



Florida Network of Youth and Family Services Quality Improvement Program Report

Follow-Up Review of Youth and Family Alternatives, Inc.
New Beginnings
CINS/FINS Program

October 25, 2023

Compliance Monitoring Services Provided by





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.

Reviewer

Member(s)

Keith Carr - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Overview

Monitoring Purpose:

The purpose of this onsite monitoring is to conduct a Follow-up review of Youth and Family Alternatives – New Beginnings (YFA-NB) program located at 18377 Sheriff Mylander Way Brooksville, Florida 34601. During the FY22-23 annual Quality Improvement Program and Compliance Review, conducted May 25-26, 2023, the areas of Standard One - Management Accountability: Training and Standard Three – Shelter Care – Shelter Environment received a failed rating. Specifically, the agency received **Failed Compliance ratings for Indicators 1.04 – Training and 3.01 – Shelter Care.**

On October 25, 2023, a Follow-Up Onsite Program review was conducted to determine if corrective actions steps implemented by YFA-NB resulted in necessary improvements and adherence to the minimum performance requirements for Indicators 1.04 – Training and 3.01 – Shelter Care. Keith Carr, Lead Reviewer, Consultant, Forefront LLC met with agency staff member at the Entrance Interview meeting. The following agency representatives present at the Entrance Interview meeting included Felicia Jones, Program Director, New Beginnings Youth Shelter (NBYS); Jovia Dukes, Program Director, George W. Harris, Jr. Youth Shelter; Adelle Bellamy, Residential Supervisor, NBYS; Autumn Gillespie, Residential Supervisor, NBYS; Wayne Delapenha, Training Coordinator; Kelley Ansell, RN NBYS; Amanda Kilian, Vice President of Quality Improvement and Compliance; and Michele Almand, Prevention Quality Improvement Coordinator.

The YFA-NB program provided a Program Update on the aforementioned corrective actions items 1.04 Training and 3.01 Shelter Care. The agency reported the YFA-NB program has had turnover in administration since the May 25-26, 2023 Review with Forefront. The Program Director and both residential supervisors have resigned or are no longer employed with the agency. Since that time, a new staff member joined YFA-NB on August 14, 2023, as a Residential Supervisor. An additional staff member joined the team as a second Residential Supervisor on August 28, 2023. Felicia Jones joined the agency on September 25, 2023, as the new Program Director. The agency reported that filling these three key positions has helped tremendously with its ability to address operations and services deficiencies and working towards bringing these issues up to standard. The agency reported that there have been no major changes made to the physical plant of the YFA-NB youth shelter since the last QI monitoring visit.

The agency reported that has revised its Sight and Sound/ Behavior Observation form. The agency maintains all required information and this revision now allows the agency to track all observation paperwork. The practice now documents youth placed on Sight and Sound have this form completed every shift they remain on this status. At Intake or at the point they are placed on Sight and Sound, an entry is made in the logbook and when they are removed another entry is made by the Counselor in real time as required.

The agency has provided an update regarding revisions it has made to the training process for all staff distributing medication. The agency reported that it is now offering a medication distribution training to all staff members across all three residential shelters. This is a comprehensive training delivered by a Registered Nurse (RN). At the end of the training the agency administers the medication management test. The test is administered by the RN. The RN reviews the agency's medication practice every month. The agency assesses anywhere there is a need for specific re-education regarding medication management and provides re-training at staff meetings to keep the information readily available.

YFA made an agency-wide transition for electronic file management to move from the Celerity platform to the new Mindshare platform on July 1, 2023. The Celerity data was migrated into Mindshare as part of this transition. The agency reported Mindshare is still being built out and YFA is estimating that the build-out of the platform will be completed by year-end.

Review of Failed Indicators

Listed below are indicators which received a **Failed Compliance rating** during the FY2022-2023 annual Quality Improvement and Compliance review conducted in May 25-26, 2023.

