicable, of any issues and relative resolutions.
- B. The Provider maintains copies of current Nutrition Consultant(s) agreement (s) and all pertinent licensure requirements.

RESPONSE:

- a) The Provider monitors its sub-contractor, GA Foods, as required by the AAAPP/NCN Contract on an annual basis. All documentation includes any issues that occurred along with relative resolutions.
- b) Not applicable; the Provider does not utilize a Nutrition Consultant.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #15 - Volunteers

Provider's utilization of volunteers:

- A. Policies/Procedures supporting the utilization of volunteers
- B. Documentation supporting volunteers under C1 and C2 have been trained appropriately on safe food handling.

RESPONSE:

- a) The Nutrition Program utilizes volunteers for assistance in conducting meal services. Volunteers share responsibility with paid staff. All volunteers receive orientation complete with training on the safe handling of food, sanitation, temperature tests, and similar responsibilities that paid staff would perform.
- b) The Provider has a comprehensive volunteer training manual, which covers safe food handling and the DOEA pre-service training requirements. During the visit, (1) C1 Volunteer and (1) C2 Volunteer training files were reviewed and are considered appropriate.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #16 – C1 Meal Service Delivery Compliance

Provider complies with C1 Meal Service Delivery:

- A. Persons receiving congregate meals shall meet eligibility requirements established by the Older Americans Act, as amended.
- B. Maintains all required documentation including:
 - Food permit (if applicable)
 - Appropriate substitution policies/procedures
 - Approved menus with appropriate documentation
 - Daily food temperature logs for the C1 site: **Land O Lakes**
- C. NPCR Form conducted during site visit reflected 100% compliance.

RESPONSE:

- a) All persons receiving Congregate Meals are screened through a 701C Assessment Tool to verify they meet eligibility requirements established by the Older Americans Act.
- b) The Provider maintains all required documentation necessary for C1 Nutrition Services. Daily food temperature logs were reviewed for the selected C1 site and are considered appropriate.
- c) On October 4th, the Program Manager was able to observe food handling, temperature testing, sanitation practices, and activities in progress. Please see Attachment II. (Nutrition Program Compliance Review Form) for specific details.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #17 – C2 Meal Service Delivery Compliance

Provider complies with C2 Meal Service Delivery:

- A. Nutrition programs are responsible for adherence to Chapter 64E-11, Florida Administrative Code and at a minimum must have equipment that maintains the safe and sanitary handling of all menu items during the time period between the completion of the cooking process through the end of the serving and delivery period.
- B. Home Delivered Meals Service Evaluation Form conducted during site visit reflected 100% compliance.
- C. Maintains all required documentation including:
 - Food permit (if applicable)
 - Appropriate substitution policies/procedures
 - Approved menus with appropriate documentation
 - Daily food temperature logs for the C2 site: **Southgate**

RESPONSE:

- a) The subcontractor GA Foods provides CresCor machines (heated cabinets designed to hold hot, prepared food items at safe, proper serving temperatures) when the food is delivered to each site to maintain the safe and appropriate temperatures of all menu items. In addition all frozen items are packaged appropriately to maintain safe temperatures for the Home Delivered Meal routes.
- b) On October 5th, the Program Manager arrived to the selected C2 site and conducted temperature testing and food portioning to evaluate that food items for the daily meal matched the portions with the Master Menu. The Program Manager also accompanied a Home Delivered Meal route driver and was able to observe food handling and conducted temperature testing. All items tested were in compliance and no issues were found. Please see Attachment I. (Home Delivered Meals Service Evaluation Form) for specific details.
- c) The Provider maintains all required documentation necessary for C2 Nutrition Services. Daily food temperature logs were reviewed for the selected C2 site and are considered appropriate.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #18 – Nutrition Counseling

Provider complies with Nutrition Counseling requirements:

- A. A Florida licensed dietitian and/or licensed registered dietitian shall provide this service on an individual basis. (Section 468.516, F.S.)
 - The initial counseling session, to the extent possible, must be face-to-face.
- B. Clients for nutritional counseling may be identified through a screening/intake process (i.e., 701S, 701A, 701B or 701C), by self-referral, or by referral from a caregiver or other concerned party.
- C. Client file documentation should include date, location, name and title of licensed dietitian, units billed, DoEA Assessment Form, a nutrition assessment by a licensed dietitian, care plan, and physician referral.

