

**SEVENTH OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**SOUTH FLORIDA RECEPTION CENTER**

for the

Physical and Mental Health Survey  
Conducted October 16-17, 2013

**CMA STAFF**

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CAP Assessment Distributed on June 8, 2016

## **CAP Assessment of South Florida Reception Center**

### **I. Overview**

On October 16-17, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Florida Reception Center (SFRC). The survey report was distributed on November 10, 2013. In December of 2013, SFRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the October 2013 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. In May of 2013, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided by the Main Unit, the CMA conducted an on-site CAP assessment on June 17, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. Based on the documents provided by the South Unit, the CMA conducted an off-site assessment on May 25, 2014. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 43 of 47 physical health findings and 10 of 24 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that all physical health findings would remain open due to insufficient monitoring by the South Unit. There were no mental health findings on the South Unit as a result of the October 2013 survey.

On August 18, 2014, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on September 16, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 2 of 4 physical health findings and 7 of 14 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 19 of 23 physical health findings were corrected on the South Unit.

On December 16, 2014 CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site CAP assessment on January 30, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 2 of 2 physical health findings and 3 of 7 mental health findings were corrected. Additionally, the CAP closure files revealed that 4 of 4 physical health findings were corrected on the South Unit.

On May 27, 2015, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided an off-site assessment was conducted on June 16, 2015. The CAP closure files revealed sufficient evidence to determine that 0 of 4 mental health findings on the Main Unit were corrected. Two out of the 4 open findings will remain open due to the institution having no episodes that were applicable to these findings during the monitoring period.

On September 22, 2015, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the

documents provided, an off-site assessment was conducted on October 20, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 0 of 4 mental health findings on the Main Unit were corrected. Two findings will remain open due to the institution having no episodes that were applicable to these findings during the monitoring period.

On January 26, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an off-site assessment was conducted on February 11, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 1 of 4 mental health findings on the Main Unit were corrected.

On May 26, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an off-site assessment was conducted on June 7, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

**II. Physical Health Assessment Summary**

**A. Main Unit**

All physical health findings were closed on the third CAP assessment.

**B. South Unit**

All physical health findings were closed on the third CAP assessment.

**III. Mental Health Assessment Summary**

**A. Main Unit**

The CAP closure files revealed sufficient evidence to determine that 3 of 3 mental health findings were corrected. All mental health findings will close.

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH RESTRAINTS RECORD REVIEW</u></b></p> <p><b>MH-1(e): In 1 of 2 records reviewed, psychiatric restraints were not removed after 30 minutes of calm behavior.</b></p>	<p><b>MH-1(e) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(e).</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-4: A comprehensive review of 12 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 2 of 3 applicable records, abnormal lab tests were not followed-up as required.</b></p> <p><b>(b) 1 of 3 applicable records, an Approved Drug Exception Request (DC4-648) was not present when an approved drug was prescribed for non-approved use.</b></p>	<p><b>MH-4(a) &amp; MH-4(b) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(a) &amp; MH-4(b).</p>

**B. South Unit**

There were no findings requiring corrective action for mental health services provided at the South Unit as a result of the October 2013 survey.

**IV. Conclusion**

All findings as a result of the October 2013 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.