



**Florida Network for Youth and Family Services
Compliance Monitoring Report for**

HILLSBOROUGH COUNTY CHILDREN SERVICES

**3110 Clay Mangum Lane
Tampa, Florida 33618**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Hillsborough County Children Services (HCCS) for the FY 2022-2023 at its program office located at 3110 Clay Mangum Lane, Tampa, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. HCCS is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2022 through June 30, 2023.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC, and Peer Reviewer from the Department of Juvenile Justice. Agency representatives from HCCS present for the entrance interview were Patrick Minzie, Department Director; Rhonda Rhodes, Clinical Services Manager; Trenicha Thomas, IT Manager; Rick Finer, Human Services Coordinator; Trenesia Strong, Youth Care Supervisor; and Karlene Wright, Senior Administrative Assistant. The last onsite QI visit was conducted September 1, 2021.

In general, the Reviewer found that Hillsborough County Children Services is in compliance with specific contract requirements. **HCCS received an overall compliance rating of 100% for achieving full compliance with three applicable indicators** of the Modified Administrative and Fiscal Contract Monitoring Tool. There were no corrective actions or recommendations made as a result of the monitoring visit.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 10-19-2022-2023

Agency Name: Hillsborough County Children Services					Monitor Name: Marcia Tavares		
Contract Type : CINS/FINS					Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): October 19-20, 2022		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
Limits of Coverage Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Management & Budget - Certificate of Self-Insurance and Business Auto Insurance. Hillsborough County has elected to self-insure for General Liability, Workers' Compensation, and Property Insurance. This means that instead of purchasing commercial insurance policies, the County has budgeted funding to pay claims and recognize sufficient reserves for future claims. General Liability coverage is authorized under FS 768.28. Under this statute, the County's Tort liability sovereign immunity has been waived to the following extent: \$200,000 per person and \$300,000 per occurrence. Workers' Compensation coverage is authorized under FS 440.38(6) and	

Agency Name: Hillsborough County Children Services					Monitor Name: Marcia Tavares				
Contract Type : CINS/FINS					Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618				
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): October 19-20, 2022				
			Explain Rating						
Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
						Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)		
							Hillsborough County is a qualified self-insurer. Damage and losses to property is paid from the self-insurance fund when properly reported and documented. Coverage includes damages in tort for money damages for injury or loss of property, personal injury, or death caused by the negligent or wrongful act or omission of the County and/or any employee while acting within their scope of office or employment. The automobile liability certificate of insurance coverage indicates general liability coverage limits of \$200,000 each person and \$300,000 each occurrence effective continuously from inception date of 10/1/21. The Florida Network is listed as certificate holder on the Certificate of Liability Insurance (for auto policy).		
Fiscal Practice Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Hillsborough County Clerk of the Circuit Court, BOCC Accounting Department, July 2004. Fiscal Policies and Procedures are	

Agency Name: Hillsborough County Children Services					Monitor Name: Marcia Tavares			
Contract Type : CINS/FINS					Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618			
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): October 19-20, 2022			
			Explain Rating					
Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	
			Ratings Based Upon:			Notes		
			I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)			Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)		
sound internal controls. Agency maintains fiscal files that are audit ready. PTV							issued and maintained by the Accounting Department. The procedures reviewed appear to be consistent with GAAP and provide for limited internal controls. Procedures are included for: cash collection and accounting; check disbursement; receipting system; bank deposits; collection security; armored car service; credit card services; electronic payments; escrow deposits; tax collection; and other general accounting procedures.	
Petty cash ledger system is balanced, and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Observation/Documentation: Reviewed Board Policy and Procedure 2.17 which was approved by the county Board of Commissioners on April 1, 2019. Per the Youth Programs Operation Manager, the program does not have a petty cash fund for CINS/FINS. Instead, P-cards are used with the authorized user being the Residential Services Coordinator.
Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Documentation: There is no capital improvement in the current FY, therefore, no capital purchases were made for this grant. No DJJ inventory more than \$1000

Agency Name: Hillsborough County Children Services					Monitor Name: Marcia Tavares		
Contract Type : CINS/FINS					Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): October 19-20, 2022		
			Explain Rating				
Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable
						Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE							was purchased since the last onsite review.
A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Documentation: The agency provided a copy of the most recent Single Audit prepared by the County Finance Department and audited by RSM US LLP April 30, 2022, for the fiscal year ended September 30, 2021. Per the program director, the county has 6 months from the end of the FY to complete the audit; however, due to impacts of the COVID-19 pandemic, the audit was completed beyond that timeframe. A separate Management Letter was issued by the auditor. The audit did not result in any findings or questioned costs. Consequently, there were no corrective actions required; management concurred with the two recommendations made by the auditing company listed below: <ul style="list-style-type: none"> County should review its current policies and procedures over accounting and financial reporting including the year-end closing processes. 	

