

**Compliance/Quality Improvement
Committee Agenda
Thursday, October 16, 2025
Central Florida Cares
Board Room**



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|--|-------------------|------------------|
| 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">• Consumer Satisfaction Survey | Jerrymer Foster | 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
February 19, 2026
April 16, 2026 | | |

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, August 21, 2025
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Sherri Gonzales, Chair, Children's Home Society
Luis Delgado, Advocate
Wayne Holmes, Advocate

Central Florida Cares Health System, Inc. Staff

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

Guests

Ana Scuteri, Seminole County Health Department

Meeting Called to Order

The Central Florida Cares (CFC) Compliance/Quality Improvement Committee meeting was held on Thursday, August 21, 2025, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The Chair called the meeting to order at 1:31 p.m.

Minutes

A motion to approve the April 17, 2025, minutes was made by Luis Delgado, Wayne Holmes seconded; motion passed.

Risk Management – Incident Report Data & Trends

- Incident Reports compared FY24-25 (246 incidents, 71 in Qt. 4) to FY23-24 data (184 incidents, 44 in Qt. 4). Data was reviewed and explained.
- 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 FY survey Submissions by Programs, Domain Satisfaction, and Program Area Satisfaction and compared FY23-24 to FY24-25 survey results as a point of reference.

Compliance - Complaints and Grievances

- 10 complaints received on the compliance line for the last fiscal year. Six complaints were for non-funded CFC clients. Of those, 3 were unsubstantiated, 1 was substantiated.
- Network Performance Measures were shown for FY24-25 and for July 2025 (FY25-26). Substance Use Stable Housing was met in FY24-25, which is one category that is always challenging.
- HIPAA Privacy/Security – none

- Internal Training - a chart of internal training and technical assistance to the network was shown for Quarter 4.
- Network Monitoring Schedule – 46% of the network was monitored in FY24-25 (20% was required) and in FY25-26, 40% of the network will be required and on-site, face-to-face monitoring. A hybrid model is still being developed.
- Public Records – none
- Whistleblower – none
- Performance Measures were shown and were met.

Survey Suggested Changes

The Compliance Director suggested modifying the number of questions to the Network Provider Survey and Board Satisfaction Surveys to hopefully receive more meaningful feedback. The Provider Survey has been shortened from 27 questions to 15 questions, and the Board Satisfaction Survey has been shortened from 17 questions to 15 questions. A question was added to the surveys, “How can Central Florida Cares be more effective?”

A motion to approve the changes in surveys reducing the number of questions and the addition of another question was made by Wayne Holmes, Luis Delgado seconded; motion passed.

Policy Review

A policy and handbook were emailed to the Directors to review with added language to show CFC needs to monitor 40% of the network instead of 20% and Corrective Action Plans need to be finalized within 90 days. Directors had no changes.

A motion to approve the policy and handbook modifications was made by Wayne Holmes, Luis Delgado seconded; motion passed.

Other/Public Input – None

Next Meeting

The next meeting will be on October 16, 2025, at 1:30 pm.

A motion to adjourn was made by Wayne Holmes, Luis Delgado seconded; motion passed.

The meeting adjourned at 2:36 pm.

Sherri Gonzales, Chair

Karla Pease, Recording Secretary