

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SOUTH FLORIDA RECEPTION CENTER

for the

Physical and Mental Health Survey
Conducted October 16-17, 2013

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CAP Assessment of South Florida Reception Center

I. Overview

On October 16-17, 2013, 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 November 10, 2013. In December of 2013, SFRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the October 2013 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. In May of 2013, 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 by the Main Unit, the CMA conducted an on-site CAP assessment on June 17, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. Based on the documents provided by the South Unit, the CMA conducted an off-site assessment on May 25, 2014. 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 43 of the 47 physical health findings were corrected. Four physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1: A comprehensive review of 10 records revealed the following deficiencies:</p> <p>(a) In 10 records, the baseline physical examination was incomplete or missing (see discussion).</p> <p>(b) In 6 records, the baseline laboratory work was incomplete or missing.</p> <p>(c) In 3 of 7 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-1(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1(a)-(c).</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 7 records revealed the following deficiencies:</p> <p>(a) In 1 of 5 applicable records, there was no evidence that an inmate with vascular disease was prescribed aspirin.</p> <p>(b) In 3 of 5 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-2(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: In 3 of 4 applicable records (5 reviewed), hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-4: A comprehensive review of 6 records revealed the following deficiencies:</p> <p>(a) In 4 of 5 applicable records, the baseline physical examination was incomplete or missing.</p> <p>(b) In 2 records, the baseline laboratory work was incomplete or missing.</p>	<p>PH-4(a)-(g) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(a)-(g).</p>

Finding	CAP Evaluation Outcome
<p>(c) In 2 records, inmates were not seen at appropriate clinic intervals and there was no justification of frequency documented.</p> <p>(d) In 3 records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>(e) In 2 of 3 applicable records, the serological testing for hepatitis B was incomplete or missing.</p> <p>(f) In 2 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(g) In 3 of 3 applicable records, there was no evidence of influenza vaccine or refusal.</p>	

Finding	CAP Evaluation Outcome
<p>PH-5: A comprehensive review of 5 records revealed the following deficiencies:</p> <p>(a) In 1 record, the baseline history was incomplete or missing.</p> <p>(b) In 1 record, the baseline physical examination was incomplete or missing.</p> <p>(c) In 1 of 3 applicable records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 2 of 3 applicable records, seizures were not classified.</p> <p>(e) In 1 record, there was no evidence of appropriate examination to include vital signs and/or weight.</p>	<p>PH-5(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5(a)-(c).</p> <p>PH-5(d) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-5(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(f) In 2 of 2 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(g) In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-5(e)-(g) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5(e)-(g).</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 5 records revealed the following deficiencies:</p> <p>(a) In 1 record, there was no evidence that labs were reviewed prior to the visit or addressed in a timely manner (see discussion).</p> <p>(b) In 1 of 3 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-6(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-7: A comprehensive review of 7 records revealed the following deficiencies:</p> <p>(a) In 1 of 4 applicable records, there was no evidence that a patient with moderate to severe reactive airway disease was started on anti-inflammatory medication or that it was contraindicated.</p>	<p>PH-7(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7(a)-(c).</p>

Finding	CAP Evaluation Outcome
<p>(b) In 2 records, inmates were not seen at appropriate clinic intervals and there was no justification of frequency documented.</p> <p>(c) In 4 of 6 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 8 records revealed the following deficiencies:</p> <p>(a) In 8 records, the baseline history was incomplete or missing.</p> <p>(b) In 8 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 3 records, there was no evidence of initial or ongoing education regarding smoking cessation.</p> <p>(d) In 5 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-8(a)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(a)-(d).</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY SERVICES RECORD REVIEW</u></p> <p>PH-9: A comprehensive review of 17 records revealed that all inmates were not being admitted to the infirmary as required by Department policy resulting in the following deficiencies:</p>	<p>PH-9(a)-(f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9(a)-(f).</p>

Finding	CAP Evaluation Outcome
<p>(a) In 11 of 14 applicable records, there was no evidence of daily rounds for acute patients or weekly rounds for chronic patients. This includes the 7 “housed” inmates.</p> <p>(b) In 4 of 15 applicable records, there was no evidence that nursing problems identified were addressed.</p> <p>(c) In 4 records, rounds every 2 hours were not documented.</p> <p>(d) In 7 records, there were no separate and complete inpatient files.</p> <p>(e) In 7 records, admission documentation by the physician or clinical associate was not completed and did not provide a medical plan of care.</p> <p>(f) In 8 records, a discharge summary was not completed by the physician or clinical associate.</p>	

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-10: A comprehensive review of 10 records revealed the following deficiencies:</p> <p>(a) In 6 records, the consult reports were not signed, stamped and/or dated.</p> <p>(b) In 3 of 9 applicable records, there was not an incidental note to address recommendations made by the specialist.</p> <p>(c) In 5 of 9 applicable records, the new diagnosis was not reflected on the problem list.</p>	<p>PH-10(a)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10(a)-(d).</p>

Finding	CAP Evaluation Outcome
(d) In 3 records, consultant's treatment recommendations were not incorporated into the treatment plan.	