Agency Name: Hillsborough County Children Services					Monitor Name: Marcia Tavares		
Contract Type : CINS/FINS					Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): October 19-20, 2022		
			Explain Rating				
Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable
					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)		Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
					<ul style="list-style-type: none"> County consult with the Qualified Independent Consultant to perform an analysis to determine the amount required to be in the renewal and replacement account for the Water System. Any excess funds should then be reclassified from restricted to unrestricted for financial reporting purposes. 		

CONCLUSION

Hillsborough County Children Services has met the requirements for the CINS/FINS contract as a result of full compliance with three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. Two of the five indicators were not applicable because: 1) the CINS/FINS program does not utilize a petty cash system, and 2) the provider does not have any current inventory purchased with DJJ/FN Funds. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited or recommendations made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract and all the indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within 14 working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Hillsborough County Children's Services (Tampa)
CINS/FINS Program

October 19-20, 2022

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.04 Training Requirements	Satisfactory
1.06 Client Transportation	Satisfactory

Percent of Indicators rated Satisfactory: 100 %
Percent of Indicators rated Limited: 0 %
Percent of Indicators rated Failed: 0 %

Standard 2: Intervention and Case Management

2.03 Case/Service Plan	Satisfactory
------------------------	--------------

Percent of Indicators rated Satisfactory: 100 %
Percent of Indicators rated Limited: 0 %
Percent of Indicators rated Failed: 0 %

Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory

Percent of Indicators rated Satisfactory: 100 %
Percent of Indicators rated Limited: 0 %
Percent of Indicators rated Failed: 0 %

Standard 4: Mental Health/Health Services

4.02 Suicide Prevention	Satisfactory
4.03 Medications	Satisfactory

Percent of Indicators rated Satisfactory: 100 %
Percent of Indicators rated Limited: 0 %
Percent of Indicators rated Failed: 0 %

Overall Rating Summary

Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Reviewers

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
 Rondarrell George – Regional Monitor, Department of Juvenile Justice

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care/Health Services, and (4) Mental Health/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (Effective September 1, 2022).

Persons Interviewed

Chief Executive Officer	Case Manager		Nurse – Full time
Chief Financial Officer	Counselor Non-Licensed		Nurse – Part time
Chief Operating Officer	Advocate		# Case Managers
Executive Director	<input checked="" type="checkbox"/> Direct – Care Full time		1 # Program Supervisors
<input checked="" type="checkbox"/> Program Director	Direct – Part time		# Food Service Personnel
Program Manager	Direct – Care On-Call		# Healthcare Staff
Program Coordinator	Intern		# Maintenance Personnel
<input checked="" type="checkbox"/> Clinical Director	Volunteer		# Other (listed by title): ___
<input checked="" type="checkbox"/> Counselor Licensed	Human Resources		

Documents Reviewed

Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization		Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input checked="" type="checkbox"/> Fire Prevention Plan		<input checked="" type="checkbox"/> Youth Handbook
<input checked="" type="checkbox"/> CCC Reports	<input checked="" type="checkbox"/> Grievance Process/Records		# Health Records
<input checked="" type="checkbox"/> Logbooks	Key Control Log		3 # MH/SA Records
Continuity of Operation Plan	<input checked="" type="checkbox"/> Fire Drill Log		21 # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input checked="" type="checkbox"/> Medical and Mental Health Alerts		6 # Training Records
Contract Scope of Services	<input checked="" type="checkbox"/> Precautionary Observation Logs		6 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	<input checked="" type="checkbox"/> Program Schedules		5 # Youth Records (Open)
<input checked="" type="checkbox"/> Fire Inspection Report	List of Supplemental Contracts		# Other: ___
Exposure Control Plan	Vehicle Inspection Reports		

Observations During Review

Intake	<input checked="" type="checkbox"/> Posting of Abuse Hotline		Staff Supervision of Youth
Program Activities	Tool Inventory and Storage		<input checked="" type="checkbox"/> Facility and Grounds
Recreation	<input checked="" type="checkbox"/> Toxic Item Inventory & Storage		<input checked="" type="checkbox"/> First Aid Kit(s)
Searches	Discharge		Group
Security Video Tapes	Treatment Team Meetings		Meals
Social Skill Modeling by Staff	Youth Movement and Counts		<input checked="" type="checkbox"/> Signage that all youth welcome
Medication Administration	Staff Interactions with Youth		<input checked="" type="checkbox"/> Census Board

Surveys

3 # of Youth	19 # of Direct Staff		# of Other	
--------------	----------------------	--	------------	--

Comments

Due to COVID-19, this review was conducted using the Modified QI Review Tool.

