

**SECOND ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

TOMOKA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted September 10 - 11, 2014

CMA STAFF

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CAP Assessment of Tomoka Correctional Institution

I. Overview

On September 9 - 10, 2014 the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Tomoka Correctional Institution (TOMCI). The survey report was distributed on September 26, 2014. In October of 2014, TOMCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the September 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 April 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 provided, CMA staff conducted an on-site CAP assessment on April 16, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 16 of 30 physical health findings and 13 of 20 mental health findings were corrected.

In September 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 provided, CMA staff conducted an on-site CAP assessment on September 28, 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

The CAP closure files revealed sufficient evidence to determine that 11 of the 14 physical health findings were corrected. Three physical health findings remain open. One cap finding, CF-1, was added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-4: In 5 of 15 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</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-6: In 5 records, the baseline information was incomplete or missing.</p> <p>PH-7: In 4 of 15 applicable 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-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-11: In 5 of 15 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 5 inmate records revealed the following deficiencies:</p> <p>PH-12: In 1 record, there was no evidence of a monthly nursing follow-up.</p> <p>PH-13: In 1 of 2 applicable records, there was no evidence of required monthly AST/ALT labs for those with HIV or chronic hepatitis.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p> <p>PH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring</p>

Finding	CAP Evaluation Outcome
<p>PH-14: In 2 of 3 applicable records, there was no evidence that the inmate was given the correct number of doses of INH.</p>	<p>period. Institutional staff will continue to monitor. PH-13 will remain open.</p> <p>PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-16: In 5 of 15 records reviewed, there was no evidence that patient education was provided.</p>	<p>PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-17: In 1 of 3 applicable records, there was no evidence that an inmate was evaluated by a nurse within 60 minutes of placement in the infirmary.</p> <p>PH-18: In 1 of 2 applicable records, there was no evidence that the clinician provided complete care orders for an inmate.</p> <p>PH-19: In 5 of 10 applicable records, there was no evidence that all orders were implemented.</p>	<p>PH-17 & PH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17 & PH-18.</p> <p>PH-19 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-19 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>PH-22: In 5 of 6 applicable records, there was no evidence of a discharge note by the nurse.</p>	<p>PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-22.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-25: In 13 of 14 records reviewed, the new diagnosis was not reflected on the problem list.</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>PERIODIC SCREENINGS</u></p> <p>PH-27: In 4 of 12 records reviewed, there was no evidence that all required diagnostic tests were completed prior to the periodic screening encounter.</p>	<p>PH-27 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-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>CF-1: In 3 of 3 applicable records, inmates with HbA1c levels over 8.0 were not seen according to protocol (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.</p>

Finding	CAP Evaluation Outcome
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion CF-1: In all three records, the inmate's next clinic appointment was scheduled for 180 days, rather than the 90 days specified in the Health Services Bulletin (HSB 15.03.05 Appendix #2).

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that three of seven mental health findings were corrected. Four mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 13 SHOS admissions revealed the following deficiencies:</p> <p>MH-2: In 7 of 7 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-3: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-2 & 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. PH-2 & MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-6: In 8 of 8 records reviewed, a written referral to mental health by physical health staff was not present in the medical record.</p>	<p>MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-8: In 2 of 10 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-9: In 1 of 1 applicable record, a Drug Exception Request was not obtained for the use of two psychotropic medications in the same class.</p> <p>MH-10: In 1 of 3 applicable records, there was no Refusal of Health Care Services (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p> <p>MH-9 & MH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-9 & MH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-20: Medical records were disorganized, with pages often misfiled or missing altogether.</p>	<p>MH-20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-20.</p>

IV. Conclusion

The following physical health findings will remain open: PH-13, PH-19, and PH-27. All other physical health findings will close. One finding, CF-1, was added for in-service training, monitoring, and corrective action. The following mental health findings will remain open: MH-2, MH-3, MH-9, and MH-10. All other mental health findings will close.

Until such time as appropriate corrective actions are undertaken by TOMCI staff and the results of those corrections 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 visit.