

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

of

**SOUTH FLORIDA RECEPTION CENTER**

for the

Physical and Mental Health Survey  
Conducted April 11-13, 2017

**CMA STAFF**

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

### **I. Overview**

On April 11-13, 2017, 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 May 24, 2017. In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on April 18, 2017.

The emergency notification informed the Secretary that serious deficiencies were identified. These deficiencies were related to psychiatric medication services, the use of psychiatric restraints when less restrictive alternatives were available, and the assessment and treatment of inmates at imminent risk of self-harm. Of additional concern, was the apparent lack of psychotropic medications prescribed and administered to the majority of inmates receiving inpatient mental health services.

On April 21, 2017, the CMA was provided a copy of the Department's CAP addressing the emergency findings. In May 2017, SFRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the remaining findings of the April 2017 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.

On August 24, 2017, 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 November 2, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence that 15 of 19 physical health findings and 13 of 20 mental health findings were corrected on the Main Unit. Additionally, 16 of 17 physical health findings were corrected on the South Unit.

On February 22, 2018, 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 March 26, 2018 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 4 of the 4 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-6: In 2 of 10 applicable records (11 reviewed), there was no evidence of influenza vaccination or refusal.</b></p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>PH-8: In 3 of 6 records reviewed, there was no evidence of a pneumococcal vaccination or refusal.</b></p>	<p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>PH-13: In 4 of 7 applicable records (14 reviewed), there was no evidence of a discharge note from the nurse.</b></p>	<p><b>PH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-16: In 2 of 8 records reviewed, required diagnostic tests were not completed.</b></p>	<p><b>PH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

## B. South Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<b><u>PERIODIC SCREENINGS</u></b>  <b>PH-13: In 6 of 16 records reviewed, the diagnostic and laboratory testing was incomplete.</b>	<b>PH-13 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close PH-13.

## III. Mental Health Assessment Summary

### A. Main Unit

The CAP closure files revealed evidence to determine that 5 of 9 mental health findings were corrected. Four mental health findings will remain open.

Finding	CAP Evaluation Outcome
<b><u>PSYCHIATRIC RESTRAINTS</u></b>  <b>MH-2: In 5 of 7 records reviewed, restraints were not removed after 30 minutes of calm behavior [EF].</b>	<b>MH-2 OPEN</b>  Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-2 will remain open.

Finding	CAP Evaluation Outcome
<b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b>  <b>MH-3: In 3 of 11 applicable records (17 reviewed), the response to the emergency assessment was not clinically appropriate [EF].</b>	<b>MH-3 OPEN</b>  Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-3 will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-6: In 6 of 11 records reviewed, psychiatric follow-up visits did not address all required elements [EF].</b></p>	<p><b>MH-6 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-8: In 3 of 11 records reviewed, the required hours of therapeutic services were not provided.</b></p>	<p><b>MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 10 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-9: In 4 of 9 applicable records, the “Health Information Arrival/Transfer Summary” (DC4-760A) was not completed within 24 hours of arrival to the facility.</b></p> <p><b>MH-10: In 2 of 7 applicable records, the inmate was not provided with instructions on how to access health care services.</b></p>	<p><b>MH-9 &amp; MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 &amp; MH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE</u></b></p> <p><b>MH-19: In 3 of 4 applicable records (6 reviewed), the “Summary of Mental Health Care” (DC4-661) was not completed for inmates within 30 days expiration of sentence (EOS).</b></p>	<p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p>

Finding	Suggested Corrective Action
<p><b><u>CAP FINDING – SELF-HARM OBSERVATION STATUS</u></b></p> <p><b>CF-1: In 3 of 4 records reviewed, daily rounds by the attending clinician were not completed.</b></p> <p><b>CF-2: In 3 of 4 records reviewed, daily counseling did not occur by mental health staff.</b></p>	<p><b>CF-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. CF-1 will remain open.</p> <p><b>CF-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-2.</p>

**B. South Unit**

There were no findings requiring corrective action as a result of the April 2017 survey.

**IV. Conclusion**

**Physical Health Main Unit**

All physical health portions are closed.

**Physical Health Annex**

All physical health portions are closed.

### **Mental Health Main Unit**

The following mental health findings will remain open: MH-2, MH-3, MH-6, & CF-1. All other mental health portions are closed.

### **Mental Health Annex**

There were no findings requiring corrective action as a result of the April 2017 survey.

Until such time as appropriate corrective actions are undertaken by 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.