

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

NORTHWEST FLORIDA RECEPTION CENTER

for the

Physical and Mental Health Survey
Conducted October 1 - 2, 2014

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

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CAP Assessment of Northwest Florida Reception Center

I. Overview

On October 1 - 2, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Northwest Florida Reception Center (NWFRC). The survey report was distributed on October 20, 2014. In November 2014, NWFRC 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 2014 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 March 2015, CMA staff reviewed monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents reviewed, CMA staff conducted an on-site CAP assessment on March 24 & 25, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. 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

The CAP closure files revealed sufficient evidence to determine that 32 of the 43 physical health findings were corrected. Eleven physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-1: In 7 records, the baseline information was incomplete or missing.</p> <p>PH-2: In 3 of 15 applicable records, there was no evidence that the inmates with cardiovascular disease were prescribed low-dose aspirin.</p> <p>PH-3: In 8 of 15 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-4: In 6 of 14 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p> <p>PH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. PH-2 will remain open.</p> <p>PH-3 & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-5: In 5 of 15 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-6: In 5 of 16 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-5 & PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5 & PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-7: In 9 records, the baseline information was incomplete or missing.</p> <p>PH-8: In 5 of 11 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-9: In 4 of 15 applicable records, there was no evidence of influenza vaccine or refusal.</p> <p>PH-10: In 9 records, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-7, PH-8, & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7, PH-8, & PH-9.</p> <p>PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. PH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-11: In 4 records, the baseline information was incomplete or missing.</p> <p>PH-12: In 9 of 14 applicable records, there was no evidence that seizures were classified.</p> <p>PH-13: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-14: In 3 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-11, PH-12, PH-13, & PH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. PH-11, PH-12, PH-13, & PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>A comprehensive review of 4 inmate records revealed the following deficiencies:</p> <p>PH-15: In 1 record, the baseline information was incomplete or missing.</p> <p>PH-16: In 1 record, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-15 & PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15 & PH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-17: In 4 records, the baseline information was incomplete or missing.</p> <p>PH-18: In 4 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p> <p>PH-18 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-18 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>PH-19: In 2 records, the diagnosis was not on the problem list.</p> <p>PH-20: In 2 records, there was no evidence of monthly nursing follow-ups.</p> <p>PH-21: In 1 of 3 applicable records, there was no evidence that medication was discontinued and/or that the inmate was referred to the clinician after exhibiting adverse effects.</p> <p>PH-22: In 4 of 7 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-23: In 2 of 8 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-19, PH-20, PH-21, PH-22, PH-23, & PH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19, PH-20, PH-21, PH-22, PH-23, & PH-24.</p>

Finding	CAP Evaluation Outcome
PH-24: In 3 records, there was no evidence that treatment began in a timely manner.	

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-25: In 7 of 10 applicable records (16 reviewed), there was no evidence of appropriate follow-up.</p>	<p>PH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-26: In 1 of 5 applicable records (16 reviewed), there was no evidence of appropriate follow-up.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-27: In 3 of 11 applicable records, there was no evidence that all medications were administered according to the clinician's orders.</p> <p>PH-28: In 4 records, there was no evidence that the clinician provided complete care orders for an inmate.</p>	<p>PH-27, PH-28, & PH-29 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27, PH-28, & PH-29.</p>

Finding	CAP Evaluation Outcome
<p>PH-29: In 5 records, there was no evidence that all orders were implemented.</p> <p>PH-30: In 1 of 1 applicable record, there was no evidence that telephone orders were countersigned by the clinician.</p> <p>PH-31: In 2 of 8 applicable records, there was no evidence that the inmate was discharged after 23 hours or admitted to the infirmary.</p> <p>PH-32: In 4 of 5 applicable records, there was no evidence that the blue inpatient record contained all the required items.</p> <p>PH-33: In 1 of 5 applicable records, there was no evidence of a weekly progress note by the clinician.</p> <p>PH-34: In 1 of 3 applicable records, there was no evidence of a discharge summary by the clinician.</p>	<p>PH-30 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-30 will remain open.</p> <p>PH-31, PH-32, PH-33, & PH-34 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-31, PH-32, PH-33, & PH-34.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-35: There was no evidence that all equipment was in working order.</p>	<p>PH-35 CLOSED</p> <p>Adequate evidence of correction was provided to close PH-35.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p>	<p>PH-36 & PH-37 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-36 & PH-37.</p>

Finding	CAP Evaluation Outcome
<p>PH-36: In 4 of 17 applicable records, there was no evidence of a current and completed Dental Health Questionnaire (see discussion).</p> <p>PH-37: In 4 of 17 applicable records, there was no evidence that timely and appropriate measures were taken to maintain optimal dental health and function (see discussion).</p>	

Discussion PH-36 & PH-37: Although, the dental issues identified in the October 2014 survey have been resolved, it should be noted that the full time dentist position remains vacant.