RESPONSE:

- a) The Provider has an RD, LD/N who provides Nutrition Counseling for clients with Nutritional Risk scores 5.5 or greater.
- b) Through the screening/intake process, the Provider is able to identify those with Nutrition Scores of 5.5 or higher who are at risk. Clients are also identified through self-referral, or by referral from a caregiver or other concerned party. Further, Nutrition Counseling is offered to those with Nutrition scores lower than a 5.5, as long as every effort is exhausted to offer Nutrition Counseling to those with a higher risk score.
- c) The Program Manager reviewed client files for persons receiving Nutrition Counseling. All files contained Care Plans with complete information, Comprehensive Nutrition Assessments completed by the dietitian, letters to the client's physician, and materials indicating that the Counseling was performed face-to-face with dates, including the name and title of the counselor. Nutrition Counseling is conducted with both Congregate Meal and Home Delivered Meal clients.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #19 – Nutrition Education

Provider complies with Nutrition Education requirements:

- A. Nutrition education shall be planned and directed by a Florida licensed dietitian and/or licensed registered dietitian (Chapter 468.504, Florida Statutes).
- B. Nutrition education is provided at each site and distributed to each home-delivered meal client a minimum of once a month.
- C. Congregate sessions shall be a minimum of 15 minutes in length.
- D. Each nutrition service provider shall maintain written documentation for monitoring purposes that includes the date of the presentation, name and title of presenter, lesson plan or curriculum, and the number of persons in attendance.
 - The documentation requirement for materials delivered to homebound participants shall include the date of distribution, copy of distributed material, and number of participants receiving the information.

RESPONSE:

- a) All Nutrition Education is planned and directed by the Program's Registered Dietitian.
- b) Nutrition Education is provided at each site and distributed to each home-delivered meal client at a minimum of once a month. All nutrition education at Congregate Dining Sites is a minimum of 15 minutes in length.
- c) Nutrition Education topics, and materials were reviewed by the AAAPP Program Manager. All topics were appropriate for nutrition clients and materials verified attendance, the topic, and the appropriate presenter, specifically a licensed dietitian.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

STANDARD #20 – Outreach Services

Provider complies with Outreach requirements:

- A. All nutrition service providers must ensure that outreach services are available to ensure participation of the maximum number of eligible older persons.
- B. Outreach is targeted to older clients with greatest economic and social need, with particular attention to low-income minority and older clients residing in rural areas.
- C. Documentation should include client name, age eligibility, locations of outreach, and targeting information.

RESPONSE:

- a) The AAAPP requires that Service Providers submit an Outreach and Public Education report due in the current Fiscal Year but pertinent to the prior Fiscal Year. This report highlights all Outreach activities performed in order to attract OAA targeted individuals to the program. Additionally, PCEN reports on all Outreach activities via their submitted Quarterly Reports. Based upon the second Quarterly Report, the Provider has completed an adequate amount of Outreach based upon their proposals.
- b) The Provider targets outreach efforts as indicated in their most current approved Service Provider Application to older individuals with the greatest economic and social need, with particular attention to low-income minority and older clients residing in rural areas.
- c) Outreach and documentation were reviewed by the AAAPP Program Manager. All documents were appropriate for nutrition clients and materials verified client's name and eligibility, locations of outreach performed, and targeting information for each client.

Achieved Partially Achieved Not Achieved Not Applicable Follow-up Necessary

X Shannon Fernandez
Shannon Fernandez
Program Manager

October 18, 2016

**AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.
HOME DELIVERED MEALS SERVICE EVALUATION FORM**

PROVIDER NAME:	Pasco County Elderly Nutrition	PROVIDER NUMBER:	51009
SITE/ROUTE:	3SG	DATE:	10/5/2016
NAME OF DRIVER:	Roger	MEALS DELIVERED TODAY:	44

