

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

of

FLORIDA STATE PRISON

for the

Physical and Mental Health Survey
Conducted November 14-16, 2017

CMA STAFF

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CAP Assessment Distributed on November 21, 2018

CAP Assessment of Florida State Prison

I. Overview

On November 14-16, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Florida State Prison (FSP). The survey report was distributed on December 11, 2017. In January 2018, FSP submitted and the CMA approved, the institutional corrective action plan (CAP), which outlined the efforts to be undertaken to address the findings of the November 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 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 staff conducted an on-site CAP assessment on June 29, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 9 of 12 physical health findings and 5 of 5 mental health findings were corrected. Additionally, 18 of 20 physical health findings and 11 of 12 mental health findings were corrected at the West Unit.

On October 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 staff conducted an on-site CAP assessment on November 13, 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 3 of the 3 physical health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-2: In 4 of 15 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION REVIEW</u></p> <p>PH-5: In 3 of 12 records reviewed, there was no evidence of a corresponding note in the medical record by the provider for all medication orders.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-7: In 1 of 2 applicable records (12 reviewed), there was no evidence the inmate was referred to the clinician when required.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

B. West Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 physical health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>PH-10: In 2 of 8 applicable inpatient and outpatient records (12 reviewed), there was no evidence that the nursing discharge note was completed in its entirety.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-13: There was no evidence that necessary equipment was available and in working order.</p>	<p>PH-13 OPEN</p> <p>Adequate documentation of correction was provided to close PH-13.</p>

III. Mental Health Assessment Summary

A. Main Unit

All mental health findings closed at the first CAP assessment.

B. West Unit

The CAP closure files revealed evidence to determine that 1 of 1 mental health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-3: In 1 record of 4 records reviewed, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

IV. Conclusion

All findings as a result of the November 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.