



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

December 4, 2020

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-C/LSP Nutrition program for contract year January 1, 2020 - December 31, 2020. CIRTS data, client information, and quarterly reports were also reviewed through current date.

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 2020 monitoring produced no findings and no recommendations. 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', is written over a white background.

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.
2020 OAA/LSP
NUTRITION SERVICE MONITORING

PROVIDER: Neighborly Care Network
Nutrition Service Provider

DATE(S) OF VISIT: Site visit waived due to COVID-19.

PARTICIPANT(S): Anita Frankhauser, Director of Nutrition and Carol
Kitchen, Registered Dietician

MONITOR(S): Don Hill, Program Manager
Christine Didion, Program Manager

FUNDING PERIOD: January 1, 2020 - December 31, 2020
(CIRTS data, client information, and quarterly reports
were reviewed through the current date)

SITES VISITED: 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)

- II. Findings/Corrective Action**
(Findings result in a formal corrective action plan)

- III. Observational Notes**
(Observations made with no action required)

A review of temperature logs in Standard #17 denoted food temperatures severely out of compliance and pertinent to the Dining Out at Home Initiative (DOAH). The Nutrition Director and staff expeditiously offered emergency solutions and took quick actions to rectify the incompliance issues with the restaurant partners. The AAAPP commends the NCN Nutrition Department for their swift approach at a potentially serious issue.

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: There are no outstanding items or unresolved issues from the prior monitoring occurring December 16, 2019.

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 CIRTSS will be requested for review during the monitoring visit. Please have all waitlist information, files, policies and procedures available.*

Response: Achieved.

- A. Provider has sufficiently outlined their targeting plan in their 2020 Continuing Service Application. Following a review of their policies and procedures, it can be determined the Provider is appropriately implementing a plan to reach specifically targeted populations.**
- B. A review of Provider's most recent quarterly report (Quarter 2), confirms the Provider was successful in utilizing all of their LSP funding. By the end of the 2nd Quarter, they successfully achieved serving the proposed number of LSP clients in each targeting category. Targeting goals served with OAA funding, were not met however, this is attributed to COVID-19 affecting their established services during programmatic year. Through alternate methods of service, Provider will continue to work toward reaching goals through the rest of the 2020 programmatic year.**
- C. The Provider has been observed as correctly utilizing an approved prioritization instrument, as outlined in their OAA Service Prioritization Policy and Procedures.**
- D. Waived due to COVID-19.**

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: Achieved.

- A. **The provider completes 701S assessments to screen and re-screen individuals requesting home delivered meals. Clients placed on the APCL (waitlist) in CIRTSS 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. Appropriate DOEA assessment tools are being used (701S for screening, 701C for congregate dining and 701A for home-delivered meals). Provider completed 701A face-to-face, or, due to COVID-19, over the phone.**
- B. **Observation could not be completed due to COVID-19.**
- C. **Waived due to COVID-19.**
- D. **Provider submitted appropriate training logs demonstrating all, but three, active employees have completed mandatory reporting of abuse, neglect, self-neglect, and exploitation of the elderly within the past year. Provider submitted explanation regarding three employees missing Elder Abuse Training stating three employees are new to organization and will received training next 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 Area Agency on Aging of Pasco-Pinellas will be working with providers on the submission of the Annual Outreach and Public Education Report. The due date was extended for 2020. The report submitted by provider for FY 2019, was received timely with no issues noted.
- B. All quarterly reports are submitted timely with no issues noted.
- C. Detailed meeting minutes from the Board of Directors are submitted regularly.
- D. Surplus/Deficit reports are submitted to AAAPP monthly with no issues noted.

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 CIRTS 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: Achieved.

The provider submits monthly outcome measure reporting and quarterly narratives as required. Exceptions are addressed with explanations of any changes of the client's status and score. The quarterly narratives are appropriate and sufficiently note barriers to outcome achievement and identifies community resources developed to increase this achievement.

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. CIRTS records of assessment/reassessment, program enrollment and received services are accurate, entered in CIRTS 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: N/A – OAA client file reviews waived due to COVID-19.

Standard #7 – CIRTS Exception Reports

CIRTS 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;*
- CIRTS 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 CIRTS*

Response: Achieved.

Throughout the year, minor CIRTS exceptions were found and noted to provider. Provider quickly corrects any exceptions found. There are no trending issues observed and no concerns noted.

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 June, the provider has a clear audit trail for units of service entered in CIRTAs as indicated by a review of client files, service logs, monthly summaries, and quarterly reports to the AAAPP.

Response: Achieved.

- A. Provider has exceeded proposed units in most targeting areas and is on track to meet all targeting criteria by the end of the fiscal year.
- B. Provider utilizes an internal database, Servtracker. A review of CIRTAs billing in June of 2020 was compared to provider logs and Servtracker reporting. Provider has a clear audit trail that is aligned with the CIRTAs database.

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: The review of client satisfaction surveys is waived due to COVID – 19.