TIME TEMPERATURE TAKEN →			9:35AM	9:50AM	10:33AM	1:36PM	2:15PM	
Menu Category	Food Description & Required Portion Volume		Arrival Temperature	Packing Temperature	1st Stop Temperature	Last Stop Temperature	Portion Testing	
Entree	NY Strip Patty	3 oz.	Frozen	Frozen	Frozen	Frozen	3 oz.	
Vegetable	Garlic Mash	½ c.	Frozen	Frozen	Frozen	Frozen	½ c.	
Vegetable	Green Peas	½ c.	Frozen	Frozen	Frozen	Frozen	½ c.	
Bread	Whole Grain	1	NPHF					
Milk	1% Low Fat	8 oz.	35°	36°	31°	18°	8 oz.	
Dessert	Mandarin Oranges	½ c.	36°	40°	30°	19°	½ c.	
TEMPERATURE STANDARDS: Cold Food max = 41° Hot Food min = 140° Frozen Food max = 20°								

FOLLOW-UP INFORMATION (if applicable):

- Was food individually packaged, packed in secondary insulated food carriers, and transported immediately under conditions that ensure temperature control during delivery and prevent contamination and spillage? YES NO
- Are cold and hot foods packaged and packed separately? YES NO
- If frozen meals are delivered, are they frozen at time of delivery and a maximum of 20° or frozen solid? YES NO

X *Shannon Fernandez*
Shannon Fernandez
Program Manager

Nutrition Program Compliance Review Form (NPCR)

Complete this form quarterly at each meal site. It must be completed once per year by: 1) A nutrition consultant (licensed dietitian or licensed and registered dietitian) and 2) A nutrition program service provider's administrative staff member. Twice per year the form should be completed by the meal site manager or designee.

Compliance Criteria			Compliance			Not required to answer if reviewer's role is shaded		
			IN	OUT	NA	Site Mgr	LD/LDR	Proj. Adm
A. GENERAL SITE INFORMATION	1. Site name and hours of operation: Land O' Lakes 9:00 - 1:00PM							✓
	2. Circle meal service type(s): Self-prep /catered (brought to site)/vended (kiosk)							✓
	3. Food protection or Serv Safe certified manager name: Karen Ceccofiglio			✓				✓
	Food protection or Serv Safe certified manager certification exp. date: 2020			✓				✓
	4. The nutrition site has all known required permits (building, occupancy, fire, food).			✓				✓
	5. The site appears clean, with adequate lighting, cooling, heat and ventilation.			✓				✓
	6. Number of meals prepared/or served on day of review:							
	Congregate			# 17				✓
Home-delivered			# 0				✓	
7. Average daily meal site attendance (based on four prior weeks):			# 15				✓	
8. Today's attendance:			# 17				✓	
B. FOOD SERVICE TODAY	1. On day of review, both time and temperature of food delivered (from vendor/caterer) to meal site are documented and appropriate.			✓				✓
	2. If there is more than 30 minutes between delivery and serving, both the time and temperature are taken right before food service begins.			✓				✓
	a.) Time of vendor delivery. 9:55 AM a.m./p.m.							
	b.) Time of meal service. 11:30 AM a.m./p.m.							
	3. Menu item/serving size/temperature							✓
		MENU ITEM	SVG SIZE	TEMP(F)				
	Chicken Caccitore	3 oz.	192°	✓				✓
	Noodles with Garlic Oil	½ c.	186.8°	✓				✓
	Broccoli Cuts	½ c.	178.7°	✓				✓
	Applesauce	½ c.	33.3°	✓				✓
C. FACILITY	1. The nutrition site is handicapped accessible.			✓				✓
	2. Tables and chairs are clean and in good repair.			✓				✓
	3. Table settings are arranged, neat and attractive.			✓				✓
	4. Bathrooms are clean, stocked, in good operation and handicapped accessible.			✓				✓
	5. A hand-washing reminder is posted in bathrooms.			✓				✓
	6. Soap and sanitary hand towels or air hand dryers are available in all bathrooms.			✓				✓
	7. All work areas are kept clean.			✓				✓
	8. Facility has the required number of exits (as determined by the local fire marshal), and all are clearly identified, well-lit and free from obstacles.			✓				✓
	9. Fire extinguishers have a current inspection.			✓				✓
	10. Chemicals and toxic items are clearly labeled and stored away from food and food-related supplies.			✓				✓
	11. Material Safety Data Sheets (MSDS) are available for all chemicals used by the nutrition program.			✓				✓

