

**Compliance/Quality Improvement
Committee Agenda
Thursday, August 21, 2025
Central Florida Cares
Board Room**



I. Welcome/Introductions	Sherri Gonzales	2 minutes
II. Approve Minutes	Sherri Gonzales	2 minutes
III. Risk Management <ul style="list-style-type: none">Incident Report Data & Trends	Miralys Martinez	10 minutes
IV. Quality Improvement <ul style="list-style-type: none">Person Served Satisfaction SurveyProposed changes to the Network Provider and Board Satisfaction SurveysNetwork Monitoring P&P and Monitoring Handbook	Jerry-mar Foster Geovanna Gonzalez Geovanna Gonzalez	10 minutes 15 minutes 10 minutes
V. Compliance <ul style="list-style-type: none">a) CFCHS Compliance Line Reportsb) FWA/Complaints & Grievances/Investigationsc) HIPAA Privacy/Securityd) Traininge) Network Monitoring-Schedule, Findings, Issuesf) Public Records Requestsg) Whistleblower Reportsh) CARF	Geovanna Gonzalez	10 minutes
VI. Other/Public Input	Group	3 minutes/person
VII. Next Meetings October 16, 2025 February 19, 2026 April 16, 2026		

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



ATTENDANCE

Central Florida Cares Health System Board of Directors

Sherrí 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
Jerry 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, 2024, 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