Monitoring Purpose

The purpose of this monitoring is to provide an annual quality improvement program review. This is to verify the agency adheres to all current CINS/FINS standards and contract compliance requirements for residential and/or community counseling services.

Strengths and Innovative Approaches

Hillsborough County Children's Services (HCCS) is a Hillsborough County operated department that focuses on keeping children, young adults, and families protected and empowered to live safe, healthy lives. Services provided include: Children in Need of Services/Families in Need of Services (CINS/FINS); Child Care; Case Management & Case Staffing; Safe Place; and Residential Group Care. The CINS/FINS program for runaway and ungovernable children and their families, offers counseling services to reunite families and prevent runaway behavior, as well as short-term residential respite and shelter. Emergency shelter care is available for dependent, abused, or neglected children. For long-term foster care of adolescent females, there is a pre-independent living group home program. Additionally, there are training classes for parents to improve parenting skills. The agency also provides services to specialized populations who meet the criteria for staff secure shelter, domestic minor sex trafficking, intensive case management, and youth referred by the Juvenile Justice Court System for domestic violence, probation respite, and Family/Youth Respite Aftercare Services (FYRAC). HCCS is currently accredited by the Council of Accreditation (COA) and was successfully reaccredited on May 3, 2021.

Programmatic Updates

Staffing

HCCS created a Prevention and Diversion Program Manager position. This position is responsible for collaborating with the local Community Based Care agency, Children's Network of Hillsborough, under Camelot as well as other community partners to help address lockout youth as well as families who may be on the verge of having Department of Children and Families (DCF) involvement in their homes. This is an effort to keep youth in their homes, and families together.

Program updates

The agency has continued its efforts to streamline services provided through technology. This includes the renewal with NoteActive with the plan to begin using the platform to now house its Client Files across programs. This will also include everyday forms such as screening and incident reports.

Children's Network of Hillsborough (CNH) assumed the responsibilities as the new Community Based Care agency for Circuit 13.

Working with the county to market the program, HCCS launched Duffels of Dignity Program on October 12, 2022, to provide foster care children in care, and those escaping domestic violence, with a new or gently used suitcase or duffle bag including hygiene items put on Amazon's wish list.

The community counseling program has continued to offer Telehealth, especially when needed and/or requested due to transportation issues and work conflicts.

Community counseling files are maintained electronically using DocuSign.

Funding/Finance

The agency's annual single audit was completed and management letter was received in June 2022.

Other

Challenge: the program hired staff who left within probation period, creating a continuous stream of vacancies.

The program currently has an open investigation regarding a reported grievance from a parent and several youths. The incident reported that a staff allegedly made statements that he could kill youth and would kill youth based on his knowledge from his former career. This incident has been assigned as a program review, and this employee has been on administrative leave since the incident was first reported. DCF did not accept as an abuse report.

HCCS does not have any additional updates for the facility, governance and community, or external corrective action plans.

Narrative Summary

The Hillsborough County Department of Children's Services provides both Residential and community counseling CINS/FINS services for youth and their families in Hillsborough County, Florida. The program located at 3110 Clay Mangum Lane, Tampa, Florida is under the leadership of the Hillsborough County Government. The Department Director oversees the residential and community counseling components of the program, including the volunteer and outreach initiatives. The shelter is licensed for 22 beds by the Department of Children and Families effective through June 30, 2022. Another shelter houses foster care youth and is licensed for 30 beds, also effective through June 30, 2022. The agency's administrative offices and youth shelters are housed in buildings located on a beautiful, large campus.

During the QI review, it was observed that the HCCS policies and procedures do not have signatures of approval, just effective dates, review dates and expiration dates. Policy Section 1.19 outlines the protocol for the establishment and review of policies and procedures. HCCS policies and procedures will be reviewed and revised at least every two to three years or when practices, procedures, legal requirements, or regulations change. Within the three-year time frame or as needed, HCCS program managers or their designees are responsible for reviewing, updating, or establishing policies under their area(s) of responsibility. The program manager or designee works with their QI workgroup to prepare a draft of the new or revised procedure. The updated policy is then submitted to the QI Committee Chair who forwards the draft policy to legal for review. If the legal review is completed and no edits are required, the QIC Chair completes the bottom section of the Revised Procedures Coversheet and forwards the policy and coversheet to the Department Director for approval.