Compliance Criteria		Compliance			Not required to answer if reviewer's role is shaded		
		IN	OUT	NA	Site Mgr	LD/LDR	Proj. Adm
D. SIGNAGE	1. The current menu is approved, posted and dated.	✓					✓
	2. The approved menu is followed.	✓					✓
	3. The total cost of the meal is displayed and plainly visible.	✓					✓
	4. The contribution collection method avoids giving participants the impression that they must pay for their meal and ensures participant confidentiality.	✓					✓
	5. Signage is posted informing participants that food removed from the meal site is at their own risk.	✓					✓
	6. Neither staff nor participants smoke in the building during the meal site's hours.	✓					✓
E. PERSONAL HYGIENE	1. Staff and volunteers wear clean outer clothing.	✓					✓
	2. Effective hair restraints are properly worn if all menu items are not sealed when presented to participant.	✓					✓
	3. No volunteer or staff member with evidence of disease in a communicable form, or any sign of acute respiratory infection, is working in/around food preparation.	✓					✓
	4. Gloves are worn as appropriate.	✓					✓
	5. Disposable gloves are changed at any time hands would be washed.	✓					✓
	6. Burns, wounds, sores, scabs or splints on hands are bandaged and completely covered with a food-service glove while handling food.	✓					✓
	7. Eating, drinking, chewing gum, smoking or other tobacco use are allowed only in designated areas away from food preparation, service and storage.	✓					✓
F. FD TNSPT	1. Food transport equipment is in good condition and appears capable of maintaining hot food temperatures at 140° F or higher, cold food temperatures at 41° F or lower and frozen food at 0° F or lower.	✓					✓
	2. Food transport equipment appears clean.	✓					✓
G. TRASH	1. Trash receptacles are clean, with liners, and are covered when not in use.	✓					✓
	2. Garbage cans are emptied as necessary.	✓					✓
	3. Empty boxes and containers are removed from site.	✓					✓
	4. Loading dock and area around dumpster are clean.	✓					✓
H. PES	1. Project is free from pests (including but not limited to vermin, flies, and roaches).	✓					✓
	2. There is regularly scheduled pest control done by a licensed operator.	✓					✓
I. HOT HOLDING	1. Hot holding units (i.e., cambros, electric hot holding units, ovens) are clean.	✓					✓
	2. Food is adequately preheated before placing in hot holding.	✓					✓
	3. Hot holding unit is pre-heated before hot food is placed in unit.	✓					✓
	4. Temperature of hot food being held is at 140° F or above (between 140° and 165° F is preferred because higher temperatures degrade the quality of the food).	✓					✓
	5. Food is protected from contamination.	✓					✓
J. REFRIGERATION	1. Nutrition project's refrigerators and freezers have internal thermometers.	✓					✓
	2. Nutrition project's refrigerator temperatures are documented daily.	✓					✓
	3. Nutrition project's refrigerators are maintained between 35° and 41° F.	✓					✓
	4. Nutrition project's freezers are maintained between -10° and 30° F.	✓					✓
	5. Nutrition project's refrigerators and freezers are clean and neat.	✓					✓
	6. All refrigerated/frozen food is properly wrapped, labeled and dated.	✓					✓
	7. The FIFO (First In, First Out) method of inventory management is used.	✓					✓