Indicator 1.04: Training (New Beginnings) – Failed FY QI Program Review 2022-2023

- Three out of four new hire staff members were each missing various trainings that were not completed within the required timeframe.
- Five in-service staff member training records were reviewed. Two staff members completed the minimum hours of required training.
- The program was unable to provide the number of hours completed for the remaining staff, and the hours of training completed are not able to be verified at this time. Unable to find documentation of most trainings for in-service staff members.
- Of nine staff training records reviewed, one staff did not have an individual training record at all. It was indicated by program staff members that employee transferred from another facility, however, the former program did not have the training record either.

Indicator 3.01: Shelter Care (New Beginnings) – Failed FY QI Program Review 2022-2023

- Water pooling near the exit door on screened patio was observed. The agency submitted a work order on the same day and the company arrived onsite to start repair to stop pooling work on Day 2 of the review.
- The trash bin was missing a lid and trash was exposed and observed around the bin. Agency reported, on Day 2 of review, trash company is scheduled to replace bin in June 2023.
- Weekly and perpetual chemical checks were not found in five of the six previous months (end of November 2022, December 2022, January 2023, February 2023, March 2023 and April 2023).
- A pipe near the water heater located in the kitchen was leaking. There is a hole in the drywall near the floor hot water heater in laundry room and is exposed and requires repair.

- The floorboard of each transportation van needed to be cleared of items (boxes of masks, mosquito spray, large containers of wipes) and the vans needed to be vacuumed.
- There is no evidence of several Fire and Mock Drills across multiple work shifts.
- Prepared food in three plastic containers located in the refrigerator are not marked as required. All three containers do not indicate the current date when food was prepared and placed in the refrigerator as required.
- Documented evidence of chemicals check were found for May 2023 on a weekly basis. At the time of this onsite program review, the perpetual use of chemicals, when used by staff members is not being documented.
- No evidence of multiple drills being conducted over the last six months.
- Fire Drills and Mock drills practice were both reviewed and there was no evidence of documented fire drills over the last six months on each shift for the following months: First Shift – December 2022, January 2023, February 2023, March 2023, April 2023; Second Shift: November 2022, December 2022, February 2023, March 2023, and Third Shift: November 2022, December 2022, January 2023, February 2023, March 2023, and April 2023. Mock Drills missing included: First Shift: None documented between November 2022 and January 2023; Second Shift: None documented between November 2022 and January 2023; and Third Shift: None documented between November 2022 and January 2023.
- Shelter grievance boxes checked over the last six month between November 2022 through May 2023 by supervisors are not documented in the program logbook as required.

October 25, 2023 Onsite Follow Up Program Review Findings:

During the Follow Up Review conducted onsite, the program demonstrated compliance and received a **Satisfactory Compliance rating** for Indicator 1.04 Training. The reviewer confirmed evidence of staff member training records which addressed the training records deficiencies cited in the original Quality Improvement report conducted May 25-26, 2023. A review of four randomly selected new hire and in-service staff members staff member training topics and hours met training requirements. The reviewer confirmed evidence of staff members' training records which addressed the training records deficiencies cited in the original Quality Improvement report conducted May 25-26, 2023. Additionally, the agency documented several operations decisions which included the creation of the Training Specialist position to address staff training topic and hours deficiencies across all agency sites providing direct services. The Training Specialist position was filled by the agency on June 4, 2023. One of the major job duties of the Training Specialist position is to conduct reviews on all training topics completed by New Hires and on-going/in-service staff members. The Training Specialist utilizes a specified Checklist to verify status of all completed training topics and hours within the required timeframe. The Training Checklist tracks all training topics and training requirements completed by the participant prior to staff working independently on a work shift and no longer than 90 days from hire. The YFA agency requires the Training Specialist to utilize a standardized training log for each staff member that captures training Topic/Course Title; Requirement; Training Site/Location; and Hours. Specific training topics requires that Training Specialist monitor the participants competency regarding the completed training topic. In these cases which require

tracking, the agency requires the Training Specialist or designee to assess execution of the task, and provide a Yes or No rating. The observations also include tracking staff member, the Mentor's or Trainers initials, and Observe by date. Further, the Training Specialist also completes the following tasks:

1. Review of Pre-Service Training checklist to ensure all required trainings are included
2. Create consistent filing system for each staff member, to include a hard file and electronic file
3. Ensure all Pre-Service training and annual training is completed within the required timeframes
4. Reviews a sample staff member training files to ensure compliance

The Training Specialist tasks also require an additional level of review by the agency's Sr. Director of Residential at the specified residential location (New Beginnings, George W. Harris and RAP House shelters) and the Quality Specialist.