The overall findings for the modified QI Review for Hillsborough County Children's Services are summarized as follows:

Standard 1:

Three indicators were reviewed for this standard: 1.01 Background Screening of Employees/Volunteers, 1.04 Training Requirements, and 1.06 Client Transportation. All three indicators were rated Satisfactory with no exceptions.

Standard 2:

One indicator was reviewed for standard 2, indicator 2.03 Case/Service Plan. Indicator 2.03 was rated Satisfactory with exceptions.

Standard 3:

Two indicators were reviewed for standard 3: 3.01 Shelter Environment, and 3.06 Staffing and Youth Supervision. Both indicators were rated Satisfactory with no exceptions.

Standard 4:

There are two indicators that were reviewed for standard 4, indicators 4.02 Suicide Prevention, and 4.03 Medications. Indicator 4.02 was rated Satisfactory with no exceptions and indicator 4.03 was rated Satisfactory with exceptions.

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):

None of the indicators reviewed resulted in a Limited or Failed rating.

CINS/FINS QUALITY IMPROVEMENT TOOL

<p>Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator</p>	<p>Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p>Notes Explain any items that have any deficiencies, exceptions or are not applicable.</p>	
<p>Standard One – Management Accountability</p>			
<p>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</p>		<p>Satisfactory</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p>YES</p>		
	<p>If NO, explain here: Policy 3.05 - Employee Screenings, effective date 10/1/19; policy 3.09 – Volunteers effective 2/11/20; and policy 3.19 - Pre-employment Assessment, effective date 10/1/18.</p>		
<p>Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth or the agency has provided an explanation for staff hired with a non-passing/low score.</p>	<p>Compliance</p>	<p>The agency uses the Berke prescreening assessment. Five new employees were hired since the last QI visit; however, one of the five is a program manager and was exempt from completing the prescreening assessment. Four applicable new employees completed the assessment prior to hire and three of the four received passing scores. The Operations Manager provided a written explanation of decision to hire one staff with a low score.</p>	
<p>Background screening completed prior to hire/start date (or exemption obtained prior to working with youth if rated ineligible) for new hires, volunteers/interns, and contractors</p>	<p>Compliance</p>	<p>The agency completed eligible Department of Juvenile Justice (DJJ) background screenings prior to hire dates of five new staff and prior to start dates of four interns utilized during the review period.</p>	
<p>Agency has evidence for employees who have had a break in service and who are in good standing and reemployed with the same agency without an additional suitability assessment or background screening if the break is less than 90 days.</p>	<p>No eligible items for review</p>	<p>The agency has not rehired any new staff during the QI period who had a break in service.</p>	

Five-year re-screening completed every 5 years from initial date of hire	Compliance	Program employee roster shows twelve staff were eligible for five-year rescreening. The agency conducted timely five-year re-screenings and the clearinghouse roster shows effective retained prints for all twelve staff.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	The program emailed the Annual Affidavit of Compliance with Level 2 Screening to DJJ Background Screening Unit on January 13, 2022, prior to the January 31st deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	Documentation supported E-Verify work authorizations were completed for the five new staff hired.	
Additional Comments: There are no additional comments for this indicator.			
1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	Policy 1.17 - Required Staff Training, revised 8/1/2019.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	No eligible items for review	The program does not have any new staff hired on or after September 1, 2022, the effective date of this requirement.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. <i>(Staff hired before January 1st were required to complete no later than December 31, 2020)</i>	Compliance	Training records for three staff who had completed their first year of hire were reviewed. Reviewed documentation and confirmed each staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire.	

All direct care CINS/FINS staff (full time, part time, or on-call) demonstrated a minimum of 80 hours of training or more for the first full year of employment.	Compliance	Reviewed training records of three first year direct care staff which showed each staff completed more than 80 hours of training for the first full year of employment, ranging from 110-140 hours each.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	Compliance	Reviewed staff training records supported all three staff completed all mandatory training during the first 90 days of employment.	
Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)			
Any designated staff that is responsible for entering NIRVANA or ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS) have completed all of the required trainings.	No eligible items for review	Reviewed documentation to confirm the three first year direct care staff are youth care workers who do not enter data into NIRVANA.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)			
Documentation of non-licensed mental health clinical staff person’s training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	No eligible items for review	The program has not hired any applicable non-licensed mental health clinical shelter staff since the last QI review.	
In-Service Direct Care Staff			
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>40 hours if the program has a DCF child caring license</i>).	Compliance	Training documentation supported the program staff completed the requirements of the standard for three in-service staff who completed in excess of 40 hours of training annually. Training included required Florida Network and SkillPro training as well as job-related training.	
Required Training Documentation			
The agency has a designated staff member responsible for managing all employee’s individual training files and completes routine reviews of staff files to ensure compliance.	Compliance	The program has two designated staff, a training manager and training specialist, who are responsible for providing new hire training as well as manage/monitor all training files.	