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. Review of grievance policies and procedures waived due to COVID-19. Provider submitted grievance logs for 2020 YTD. Provider reported no grievances YTD.**
- B. Review of complaint policies and procedures waived due to COVID-19. Provider submitted complaint log for 2020 YTD. Provider reported no complaints YTD.**
- C. Review of incident policies and procedures waived due to COVID-19. Provider submitted incident log for January 2020-September 2020. Provider records 26 incidences YTD. Provider documented appropriate follow-up and future actions by provider to address incidents.**

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: N/A – This section waived due to COVID-19.

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. regulations*
- 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. Waived due to COVID-19.**
- C. Waived due to COVID-19.**
- D. Waived due to COVID-19.**
- E. Waived due to COVID-19.**
- 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.

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 subcontractor, GA Foods, annually, as required. The most recent monitoring took place August 11, 2020.
- 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 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. *Submit a copy of all subcontracts to the AAAPP within thirty (30) days of execution of each subcontract agreement.*

Response: N/A – this section waived due to COVID-19.

Standard #16 – Background Screening

Provider completes Level II Background Screening as necessary.

Response: Achieved.

As required by DOEA, provider sufficiently performed Level II Background Screenings for eleven (11) newly hired nutrition employees in 2020 who maintain direct contact with clients.

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. *Provider maintains legible menu substitution logs that are reviewed by the Registered Dietitian.*
- D. *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.*
 - i. *Reviews of temperature checks indicate appropriate temperatures are maintained and where problems are found, the provider self-monitors and corrects the problems*
- 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. **Home delivered meal temperature checks are completed and are performed at least monthly for each route on a random rotating basis**

Response: Achieved

- A. **Waived due to COVID-19.**
- B. **Provider maintains daily food temperature logs. Provider submitted complete temperature logs for the month of June. Several food items throughout the month were recorded to be below 140 degrees for hot items and above 41 degrees for cold menu items.**
 - a. **During the Exit Interview, provider and the Area Agency on Aging of Pasco-Pinellas thoroughly discussed these observed temperatures. Most food items out of temperature compliance were items supplied from restaurants through the Dining out at Home Program. Provider submitted documentation showing their steps to remedy the temperature and quality difficulties:**
 - i. **Provider utilized shelf-stable or frozen meals to replace food items delivered by restaurants that were delivered out of temperature compliance. The food items out of temperature compliance were not served.**
 - ii. **Provider documented two phone conversations that took place with one restaurant, Da Sesto, that experienced the majority of food items delivered out of temperature compliance. Phone conversations were reported to occur June 4, 2020 and again on June 30, 2020.**
 - iii. **Throughout the month of July, provider reported meetings with staff from restaurant, Da Sesto, to discuss proper procedures to meet temperature and quality guidelines as outlined in business agreement**

with restaurants. These meetings occurred on July 2, 2020 and July 23, 2020.

- iv. Provider terminated their relationship with Da Sesto restaurant due to continued observance of temperature and quality issues.
 - v. Training was completed with all provider staff at all meal sites throughout July 2020 to address proper procedures for filling out food control form, calibrating thermometers, and taking food temperatures properly.
 - vi. In August 2020, provider also met with other restaurant provider, Chiefs Creole, to review proper procedures to meet temperature and quality guidelines.
 - b. Provider documented a plan to prevent future and long-lasting temperature and quality issues including reviewing recently submitted temperature logs for number of errors; creating a new, electronic temperature log that is reviewed daily; and, adding a second sign off column daily and a weekly supervisor signature requirement to the paper form to ensure weekly review of temperature and quality control problems. Provider is commended for their organization, forward thinking, and swift action.
- C. Provider maintains appropriate menu substitution logs which are reviewed and signed by a registered dietician.
- D. Provider maintains appropriate temperature logs. Submitted temperature logs for the month of June found several days and food items that were not within appropriate, mandated temperatures.
 - a. Provider made some attempts to correct temperatures on some days but, overall, several instances occurred where temperatures were not in compliance with standards.
- E. Provider submitted active dietician licensure for two registered dieticians, Anita Frankhauser and Synovia Simons.
- F. Provider submitted proof of active liability insurance covering registered dietician, Anita Frankhauser.
- G. Provider maintains appropriate menus for all nutrition services. Provider submitted all menus. All menus are signed by registered dietician. Additionally, Provider has submitted all menus for the Dining Out at Home program. All Dining Out at Home menus have been signed by a registered dietician.
- H. Provider completes NPCR forms quarterly as required. Provider submitted NPCR forms for all meal sites completed in 2019. Forms were completed once per quarter and by appropriate staff persons, including registered dietician and program administrator.
- I. Home delivered meal temperatures checks are performed in compliance, at least monthly. Provider submitted Home Delivered meal temperatures. Upon review, all meals remained in appropriate temperatures.

Signatures:

Christine Didion
Program Manager

12/02/2020
Date