

**FIFTH OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT  
of  
ZEPHYRHILLS CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted June 6-8, 2017

**CMA STAFF**

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## **CAP Assessment of Zephyrhills Correctional Institution**

### **I. Overview**

On June 6-8, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Zephyrhills Correctional Institution (ZEPCI). The survey report was distributed on July 7, 2017. In August of 2017, ZEPCI submitted and the CMA approved, the institutional corrective action plan (CAP), which outlined the efforts to be undertaken to address the findings of the June 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 December 8, 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 January 24, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 17 physical health findings and 15 of 26 mental health findings were corrected.

On May 31, 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 conducted an on-site CAP assessment on June 25, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 12 physical health and 8 of 11 mental health findings were corrected.

On November 9, 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 conducted an on-site CAP assessment on January 4, 2019 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 7 physical health and 3 of 3 mental health findings were corrected.

On February 27, 2019, 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 conducted an on-site CAP assessment on March 5, 2019 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 4 physical health findings were corrected.

On July 10, 2019, 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 conducted an off-site CAP assessment on August 8, 2019 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 1 of 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 6 records, there was no evidence of an appropriate examination for the diagnosis.</b></p>	<p><b>PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

## III. Mental Health Assessment Summary

All mental health findings are closed.

## IV. Conclusion

All findings as a result of the June 2017 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.