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS RECORD REVIEW</u></p> <p>PH-11: A comprehensive review of 7 records revealed the following deficiencies:</p> <p>(a) In 1 of 2 applicable records, those with pending consultations were not added to the consultation log.</p> <p>(b) In 2 of 3 applicable records, chronic illness clinic appointments did not take place as scheduled or as necessary.</p>	<p>PH-11(a) OPEN</p> <p>Adequate evidence of in-service training was provided however no applicable records were available for review at the time of the survey. Therefore an adequate level of compliance could not be determined. PH-11(a) will remain open.</p> <p>PH-11(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11(b).</p>

Finding	CAP Evaluation Outcome
<p><u>PREVENTIVE CARE RECORD REVIEW</u></p> <p>PH-12: A comprehensive review of 10 records revealed the following deficiencies:</p> <p>(a) In 4 records, the periodic screening encounter was not conducted within one month of the due date.</p> <p>(b) In 6 records, the periodic screening was incomplete.</p>	<p>PH-12(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12(a)-(c).</p>

Finding	CAP Evaluation Outcome
(c) In 8 records, the required diagnostic tests were incomplete or not performed in a timely manner.	

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-13: A tour of the facility revealed the following deficiencies:</p> <p>(a) There were no gloves in the emergency/trauma room.</p> <p>(b) There was no sink for hand washing or hand hygiene products available in the infirmary other than a sink in the closed med room.</p> <p>(c) The pill line room had rust and mold around the metal frame of the fluorescent light, drywall hanging from the ceiling and a leaking roof.</p>	<p>PH-13(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13(a).</p> <p>PH-13(b) OPEN</p> <p>Although documentation of correction was provided, a visual inspection of the infirmary area during the on-site CAP assessment revealed that the central sink was still located behind the door in the medication room. Furthermore, the small sinks which were located in some of the rooms were being used to hold supplies; therefore PH-13(b) will remain open.</p> <p>PH-13(c) OPEN</p> <p>Although documentation of correction was provided, a visual inspection of the medication administration room during the on-site CAP assessment revealed continued deficiencies including no sink, dirty countertops, drywall hanging from the ceiling, and a black mildew on the tiles; therefore PH-13(c) will remain open.</p>

B. South Unit

The CAP closure files revealed sufficient evidence to determine that none of the physical health findings were corrected. All physical health findings will remain open due to insufficient evidence of monitoring.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1: A comprehensive review of 18 records revealed the following deficiencies:</p> <p>(a) In 5 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(b) In 5 records, chronic illness clinic documentation was not legible.</p>	<p>PH-1(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-1(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 11 records revealed the following deficiencies:</p> <p>(a) In 5 records, the baseline history was incomplete or missing.</p> <p>(b) In 8 records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-2(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-2(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-3: In 1 of 1 record reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-3 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-4: A comprehensive review of 6 records revealed the following deficiencies:</p> <p>(a) In 2 records, the diagnosis was not recorded on the problem list.</p> <p>(b) In 4 records, the baseline history was incomplete or missing.</p> <p>(c) In all records reviewed, the baseline physical examination was incomplete or missing.</p> <p>(d) In 3 of 5 applicable records, seizures were not classified.</p>	<p>PH-4(a)-(d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-4(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 10 records revealed the following deficiencies:</p> <p>(a) In 2 records, the baseline history was incomplete or missing.</p> <p>(b) In 6 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 1 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(d) In 1 of 3 applicable records, the inmate was not referred to a specialist for more in-depth treatment.</p>	<p>PH-5(a)-(d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-5(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-6: In 3 of 13 records reviewed, the baseline history was incomplete or missing.</p>	<p>PH-6 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>PH-7: In 1 of 5 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-7 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 11 records revealed the following deficiencies:</p> <p>(a) In 3 records, there was no signature from the referring clinician upon receiving the consultant's report.</p> <p>(b) In 5 of 6 applicable records, the new diagnosis was not reflected on the problem list.</p> <p>(c) In 3 of 3 applicable records, the referring clinician did not document a new plan of care following a denial by the Utilization Management Department.</p>	<p>PH-8(a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-8(a)-(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PREVENTIVE CARE RECORD REVIEW</u></p> <p>PH-9: In 5 of 13 records reviewed, the periodic screening was incomplete.</p>	<p>PH-9 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC RECORD REVIEW</u></p> <p>PH-10: In 4 of 18 inmate records reviewed, there was no evidence of an accurate diagnosis and treatment plan.</p>	<p>PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-11: A tour of the facility revealed the following deficiencies:</p> <p>(a) Over the counter medications were not current.</p> <p>(b) There was no documentation that first aid kits were inspected monthly.</p> <p>(c) Pill line schedules were not posted in common areas.</p>	<p>PH-11(a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-11(a)-(c) will remain open.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 10 of 24 mental health findings were corrected. Fourteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH RESTRAINTS RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 2 mental health restraint episodes revealed the following deficiencies:</p> <p>(a) In 1 record, the appropriate precipitating behavioral signs indicating the need for psychiatric restraints were not documented in the medical record.</p> <p>(b) In 1 record, less restrictive means of behavioral control were not documented.</p> <p>(c) In 1 record, the physician’s order did not contain the maximum duration of the restraint.</p> <p>(d) In 1 record, there was no documentation that the inmate was offered the bedpan/urinal every two hours.</p> <p>(e) In 1 record, psychiatric restraints were not removed after 30 minutes of calm behavior.</p>	<p>MH-1(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(a).</p> <p>MH-1(b) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-1(b) will remain open.</p> <p>MH-1(c) & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(c) & (d).</p> <p>MH-1(e) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-1(e) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-2: A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>(a) In 2 of 4 applicable records, there was no evidence that initial lab tests were conducted.</p> <p>(b) In 1 of 3 applicable records, the medication prescribed was not appropriate for the symptoms and diagnosis.</p> <p>(c) In 1 of 4 applicable records, informed consents were not appropriate for the medication prescribed.</p> <p>(d) In 1 of 2 applicable records, follow-up lab tests were not completed as required.</p>	<p>MH-2(a)-(d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-2(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-3: A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>(a) In 10 records, vital signs were not documented daily for the first 5 days for a new admission.</p> <p>(b) In all records reviewed, the required hours of therapeutic services were not documented.</p> <p>(c) In 11 records, vital signs were not documented at required intervals.</p>	<p>MH-3(a) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-3(a) will remain open.</p> <p>MH-3(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(b).</p>