<p>The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as electronic record/transcript, training certificates, sign-in sheets, and agendas for each training attended.</p>	<p>Compliance</p>	<p>All six training files reviewed confirm the program maintains an individual file for each staff which includes an annual employee training plan including a tracking form for hours completed and related documentation.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.06: Client Transportation</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>Policy 1.06 Transporting Clients, effective 11/4/2019; next review date: 9/30/2024</p>		
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	<p>Compliance</p>	<p>The agency provided a list of 19 staff who are approved to drive clients in agency vehicles.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	<p>Compliance</p>	<p>The agency provided supporting documentation of insurance and standard-appropriate valid drivers' licenses for the eligible staff covered under its insurance policy.</p>	
<p>Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3rd party is NOT present in the vehicle while transporting</p>	<p>Compliance</p>	<p>The agency's policy does not specifically prohibit transporting a client without at least one other passenger in the vehicle. However, it is strongly discouraged and supervisor approval is required when a 3rd party cannot be present during the transport.</p>	
<p>In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior</p>	<p>Compliance</p>	<p>Per the agency's transportation policy, supervisor's approval for single transport will consider the client's history, evaluation, and recent behavior.</p>	
<p>The 3rd party is an approved volunteer, intern, agency staff, or other youth</p>	<p>Compliance</p>	<p>The agency's policy provides that an approved volunteer, additional staff member or another youth can be included as a 3rd party for the purposes of transport.</p>	

<p>The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.</p>	<p>Compliance</p>	<p>The agency provided transportation records for a total of 183 single youth transport trips during the past six months. In each instance of single youth transport, the agency provided documentation of the requisite supervisor's approval prior to youth transport.</p>	
<p>There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.</p>	<p>Compliance</p>	<p>Reviewed transportation logs include vehicle information, driver name, date and time, mileage, vehicle condition, number of passengers and the destination as the purpose/location of travel.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.03 - Case/Service Plan</p>			<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</p>		<p>YES If NO, explain here: Policy 4.17 Treatment Plans, effective 02/19/2019.</p>	
<p>The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.</p>	<p>Compliance</p>	<p>A total of ten youth records were reviewed for five residential youth (two open and three closed records) and five community counseling youth (two open and three closed records). The NIRVANA was completed in all ten records and a case plan was developed for each based on information gathered on the NIRVANA.</p>	
<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p>Exception</p>	<p>Case plans were developed with seven working days of completion of NIRVANA in seven of the ten records reviewed.</p>	<p>Exception Case plans in three of the five community counseling records reviewed were not initiated within seven working days of completion of NIRVANA.</p>
<p>Case plan service Plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/ guardian, counselor, and supervisor 6. Date the plan was initiated</p>	<p>Exception</p>	<p>All ten records reviewed included individualized goals, service type, location, persons responsible, target dates, and date plan was initiated. Frequency of services to be provided was included only on the community counseling case plans reviewed and not noted on the residential records. Actual completion dates for goals completed were documented in seven of the ten records. Signatures were observed for all parties in seven of the ten records reviewed; however, the parents were unavailable and/or refused to sign for two residential youth.</p>	<p>Exceptions 1) Five residential case plans reviewed did not document frequency of services for goals listed on the plans. 2) Actual completion dates were not updated on the case plans for completed goals for three applicable residential youth upon discharge from the program. 3) One community counseling case plan was not yet signed by youth/parent and consequently missing counselor and supervisor's signature due to Docu-Sign process.</p>

<p>Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after</p>	<p>Compliance</p>	<p>Case plan reviews were applicable for six of the ten records reviewed. All six records demonstrate timely reviews every 30 days for the first three months.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>3.01 - Shelter Environment</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.01</p>	<p>YES If NO, explain here: Policy 5.02 – Safety and Sanitation Inspections, effective 4/1/2018, and Policy 6.84 – Residential Youth Living, effective 8/1/2018.</p>		
<p>Facility Inspection</p>	<p>Compliance</p>	<p>The facility inspection was conducted via in-person tour during the onsite visit. During the tour, it was observed that the grounds were landscaped and well-maintained and the furnishings were in good repair. The tour included the main lobby area, Cottages E & F, the common/living areas, male/female bedrooms, kitchen area, laundry room, staff offices, and exterior areas. Each cottage has two bathrooms and shower. Observation reveals each cottage was free of foul odors, leaks, and mildew and in good living order. The kitchen is also clean and has a food storage area that is maintained at optimal temperature and free of insect droppings. Refrigerators are maintained at appropriate temperatures for both the cool storage and the freezer in both cottages. Cold food is stored properly, marked and labeled. The program has two types of secure entry into the cottages and building, utilizing key access and electronic key access.</p>	