Compliance Criteria		Compliance			Not required to answer if reviewer's role is shaded		
		IN	OUT	NA	Site Mgr	LD/LDR	Proj. Adm
K. UTENSILS AND EQUIPMENT	1. All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses.	✓					✓
	2. Utensils and tableware are stored in drawers or with handles up, and are accessible by their handles, edges or bottoms.	✓					✓
	3. Small equipment and utensils are washed, sanitized and air-dried.	✓					✓
	4. Work surfaces and utensils are clean.	✓					✓
	5. Work surfaces are cleaned and sanitized between uses.	✓					✓
	6. Thermometers are available, cleaned and sanitized after each use.	✓					✓
	7. Thermometers are calibrated weekly.	✓					✓
	8. Can opener is clean.	✓					✓
	9. Drawers and racks are clean.	✓					✓
L. SITE ADM: SERVICE	1. Reservation systems ensure timely and accurate counts (evidenced by a small difference between the number of meals ordered and daily attendance).	✓					✓
	2. Meal counts, attendance, temperature logs and other service information is maintained on a daily basis for reporting purposes.	✓					✓
	3. Participant satisfaction surveys are conducted annually and are available.	✓					✓
	4. All corrective actions that are implemented from the participant satisfaction survey recommendations are documented.	✓					✓
	5. Documentation ensures there is no financial eligibility criteria required for individuals to receive nutrition services.	✓					✓
M. NUTRITION SERVICES	1. Nutrition program has a nutrition education training plan.	✓					✓
	2. Congregate (and home-delivered, if applicable) meal participants receive nutrition education at least monthly. Documentation includes at a minimum: Agenda, handouts and participant roster/list.	✓					✓
	3. If nutrition project funded, participants assessed at high nutritional risk (i.e. ≥ 5.5) are offered nutrition counseling or other intervention to improve their nutritional risk score.	✓					✓
	4. Number of participants who received nutritional counseling during last full month: # 4						✓
N. FOOD SERVICE	1. Menu substitution policy is written and available for daily use. Policy is comprehensive enough to cover most situations.	✓					✓
	2. Menu substitutions are minimal (generally fewer than five/month, except under extenuating circumstances) and are in accordance with written policy.	✓					✓
	3. Special diets and other modifications offered are appropriate and approved by the nutrition program's licensed dietitian and/or licensed registered dietitian.			✓			✓
O. TRAINING	1. Documentation reflects that all food service staff and volunteers receive food safety training at least annually. (Records include date of training, name of trainer, lesson plan or curriculum, and names of participants.)	✓					✓
	2. Documentation reflects that staff and volunteers receive annual training on emergency procedures and the use of fire extinguishers.	✓					✓

Compliance Criteria		Compliance			Not required to answer if reviewer's role is shaded		
		IN	OUT	NA	Site Mgr	LD/LDR	Proj. Adm
P. NUTRITION PROGRAM ADMINISTRATION	1. Nutrition provider employs or contracts with a licensed dietitian and/or licensed registered dietitian for this site.	✓					✓
	Name of dietitian: Wendy Perry						✓
	FL license is current and on file.	✓					✓
	Registration is current and on file.	✓					✓
	Number of hours per month:	#	0	4			✓
	2. Nutrition provider has documentation of nutrition services provided by a licensed dietitian and/or licensed registered dietitian.	✓					✓
	3. Nutrition provider documentation ensures that Title III funds are not used to supplant funds from non-federal sources.	✓					✓
	4. Only Title III-C funded projects receive NSIP funding for eligible meals.	✓					✓
	5. NSIP funding is only used to purchase U.S. grown food.		✓				✓
	6. Nutrition provider receives input from program participants through advisory or site-type councils at least twice per year.	✓					✓
	7. Meal site outreach efforts are documented.	✓					✓
	8. Consumers are waiting for meal site meals.(CIRCLE) YES NO ✓	#	0				✓
	9. The nutrition program has a disaster policy and procedure for providing nutrition services during an emergency.						✓
10. Required participant information (701C) is kept on file.	✓					✓	
11. The previous four quarterly NPCR reports are on hand.	✓					✓	
12. All corrective actions from the last four quarterly NPCRs are in effect.	✓					✓	
13. Emergency and/or shelf-stable meals are on hand or can be obtained within 24 hours (if funding is available).	✓					✓	
Q. OTHER	1. Self-preparation kitchen: Attach the current health inspection.			✓			✓
	2. Self-preparation kitchen: Corrective actions required by current health department inspection are completed and sustained.			✓			✓
	3. Vendor kitchen inspection: Attach copies of local/state/federal inspections.			✓			✓
NOTES/COMMENTS	IDENTIFY COMMENTS OR REQUIRED CORRECTIVE ACTIONS BY LETTER AND NUMBER OF CRITERIA ITEM:						
	N3. Not applicable - no special diets are given.						
	P5. An observed statement from the food vendor (GA) supports that the food they utilize is not from 100% domestic origin.						
	Q1-3. Not applicable - not a self-preparation kitchen.						
SIGNATURE	Assessment conducted by: Shannon Fernandez						
	Job title: Program Manager, Area Agency on Aging						Date: 10/4/2016



