

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

TOMOKA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted January 30-February 1, 2018

CMA STAFF

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CAP Assessment of Tomoka Correctional Institution

I. Overview

On January 30–February 1, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Tomoka Correctional Institution (TOMCI). The survey report was distributed on March 6, 2018. On April 5, 2018, TOMCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the TOMCI 2018 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 July 24, 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 August 17, 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

The CAP closure files revealed sufficient evidence to determine that 14 of the 17 physical health findings were corrected. Three physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC REVIEW</u></p> <p>PH-1: In 4 of 16 records reviewed, there was no evidence that inmates were seen according to their M-grade.</p>	<p>PH-1 OPEN</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. PH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-2: In 4 of 15 applicable records, there was no evidence that all required annual labs were completed.</p> <p>PH-3: In 2 of 10 applicable records, there was no evidence that diabetic patients were seen as required.</p>	<p>PH-2 & PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2 and PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-4: In 1 of 1 applicable record, there was no evidence that the inmate was enrolled in the appropriate clinic for the diagnosis.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-5: In 5 of 14 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</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>EMERGENCY SERVICES</u></p> <p>PH-6: In 5 of 7 applicable records, there was no evidence of clinician follow-up when a referral was made.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-7: The follow up visit did not occur in a timely manner.</p> <p>PH-8: There was no evidence of a follow-up assessment.</p>	<p>PH-7 & PH-8 OPEN</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. PH-7 and PH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-9: In 5 of 11 applicable records, the nursing discharge note was incomplete or missing.</p> <p>PH-10: In 2 of 4 applicable records, the clinician's discharge summary was incomplete or missing</p>	<p>PH-9 & PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9 and PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-11: In 4 of 14 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-12: In 3 records, there was no evidence the medication orders were signed, dated, and timed by nursing staff at the time the order was noted.</p> <p>PH-13: In 1 of 2 applicable records, there was no evidence the inmate was provided counseling after missing three consecutive doses or five doses over the course of one month.</p>	<p>PH-12 & PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12 and PH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATION OF THE PILL LINE</u></p> <p>PH-14: Staff administering the medications did not wash their hands prior to beginning the pill line.</p> <p>PH-15: There was no evidence that medical personnel checked the inmate's identification prior to giving the medication.</p> <p>PH-16: There was no evidence that an oral cavity check was completed to ensure the inmate swallowed the medication.</p>	<p>PH-14, PH-15 & PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14, PH-15 and PH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiency:</p> <p>PH-17: There was no evidence that the first aid kits in the dorms were inspected routinely.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 5 of 6 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 3 of 4 applicable records (12 reviewed), the guidelines for SHOS management were not observed.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-2: In 2 of 10 records reviewed, there was not adequate follow-up after a psychological emergency when indicated</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient mental health records revealed the following deficiencies:</p> <p>MH-3: In 3 of 5 applicable records, the Individualized Service Plan (ISP) was not reviewed or revised within the required time frame.</p> <p>MH-4: In 6 records, the ISP not signed by all relevant parties.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p> <p>MH-4 OPEN</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. MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-5: In 1 of 4 applicable records (18 reviewed), appropriate initial laboratory tests were not ordered for psychotropic medications.</p>	<p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>MH-6: In 4 of 9 records reviewed, consent to release information for continuity of care was not completed timely.</p>	<p>MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p>

IV. Conclusion

Three physical health findings remain open and all other physical health portions will close. One mental health finding will remain open and all other mental health portions will close. 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, but the option remains open to conduct an on-site evaluation.