<p>Additional Facility Inspection Narrative (if applicable)</p>	<p>No evidence of graffiti on walls, window, or doors was observed. There is sufficient light to complete tasks performed. The dumpsters are kept locked and are located in the rear of the cottage and rear of the cafeteria. There were three vehicles used by the program that were inspected during the annual review week. The vehicles are managed by Hillsborough County and include a white Ford van, and two white Prius cars. All three vehicles were equipped with all the required safety equipment. A knife for life is located in cottage E and cottage F. Access is limited to the staff and key control is in compliance. The abuse hotline, egress maps for the facility, DJJ Incident Reporting number, SOGIE signage, and general client rules are visibly posted in common areas in the cottages. In addition, the DCF Child Care License and COA documents are posted in the windows of the direct care workers. The DCF Child Care License certificate was issued on 6/30/2022 and the COA certificate was issued 5/3/21. The Material Safety Data Sheets are located in each cottage behind a locked door and only staff has access to the door. Reviewed documentation and informal interview with shift supervisor confirm there were no missing chemicals. Washer and dryers are functional. Each youth has their own individual bed that has clean sheets and pillows and clients have access to a space for personal items, if needed.</p>	
--	--	--

<p>Fire and Safety Health Hazards</p>	<p>Compliance</p>	<p>Reviewed documentation confirmed the program had their annual fire safety inspection completed by the local fire marshall on June 01, 2022. The program completed an annual fire extinguisher inspection on March 10, 2022 for eighty-seven fire extinguishers located throughout the campus. The Department of Health completed a satisfactory group care inspection on 8/1/22 and satisfactory food service inspection on 7/15/22.</p>	
<p>Additional Fire and Safety Health Hazards Narrative (if applicable)</p>	<p>The agency completed fire drills at least once a month within two minutes or less on each of its two shifts as well as quarterly mock emergency drills.</p>		
<p>Grievance</p>			
<p>There are formal grievance procedures for youth, including grievance forms, and a locked box which are easily accessible to youth in a common area.</p>	<p>Compliance</p>	<p>The grievance box is located on the left wall of each cottage once youth enters the building.</p>	
<p>There is evidence that grievance boxes are checked by management or a designated supervisor at least daily as evidenced in the program logbook. All grievances are resolved within 72 hours and documented by program director.</p>	<p>Compliance</p>	<p>Reviewed grievance forms confirmed the management or a designated supervisor reviewed the grievance within 72 hours as required.</p>	

Youth Engagement		
<p>a. Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal.</p> <p>b. At least one hour of physical activity is provided daily.</p> <p>c. Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities.</p> <p>d. Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read.</p> <p>e. Daily programming schedule is publicly posted and accessible to both staff and youth.</p>	<p>Compliance</p>	<p>A review of youth daily activities ensured the youth are engaged in meaningful, structured activities such education, life and social skills training, personal hygiene, breakfast, cottage cleaning, games in cottage, lunch, group, recreation/exercise, and preparation for the week.</p> <p>Daily programming includes a homework hour from 6pm - 7pm. The daily programming calendar is visibly posted in the common areas for both staff and youth.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		
3.06 - Staffing and Youth Supervision		<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.06</p>	<p>YES</p> <p>If NO, explain here:</p> <p>Policy 6.13, Staffing and Client Supervision, effective 7/1/2019.</p>	
<p>The program maintains minimum staffing ratios as required by Florida Administrative Code and contract.</p> <ul style="list-style-type: none"> • 1 staff to 6 youth during awake hours and community activities • 1 staff to 12 youth during the sleep period 	<p>Compliance</p>	<p>A review of staff schedules and logbook entries for the past six months documented the required staffing ratios were met for the awake hours and sleeping hours. The program maintains a ratio of at least one staff for every six youth during awake hours and community activities, and one staff for every twelve youth during sleeping hours.</p>

