

**Compliance/Quality Improvement  
Committee Meeting Minutes  
Thursday, April 17, 2025  
Board Room**



**ATTENDANCE**

**Central Florida Cares Health System Board of Directors**

Sherri Gonzales, Chair, Children's Home Society  
Luis Delgado, Advocate  
Alex Greenberg, Orange County Sheriff's Office  
Garrett Griffin, Park Place Behavioral Health Care  
Ana Scuteri, Seminole County Health Department

**Central Florida Cares Health System, Inc. Staff**

Maria Bledsoe, Chief Executive Officer  
Geovanna Gonzalez, Compliance Director  
Miralys Martinez, Risk Management Specialist  
Jerryamar Foster, Quality Improvement Specialist  
Karla Pease, Executive Assistant

**Guests**

None

**Meeting Called to Order**

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, April 17, 2025, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:30 p.m.

**Minutes**

*A motion to approve the October 17, 2024, minutes was made by Garrett Griffin, Ana Scuteri seconded; motion passed.*

**Risk Management – Incident Report Data & Trends**

- Incident Reports compared Quarter 3 FY24-25 (56 submissions) to Quarter 3 FY23-24 data. Data was reviewed and explained.
- Year-to-date Compliance with Reporting in One-Business-Day (OBD) trends were shown. Ten reports from the provider network submitted in March were outside of the one business day and reasons were described.
- Compliance attestations compared FY23-24 to FY24-25. In Quarter 3, CFCHS onboarded a new provider to the network. The Compliance Director questioned the reasons for submitting this chart to the committee as perhaps not useful information and reminded them that the graph was a request of this committee many years ago. The suggestion was to notify the committee if there were non-compliance issues. Directors agreed.
- Incident types were compared (FY23-24 to FY24-25) and were reviewed with members. There were fifty-six events reported in Quarter 3. It was decided to leave the chart information as is with no additional changes.

### **Quality Improvement – Person Served Satisfaction Surveys**

The Quality Improvement Specialist shared the Quarter 3 survey results and compared FY23-24 to FY24-25 survey results as a point of reference.

The Compliance Director suggested deleting the gender graph. Also, she suggested presenting the information in a table format instead of a graph and not showing both. A Director stated that it is pointless to have this survey since we do not have answers from the state on what is driving the data. Another Director listed the challenges he has at his organization with client submission due to multiple surveys by funders.

### **Provider Satisfaction Survey**

The Quality Improvement Specialist shared last October survey results and compared FY23-24 to FY22-23 survey results as a point of reference.

### **Compliance - Complaints and Grievances**

- During Quarter 3 there was one complaint received on the compliance line against a provider. Details of the allegations were discussed with Directors.
- Network Monitoring – a table was shown with monitoring details for all Quarters.
- HIPAA Privacy/Security – none.
- Internal Training - a chart of internal training and technical assistance to the network was shown for Quarter 3.
- Public Records – one request related to an incident report at the provider level related to a client's death with potential legal action. CFCHS believes the family now has more detailed information, and nothing more has developed. The CEO stated CFCHS' liability insurance company opened a notice just in case.
- Whistleblower – none
- CARF –No report yet. It went well and CFC received positive feedback.
- Performance Measures were shown and were met.

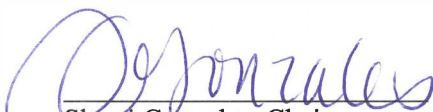
### **Other/Public Input – None**

### **Next Meeting**

The next meeting will be on August 21, 2025, at 1:30 pm.

*A motion to adjourn was made by Luis Delgado, Garrett Griffin seconded; motion passed.*

The meeting adjourned at 2:34 pm.



Sherri Gonzales, Chair



Karla Pease, Recording Secretary

**Compliance/Quality Improvement  
Committee Agenda  
Thursday, April 17, 2025  
Central Florida Cares Health System, Inc.  
Board Room**



