

**THIRD OFF-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 Distributed on August 15, 2018

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 90 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. The CAP closure files revealed sufficient evidence to determine that 4 of 4 physical health findings and 5 of 9 mental health findings were corrected on the Main Unit. Additionally, 1 of 1 physical health findings were corrected at the South Unit.

On June 20, 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 July 16, 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

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

B. South Unit

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

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed evidence to determine that 2 of 4 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<u>PSYCHIATRIC RESTRAINTS</u> MH-2: In 5 of 7 records reviewed, restraints were not removed after 30 minutes of calm behavior [EF].	MH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close MH-2.

Finding	CAP Evaluation Outcome
<u>SELF-HARM OBSERVATION STATUS (SHOS)</u> MH-3: In 3 of 11 applicable records (17 reviewed), the response to the emergency assessment was not clinically appropriate [EF].	MH-3 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close MH-3.

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-6: In 6 of 11 records reviewed, psychiatric follow-up visits did not address all required elements [EF].</p>	<p>MH-6 OPEN</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	Suggested Corrective Action
<p><u>CAP FINDING – SELF-HARM OBSERVATION STATUS</u></p> <p>CF-1: In 3 of 4 records reviewed, daily rounds by the attending clinician were not completed.</p>	<p>CF-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined. CF-1 will remain open.</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-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 appropriate corrective actions are undertaken by 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 off-site visit.