<p>All shifts must always provide a minimum of two direct care staff present that have met the minimum training requirements</p>	<p>Compliance</p>	<p>Staff schedules are posted in each cottage and shows a minimum of two staff working each shift including the overnight shift which has a minimum of two staff present.</p>	
<p>Program staff included in staff-to-youth ratio includes only staff that are background screened and properly trained youth care workers, supervision staff, and treatment staff</p>	<p>Compliance</p>	<p>Only staff who are background screened as reflected on the Clearinghouse roster, are included on the staff schedules. Similarly, all of the first year training records reviewed indicate new staff on the schedule are properly trained.</p>	
<p>The staff schedule is provided to staff or posted in a place visible to staff</p>	<p>Compliance</p>	<p>The staff schedule is posted in the staff office in each cottage.</p>	
<p>There is a holdover or overtime rotation roster which includes the telephone numbers of staff who may be accessed when additional coverage is needed</p>	<p>Compliance</p>	<p>There is a holdover/overtime rotation and a staff telephone book that can be accessed when additional coverage is needed - located in shelter office in cottages.</p>	
<p>Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or room restriction</p>	<p>Compliance</p>	<p>A review of 15-minute bed checks was conducted for the following dates and times between May-September 2022: May 14th (12am-2am); June 22nd (2am-4am); July 3rd (4am-6am); August 26th (1am-3am); and September 12th (3am-5am). Reviewed documentation of bed checks supported staff observed youth at least every 15 minutes while in their sleeping room. Each cottage has a total of twelve rooms, with six bedrooms on the right side and six on the left side.</p>	

Additional Comments: There are no additional comments for this indicator.

4.02 - Suicide Prevention		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 4.02	YES		
	If NO, explain here:		
	Policy 4.19 - Suicide Prevention and Intervention - effective 1/15/2020.		
Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)			
Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth’s case file.	Compliance	Three youth records were reviewed for one community counseling and two residential youth. All three records demonstrated suicide risk screenings were completed during the initial screening process.	
The program’s suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program uses the Assessment of Suicide, Homicide, Assault Risk tool effective July 2012 that was approved by the Florida Network. It does not appear any revisions have been made to the suicide risk assessment since that time.	
Supervision of Youth with Suicide Risk (<i>Shelter Only</i>)			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	Compliance	Two residential youth records contained documentation to support youth who were placed on appropriate supervision as evidenced by the completed Staff Observation Post Admission Form.	
Staff person assigned to monitor youth documented youth’s behavior at 30 minute or less intervals	Compliance	The observation logs in the two youth records support staff documented observations of the youth’s behavior at least every ten minutes.	
Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement	Compliance	The assessment of suicide risk was completed by a non-licensed clinical staff who documented speaking with a LCSW at the time the assessments were completed. The LCSW signed the assessments and supervision level was not changed until further assessment is completed.	

Youth with Suicide Risk (Community Counseling Only)			
<p>Youth identified for suicide risk during intake was immediately assessed by a licensed professional or non-licensed professional (under the direct supervision of a licensed mental health professional) and the parents and supervisor were both notified of the results.</p>	<p>Compliance</p>	<p>One applicable community counseling youth identified for suicide risk was assessed during intake by a non-licensed staff under the supervision of a licensed social worker and the parents and supervisor were both notified of the results.</p>	
<p>During the intake, if the appropriate staff is unavailable, youth identified for suicide risk was immediately referred by the provider and the parent/guardian is notified of the suicide risk findings disclosed and advised that an Assessment of Suicide Risk should be completed ASAP by a licensed professional.</p>	<p>Compliance</p>	<p>The youth was immediately referred to the Crisis Center of Tampa Bay.</p>	
<p>Information on resources available in the community for further assessment was provided to the parent/guardian and is documented in the youth’s file and signed by the parent/guardian OR a written follow-up notification was sent by certified mail if the parent/guardian was not present during the screening and was notified by telephone.</p>	<p>Compliance</p>	<p>Progress notes in the youth record shows the parent/guardian was provided additional mental health resources.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>No eligible items for review</p>	<p>Parent was contacted for youth record reviewed.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>No eligible items for review</p>	<p>Screening was conducted in the home of one applicable youth.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			