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|--|------------------------------------|--------------------------|
| <b>I. Welcome/Introductions</b>  | Sherri Gonzales                    | 2 minutes                |
| <b>II. Approve Minutes</b>   | Sherri Gonzales                    | 2 minutes                |
| <b>III. Risk Management</b> <ul style="list-style-type: none"><li>• Incident Report Data &amp; Trends</li></ul>  | Miralys Martinez                   | 10 minutes               |
| <b>IV. Quality Improvement</b> <ul style="list-style-type: none"><li>• Person Served Satisfaction Surveys</li><li>• Provider Satisfaction Survey</li></ul>   | Jerrymer Foster<br>Jerrymer Foster | 10 minutes<br>10 minutes |
| <b>V. Compliance</b> <ul style="list-style-type: none"><li>a) CFCHS Compliance Line Reports</li><li>b) FWA/Complaints &amp; Grievances/Investigations</li><li>c) HIPAA Privacy/Security</li><li>d) Training</li><li>e) Network Monitoring-Schedule, Findings, Issues</li><li>f) Public Records Requests</li><li>g) Whistleblower Reports</li><li>h) CARF</li><li>i) Compliance Committee Charter</li></ul> | Geovanna Gonzalez                  | 15 minutes               |
| <b>VI. Other/Public Input</b>  | Group                              | 3 minutes/person         |
| <b>VII. Next Meeting</b><br>August 21, 2025 at 1:30 pm   |                                    |                          |

**Compliance/Quality Improvement  
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Thursday, October 17, 2024  
Central Florida Cares Health System, Inc.  
Board Room**



**ATTENDANCE**

**Central Florida Cares Health System Board of Directors**

Sherry Gonzales, Chair, Children's Home Society  
Mark Broms, Advocate  
Luis Delgado, Advocate  
Alex Greenberg, Orange County Sheriff's Office  
Garrett Griffin, Park Place Behavioral Health Care

**Central Florida Cares Health System, Inc. Staff**

Maria Bledsoe, Chief Executive Officer  
Geovanna Gonzalez, Compliance Director (via Zoom)  
Trinity Schwab, Chief Operating Officer  
Miralys Martinez, Risk Management Specialist  
Jerrymar Foster, Quality Improvement Specialist  
Karla Pease, Executive Assistant

**Guests**

Amy Hammett, Department of Children and Families

**Meeting Called to Order**

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, October 17, 2024, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:36 p.m.

**Minutes**

*A motion to approve the April 18, 2024 minutes was made by Garrett Griffin, Mark Broms seconded; motion passed.*

**Risk Management – Incident Report Data & Trends**

- Incident Reports compared Quarter 1 FY23-24 (45 submissions) to Quarter 1 FY24-25 (55 submissions) data. Data was reviewed and explained.
- Compliance attestations compared FY 23-24 to FY24-25. In Quarter 1, 13 events were reported, and 7 of those were reported outside of the one business day. Reporting numbers have increased this quarter over last fiscal year Quarter 1 due to automated e-mail reminding providers to submit the attestation.
- Year-to-date Compliance with Reporting in One-Business-Day (OBD) trends were shown. This correlates with the beginning of the monitoring season, which often identifies incidents that met criteria, but were not reported.
- Incident types were compared (FY23-24 to FY24-25) and were reviewed with members.

**Quality Improvement – Person Served Satisfaction Surveys**

The Quality Improvement Specialist shared the Quarter 1 survey results and compared FY23-24 to FY24-25 survey results as a point of reference.

The Provider Satisfaction Survey and Board Satisfaction Survey were reopened and resent due to low participation and will be presented at the next meeting in February.

### **Compliance - Complaints and Grievances**

- During Quarter there were two complaints received on the compliance line. The first complaint was not CFCHS related but referred to the Dept. of Corrections Office of the Inspector General via their complaints and grievances online form. The second complaint did involve a network provider and its leadership. The provider's board of directors hired a third-party legal firm to investigate. Allegations against the leadership were unsubstantiated. There were substantiated findings against a clinical staff whose employment was terminated. There is an open investigation from Equal Employment Opportunity Commission.
- Network Monitoring – a table was shown showing the schedule of FY 24-25 monitoring. CFCHS will monitor 46% of the network, although the Department only asks for 20%. During Quarter 1, CFCHS followed up and closed all pending CAPs from the prior fiscal year. Directors were invited to attend via virtual the monitoring technical assistance meeting or the exit meeting if they desired.
- HIPAA Privacy/Security – none. There is a new Civil Rights Officer with DCF who is thoroughly reviewing incidents related to data security issues and requesting more information from network providers.
- Internal Training - a chart of internal training and technical assistance to the network was shown for Quarter 1.
- Public Records – none
- Whistleblower – none
- CARF –All policies and procedures have been updated, finalized, and completed with the new logo. Employees have until November 30 to update the CARF requirements master document, and to upload their policies and plans to their respective CARF folders. CARF will visit CFCHS in January/February 2025.

**Other/Public Input** – None

### **Next Meeting**

The next meeting will be on February 20, 2025, at 1:30 pm.

*A motion to adjourn was made by Dr. Garrett Griffin, Alex Greenberg seconded; motion passed.*

The meeting adjourned at 2:10 pm.

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Sherri Gonzales, Chair

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Karla Pease, Recording Secretary