All staff files reviewed had evidence of completing the minimum required pre-service and in-services training requirements. The agency reported on the status of compliance with training at each month through the Training Specialist duties that require monthly review of staff member training requirements. The agency uses an electronic file to track each staff member's training topics and hours. The training log contains all of the elements required for tracking and documenting training including a tracking sheet, SkillPro transcripts, and Florida Network certificates. The agency's Training Specialist will utilize the electronic training log to track New Hire Training and on-going/in-service training requirements.

3.01: Shelter Care

The YFA-NB location received a **Failed Compliance rating** for this indicator during the annual Quality Improvement (QI) review. The aforementioned section included documented findings of Failed performance items specific to the Shelter Care indicator which included the shelter's physical plant, operations, and safety requirements.

During the corrective action plan process and the onsite Follow-up review conducted on October 25, 2023, the program demonstrated full compliance and received a **Satisfactory Compliance rating** for this indicator. The agency's Prevention Programs Quality Improvement Coordinator and the program's Residential Director(s) meet regularly to discuss strategy to address deficiencies. The agency also requires that these parties meet and have one-to-one meetings at each location with staff members to review performance and to implements plans to address and correct the issues. The update on each area of concern included the following:

The agency conducted an assessment of its current practice regarding documentation of chemical usage. The agency revised the Perpetual Chemical inventory following the May2023 QI program review. The agency's process now accounts for perpetual use of chemical by staff members. A review of a minimum of three months of perpetual chemical inventory

documentation provided evidence of the agency's efforts to fully implement this new practice across all work shifts. Residential supervisors worked with staff to fully understand this process to ensure compliance going forward. The agency is also conducting weekly chemical inventories of all chemicals in the facility as required. Weekly inventories since the onsite program review were provided onsite during the Follow-Up Review process.

The trash bin was found to be closed during the inspection of the facility. The lid and trash were not exposed. No trash was observed around the bin.

A review of current fire drills practice was conducted. The agency is completing Fire drills are monthly, one per each work shift. The agency provided copies of the last three months of fire drills conduct in the last three months. Mock drills are being completed quarterly as is required. Copies of Mock drills were also provided.

While onsite, a walk-through was conducted for the kitchen during the Follow-Up review process. The agency hired a new Cook on August 28, 2023. The Cook will be renewing her Food Handler Certification through Always Food Safe. Currently, the agency has additional staff that are certified as Food Handlers. The agency reported additional staff members are in the process of taking the Food Handler certification training.

An inspection of the agency transportation vehicles was conducted during the Follow-Up review process. A total of two transportation vehicles were inspected onsite. The inspection resulted in finding the vehicles clean and verification of all safety equipment being present and operational. The agency reported that staff are required to inspect vehicle safety equipment monthly.

An inspection of the wall and hole behind the washers was conducted. An inspection of the wall and floor behind the washers was conducted. The drywall separation was repaired. The agency's Facilities Maintenance reported the floor would be repaired as soon as possible and that this damage does not impact the integrity of the building.

The agency's grievance box documentation process was reviewed. The agency is now checking all grievance boxes on a daily basis. Grievance boxes are checked daily by Residential Supervisors and documented in the logbook. Additionally, the addition of administrative staff has improved the agency's documentation practice in this area.

Summary of Follow-Up Review

As previously stated, the purpose of the Follow-Up review is to determine if corrective actions taken by the program has resulted in improvements. YFA-NB submitted its Outcome Based Corrective Action Plan (OBCAP) on June 26, 2023. The OBCAP addressed all Failed indicators, as well as indicators that received a Limited rating. The Follow-up review of the Failed indicators demonstrates there has been **Satisfactory** improvement resulting from the corrective action. Two indicators 1.04 Training and 3.01 Shelter Care were found to be fully compliant during the Follow-Up onsite visit.