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

Organization: Pasco County Elderly Nutrition

Registered Service: OAA Title IIICZ Nutrition Services

Questions	JR7094	AD3599	JC1342	BL2798	LW1648	DP1471	ML0955	MF4592	IB0493	NJ0855	Comments
Was the most current Intake/Assessment Form completed and entered into CIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	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?	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/A	Y	Y	
Was the client notified of why their ssn# information is being used? (if applicable)	Y	Y	Y	Y	Y	Y	Y	N/A	Y	Y	
Did the worker notify the client of their current Complaint Procedure?	Y	Y	Y	Y	Y	Y	Y	N/A	Y	Y	
Is the client correctly enrolled for this Program and service in CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the CIRTS Received Service Screen correct for the current?	Y	Y	Y	Y	Y	Y	Y	N/A	Y	Y	
Do Progress Notes reflect the last contact?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Does documentation support a change in service delivery?	N/A	N/A	N/A	Y	N/A	Y	N/A	N/A	Y	N/A	
Notes	ACTV	ACTV	ACTV	TRHS	ACTV	ACTV (TRCD as of 8/28/16)	ACTV	APCL	TRBC	ACTV < 60	

Yes = Compliant
 No = Non-Compliant and Comment is required
 N/A = Not/Not Applicable



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

Organization: Pasco County Elderly Nutrition
Registered Service: OAA Title IIIIC1 Nutrition Services

Questions	EM8231	SM3906	AH8084	JW3468	BH7625	JW13090	RC0815	KP0367	SM03538	TL8755	Comments
Was the most current Intake/Assessment Form completed and entered into CIRTS correctly?	Y	Y	Y	Y	Y	Y	Y	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?	N/A	N/A	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A: Client's do not have Priority Forms completed due to not having to be placed on a waiting list for services.
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# information is being used? (if applicable)	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 CIRTS?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Is the CIRTS Received Service Screen correct for the current?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Do Progress Notes reflect the last contact?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Does documentation support a change in service delivery?	N/A	N/A	N/A	N/A	N/A	N/A	Y	N/A	Y	Y	
Notes	ACTV	ACTV	ACTV	ACTV	ACTV	ACTV	TRBC	ACTV	TRBC	ACTV < 60 (TRBC as of 9/1/16)	

Yes = Compliant
No = Non-Compliant and Comment is required
N/A = Not Applicable

OAA CLIENT INTERVIEW QUESTIONNAIRE

AGENCY & SERVICE: Pasco County Elderly Nutrition, OAA Title IIIC Nutrition Services

1. **How did you hear about the service you are currently receiving?** "Well I live right down the street so I knew the center was here".
2. **How long have you been receiving services from this agency?** "I've been coming here for about 7-8 years now".
3. **Do you have a particular contact person you speak with about services?** "Well I have the number here in case I need to call".
4. **Do you know how to contact him/her or the agency providing the service?** "Yeah I got it at home".
5. **How often do you receive this service?** "I try coming in a couple times a week, gives my wife a break, haha!"
6. **Do you feel this service allows you to remain home independently?** "Well it certainly gives my wife a break, and I think that's good!"
7. **Have you ever had to make a complaint about the services you receive or the person providing the services?** "No not really".
8. **How do you rate the quality of the service you are currently receiving and/or the agency providing it?**

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **What is the reasoning for your choice rating regarding question #8?** "Well the participation has gone down since I started coming here. I'm not sure why, I just can't put my finger on it".
10. **If you could change anything about the service you receive or the agency providing it, what would you change?** "I would have different activities that people could do here. Maybe darts or a pool table, something other than the same 'ole stuff".

INTERVIEWER OBSERVATIONS: The Program Manager interviewed a dining participant over 60 years of age who has been attending the site for 8 years. His wife suffers from Alzheimer's disease and he often comes to the center to give him and her a "break" from each other. He mentioned that he wishes she would attend the site with him more often, but she enjoys staying home. He enjoys the meals but made mention of the lack of client attendance at the site over the last couple of years. He couldn't quite depict what he thought it was, but said maybe if the activities were better it would bring in more people. The Program Manager brought this concern to the site staff, and a plan to form a coalition which includes clients for their input, will be put forth. The Assistant Manager also made mention that they are trying to include more activities at each dining site to raise participation levels by at least 10%.

Submitted by: Shannon Fernandez, Program Manager

Date: 10/4/2016

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