

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

of

**NORTHWEST FLORIDA RECEPTION CENTER**

for the

Physical and Mental Health Survey  
Conducted June 5-7, 2018

**CMA STAFF**

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Distributed on March 12, 2020

## I. Overview

On June 5-7, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Northwest Florida Reception Center (NWFRC). The survey report was distributed on July 2, 2018. In August 2018, NWFRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the NWFRC 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.

### Summary of CAP Assessments for Northwest Florida Reception Center

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	2/14/2019	3/11/2019	On-site	63	25	38
2	7/26/2019	9/10/2019	On-site	63	11	14
3	2/7/2020	3/6/2020	On-site	63	4	7

## II. Physical Health Assessment Summary

### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of the 7 physical health findings were corrected. All physical health findings are closed.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided; however institutional monitoring was inadequate, and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided; however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Endocrine Clinic</u> PH-2: In 2 of 8 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.	x					
<u>Neurology Clinic</u> PH-6: In 4 of 7 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.	x					
<u>Oncology Clinic</u> PH-11: In 2 of 2 applicable records, there was no evidence of a referral to a specialist when indicated.	x					
<u>Tuberculosis Clinic</u> PH-13: In 1 of 4 applicable records, the AST and ALT tests were not repeated as ordered.	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><b><u>Infirmiry Care</u></b> PH-15: In 6 of 9 applicable records, there was no evidence of a complete discharge note by the nurse.</p>	X					
<p><b><u>Infirmiry Care</u></b> PH-16: In 1 of 4 applicable records, there was no evidence of a discharge summary by the clinician within 72 hours of discharge.</p>	X					
<p><b><u>Emergency Care</u></b> PH-17: In 2 of 10 applicable records (16 reviewed), there was no evidence of a referral to a clinician when indicated.</p>	X					

**B. Annex Unit**

All physical health findings were corrected at the second CAP assessment.

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 0 of the 2 mental health findings were corrected. Two mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided; however institutional monitoring was inadequate, and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided; however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><b><u>Self-harm Observation Status</u></b>            MH-2: In 1 of 4 applicable records, the guidelines for SHOS management were not observed.</p>		X				
<p><b><u>Inmate Request</u></b>            MH-6: In 3 of 12 applicable records, the referral or interview did not occur as intended.</p>		X				

**B. Annex Unit**

The CAP closure files revealed sufficient evidence to determine that 0 of the 2 mental health findings were corrected. Two mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided; however institutional monitoring was inadequate, and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided; however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><b><u>Outpatient Psychotropic Medication Practices</u></b>                      MH-9: In 1 of 1 applicable record, the rationale for giving an emergency treatment order (ETO) was not clearly documented.</p>			X			
<p><b><u>Outpatient Psychotropic Medication Practices</u></b>                      MH-10: In 1 of 1 applicable record, the ETO was not cosigned within 24 hours.</p>			X			

## **IV. Conclusion**

### **Physical Health-Main Unit**

All physical health findings are closed.

### **Physical Health-Annex Unit**

All findings were closed at the second CAP assessment.

### **Mental Health-Main Unit**

The following mental health findings will remain open: MH-2 and MH-6.

### **Mental Health-Annex Unit**

The following mental health findings will remain open: MH-9 and MH-10.

Until appropriate corrective actions are undertaken by NWFRC 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 off-site evaluation.