4.03 - Medications		Exception
<p>Provider has a written policy and procedure that meets the requirement for Indicator 4.03</p>	<p>YES</p>	
	<p>If NO, explain here:</p> <p>The provider has multiple policies as follows: Policy 7.01, Storage, Access, Inventory, and Disposal, effective 11/1/2017; Policy 7.02, Controlled Substance Accountability and Inventory, effective 10/23/19; Policy 7.03, Medication Documentation, effective 10/24/2019; and Policy 7.04, Medication Administration, effective 6/26/2019.</p>	
<p>The agency has a Registered Nurse (RN) and/or a Licensed Practical Nurse (LPN) that is being supervised by RN and all of their credentials have been verified.</p>	<p>Compliance</p>	<p>The program has been without a nurse since January 2022 but has been unsuccessful in filling the position due to external control factors. Documentation was provided to support recruiting efforts since that time including multiple job postings, communication with 15 potential candidates, and two interviews resulting in declined offers. In September 2022, the agency began working with the County's Department of Aging Services to secure nursing services for the program at a more competitive salary.</p>

Medication Storage		
<p>a. All medications are stored in a Pyxis ES Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff)</p> <p>b. Pyxis machine is stored in accordance with guidelines in FS 499.0121 and policy section in Medication Management</p> <p>c. Oral medications are stored separately from injectable epi-pen and topical medications</p> <p>d. Medications requiring refrigeration are stored in a secure refrigerator that is used only for this purpose, at temperature range 2-8 degrees C or 36-46 degrees F. (If the refrigerator is not secure, the room is secure and inaccessible to youth.)</p> <p>e. Narcotics and controlled medications are stored in the Pyxis ES Station</p> <p>f. Pyxis keys with the following labels are accessible to staff in the event they need to access medications if there is a Pyxis malfunction: a TOP COVER b BACK PANEL- LEFT TALL CABINET LOCK- LEFT, c BACK PANEL- RIGHT TALL CABINET LOCK- RIGHT</p>	<p>Compliance</p>	<p>An in-person tour of the medication room was conducted. The Pyxis ES medication cabinet is located in a separate building inaccessible to youth. Medications were stored in the Pyxis cabinet as required. Oral medications were stored separately from injectable and topical medications. Controlled medication is also maintained in the Pyxis cabinet. The program maintains a refrigerator solely for medications requiring refrigeration. Documentation supported the temperature of the refrigerator is checked on a regular basis. The Pyxis keys are labeled and kept in locker #1 that can be accessed by the shift leads in the event there is a malfunction with the med-station.</p>

Medication Distribution		
<p>a. Agency maintains a minimum of 2 site-specific System Managers for the Pyxis ES Station</p> <p>b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics)</p> <p>c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff</p> <p>d. Agency verifies medication using one of three methods listed in the FNYFS Policies & Procedures Manual</p> <p>e. When nurse is on duty, medication processes are conducted by the nurse</p> <p>f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy</p> <p>g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens</p> <p>h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse</p>	<p>Compliance</p>	<p>The shelter has three System Managers for the Pyxis ES station. A list of staff who are trained and authorized to access medication is maintained by the program. A medication distribution log is used to document all medications distributed to youth while at the shelter. The program verifies medication by contacting the issuing pharmacy which is one of the approved methods listed in the FNYFS operations manual. Delivery of medication also adheres to the FNYFS policy ensuring the correct medication, dosage, and method of delivery is provided to the right youth. Youth currently prescribed injectable medications are not accepted by the program. Training documentation supported all staff on the staff medication approval list were trained in the use of epi-pens.</p>
Medication Inventory		
<p>a. For controlled substances, a perpetual inventory with running balances is maintained as well as a shift-to shift count verified by a witness and documented</p> <p>b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory</p> <p>c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly</p>	<p>Compliance</p>	<p>The Controlled Substance Accountability form was reviewed for three youth. All three accountability forms were completed demonstrating perpetual counts. Over-the Counter medications were inventoried perpetually in the Pyxis cabinet where they are kept in a specific drawer. The program does not maintain any syringes or sharps. Items such as nail clippers, pill cutter, scissors, shaving razors, and tweezers are inventoried weekly on the sharp log.</p>

<p>There are monthly reviews of the Pyxis reports to monitor medication management practice.</p>	<p>Exception</p>	<p>Monthly reviews of Pyxis reports were previously conducted by the nurse. These duties were assumed by one of the system managers; however, copies of the reports and/or review of findings with staff were not evident.</p>	<p>Exception Documentation of monthly reviews of Pyxis reports was not maintained by the program in the absence of the nurse position.</p>
<p>Medication discrepancies are cleared after each shift.</p>	<p>Exception</p>	<p>Per interview with the youth care supervisor, medication discrepancies are cleared on each shift by the supervisor or shift lead; however, the program was not able to provide a discrepancy report to demonstrate timely clearing after each shift.</p>	<p>Exception Documentation of clearing medication discrepancies on each applicable shift, was not maintained by the program.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>			