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-38: In 3 records, there was no evidence that the consultation was performed in a timely.</p> <p>PH-39: In 7 of 11 applicable records, the new diagnosis was not reflected on the problem list.</p>	<p>PH-38 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-38.</p> <p>PH-39 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-39 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p>	<p>PH-40 & PH-41 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-40 & PH-41 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>PH-40: In 5 records, the DC4-760A “Health Information Transfer/Arrival Summary was incomplete.</p> <p>PH-41: In 16 records, there was no evidence that a clinician reviewed the health record and the DC4-760A within 7 days of arrival.</p>	

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-42: All bags of IV solution were expired.</p> <p>PH-43: Procedures to access medical services were not posted in the confinement area.</p>	<p>PH-42 & PH-43 CLOSED</p> <p>Adequate evidence of correction was provided to close PH-42 & PH-43.</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 27 of the 34 physical health findings were corrected. One physical health finding was added for monitoring and corrective action. Eight physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>PH-1: In 5 records, the baseline information was incomplete or missing.</p> <p>PH-2: In 4 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-3: In 3 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-1, PH-2, & PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1, PH-2, & PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-4: In 4 records, the diagnosis was not on the problem list.</p> <p>PH-5: In 5 records, the baseline information was incomplete or missing.</p> <p>PH-6: In 3 records, the Chronic Illness Clinic (CIC) forms and progress notes were not completed, legible, dated, timed, signed, and/or signature.</p> <p>PH-7: In 6 records, there was no evidence of completed annual labs.</p> <p>PH-8: In 2 of 7 applicable records, there is no evidence of fundoscopic exam.</p>	<p>PH-4, PH-5, PH-6, PH-7, PH-8, & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4, PH-5, PH-6, PH-7, PH-8, & PH-9.</p>

Finding	CAP Evaluation Outcome
<p>PH-9: In 2 of 3 applicable records, there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every four months.</p>	

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-10: In 4 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-11: In 3 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-10 & PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10 & PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-12: In 3 of 9 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate. Therefore an acceptable level of compliance could not be determined. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>PH-13: In 3 records, the baseline information was incomplete or missing.</p> <p>PH-14: In 6 records, there was no evidence that seizures were classified.</p> <p>PH-15: In 2 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit.</p>	<p>PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p> <p>PH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached. PH-14 will remain open.</p> <p>PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>A comprehensive review of 6 inmate records revealed the following deficiencies:</p> <p>PH-16: In 2 records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>PH-17: In 3 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-18: In 3 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-16, PH-17, & PH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16, PH-17, & PH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>A comprehensive review of 4 inmate records revealed the following deficiencies:</p> <p>PH-19: In 3 records, there was no evidence of a diagnosis of malignancies documented on all forms.</p> <p>PH-20: In 2 records, the baseline information was incomplete or missing.</p> <p>PH-21: In 2 records, the (CIC) forms and progress notes were not completed, legible, dated, timed, signed, and/or signature stamped.</p> <p>PH-22: In 1 record, there was no evidence the patient was seen as often as the clinician determined necessary, not to exceed 365 days.</p>	<p>PH-19, PH-20, PH-21, & PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19, PH-20, PH-21, & PH-22.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-25: In 5 of 9 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-26: In 1 of 5 applicable records (16 reviewed), there was no evidence of appropriate follow-up.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-27: There was no evidence that preventive dentistry/oral hygiene posters or plaques were displayed in the dental area.</p>	<p>PH-27 CLOSED</p> <p>Adequate evidence of correction was provided to close PH-27.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>PH-28: In 3 records, there was no evidence the referral was sent to Utilization Management in a timely manner.</p> <p>PH-29: In 6 of 6 applicable records, there was no evidence the consultation reports were signed and dated by the referring physician.</p> <p>PH-30: In 3 records, there was no evidence the consultation was performed in a timely manner (see discussion CF-1).</p> <p>PH-31: In 4 of 8 applicable records, the new diagnosis was not reflected on the problem list.</p> <p>PH-32: In 1 of 4 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan.</p> <p>PH-33: In 3 records, there was no evidence the consultation log was complete and accurate.</p>	<p>PH-28 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-28 will remain open.</p> <p>PH-29 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-29.</p> <p>PH-30, PH-31, PH-32, & PH-33 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-30, PH-31, PH-32, & PH-33 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION</u></p> <p>PH-34: In 3 of 12 records reviewed, there was no evidence the Medication Administration Record (MAR) listed any allergies.</p>	<p>PH-34 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-34.</p>

Finding	Suggested Corrective Action
<p><u>CONSULTATIONS</u></p> <p>CF-1: In 4 of 4 applicable records, consultations were not added to the consultation log (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-1: *During the review of physical health care, there were multiple requests for specialty services that were not added to the consultation log. Discussions with institutional staff and a review of medical records indicated that the consultations were requested in a timely manner, but in some cases there was a delay in providing the request to the consultation coordinator. In several cases, the consultation coordinator was not aware of the consultation at all. This led to unnecessary delays in treatment for several inmates that were awaiting specialty care and/or diagnostic procedures. Institutional staff took immediate steps to institute new processes to prevent missed consultation services and indicated they would undertake a record review to assess for the possibility that other consultations were overlooked.*

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 6 of 8 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 5 of 10 records reviewed, physician's orders were not signed, dated, or timed.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-2: In 3 of 11 applicable records, initial lab tests were not completed as required.</p> <p>MH-3: In 13 records, physician's orders were not signed, dated, or timed.</p> <p>MH-4: In 4 of 17 applicable records, informed consents for medications were not present.</p> <p>MH-5: In 3 of 6 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-6: In 3 of 5 applicable records, abnormal lab tests were not followed-up as required.</p> <p>MH-7: In 3 of 4 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p> <p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-3 will remain open.</p> <p>MH-4, MH-5, & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4, MH-5, & MH-6.</p> <p>MH-7 OPEN</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-8: In 4 of 18 records reviewed, the Individualized Service Plan (ISP) was not signed by all members of the treatment team.</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

B. Annex

The CAP closure files revealed evidence to determine that 9 of 15 mental health findings were corrected. Six mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 4 of 6 SHOS admissions reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-2: In 3 of 14 applicable records (15 reviewed), there was no documentation that the response to the inmate request addressed the stated need.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-3: In 1 of 2 applicable records, a medical consultation or health appraisal was not conducted prior to the initiation of psychotropic medications.</p> <p>MH-4: In 4 of 7 applicable records, abnormal lab tests were not followed-up as required.</p>	<p>MH-3, MH-4, MH-5, & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3, MH-4, MH-5, & MH-6.</p> <p>MH-7 & MH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-7 & MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-5: In 1 of 2 applicable records, an approved Drug Exception Request (DER) was not completed.</p> <p>MH-6: In 5 of 17 applicable records, informed consents were not present or did not reflect information relevant to the medication prescribed.</p> <p>MH-7: In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-8: In 4 of 8 applicable records, AIMS were not administered within the appropriate time frame.</p> <p>MH-9: In 1 of 1 applicable record, the use of the ETO was not accompanied by a physician's order specifying the medication as an ETO.</p>	<p>MH-9 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to this finding during the monitoring period. Institutional staff will continue to monitor. MH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-10: In 3 of 12 applicable records, the "Inmate Transfer/Arrival Summary" (DC4-760A) was incomplete or not present in the medical record.</p> <p>MH-11: In 5 of 13 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-12: In 6 records, the Individualized Service Plan (ISP) was not signed by all members of the treatment team.</p>	<p>MH-10 & MH-11 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-10 & MH-11 will remain open.</p> <p>MH-12 & MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12 & MH-13.</p>

Finding	CAP Evaluation Outcome
MH-13: In 5 records, mental health problems were not recorded on the problem list.	

Finding	CAP Evaluation Outcome
<p><u>RECEPTION PROCESS</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>MH-14: In 3 of 12 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days.</p> <p>MH-15: In 2 of 7 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</p>	<p>MH-14 & MH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14 & MH-15.</p>

IV. Conclusion

Physical Health-Main Unit

PH-2, PH-10, PH-11, PH-12, PH-13, PH-14, PH-18, PH-30, PH-39, PH-40, & PH-41 will remain open and all other physical health findings will close.

Physical Health-Annex

PH-12, PH-14, PH-28, PH-30, PH-31, PH-32, PH-33 will remain open and all other physical health findings will close. CF-1 has been added for additional monitoring and corrective action.

Mental Health-Main Unit

MH-3 & MH-7 will remain open and all other physical health findings will close.

Mental Health-Annex

MH-1, MH-7, MH-8, MH-9, MH-10, & MH-11 will remain open and all other mental health findings will close.

Until such time as appropriate corrective actions are undertaken by NWFRC staff and the results of those corrections are reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.