Finding	CAP Evaluation Outcome
<p>(d) In 8 records, weekly weight was not documented.</p>	<p>MH-3(c) & (d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-3(c) & (d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-4: A comprehensive review of 12 outpatient records revealed the following deficiencies:</p> <p>(a) In 2 of 3 applicable records, abnormal lab tests were not followed-up as required.</p> <p>(b) 1 of 3 applicable records, an Approved Drug Exception Request (DC4-648) was not present when an approved drug was prescribed for non-approved use.</p> <p>(c) In 3 of 10 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>(d) In 5 of 10 applicable records, informed consents were not present or did not reflect information relevant to the medication prescribed.</p> <p>(e) In 1 of 1 applicable record, follow-up lab tests were not completed as required.</p>	<p>MH-4(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-4(a) & (b) will remain open.</p> <p>MH-4(c) & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(c) & (d).</p> <p>MH-4(e) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-4(e) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-5: A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>(a) In 6 of 11 applicable records, there was no indication that health care staff reviewed the chart within 24 hours of the inmate's arrival.</p> <p>(b) In 5 of 10 applicable records, there was no indication that instruction for accessing mental health care was provided.</p>	<p>MH-5(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING RECORD REVIEW</u></p> <p>MH-6: In 2 of 2 applicable records (4 reviewed), the Summary of Outpatient Mental Health Care (DC4-661) was not completed within 30 days of end of sentence (EOS).</p>	<p>MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided however no applicable records were available for review at the time of the survey. Therefore an adequate level of compliance could not be determined. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>RECEPTION PROCESS RECORD REVIEW</u></p> <p>MH-7: In 4 of 11 applicable records (21 reviewed), psychotropic medication was not continued from county jail.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-8: A tour of the facility revealed the following deficiencies:</p> <p>(a) Paint was peeling from the walls of Isolation Management Rooms (IMR).</p> <p>(b) One IMR had safety concerns that needed repair.</p>	<p>MH-8 (a) OPEN</p> <p>Although documentation of correction was provided, a visual inspection of cells during the on-site CAP assessment revealed that the paint was continuing to peel; therefore MH-8(a) will remain open.</p> <p>MH-8(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8(b).</p>

B. South Unit

There were no findings requiring corrective action for mental health services provided at the South Unit as a result of the October 2013 survey.

IV. Conclusion

Physical Health-Main Unit

PH-1(a)-(c), PH-2(a) & (b), PH-3, PH-4(a)-(g), PH-5(a)-(c) & (e)-(g), PH-6(a) & (b), PH-7(a)-(c), PH-8(a)-(d), PH-9(a)-(f), PH-10(a)-(d), PH-11(b), PH-12(a)-(c), and PH-13(a) will close and all other physical health findings will remain open.

Physical Health-South Unit

All physical health findings will remain open.

Mental Health-Main Unit

MH-1(a), (c) & (d), MH-3(b), MH-4(c) & (d), MH-5(a) & (b), MH-7, and MH-8(b) will close and all other mental health findings will remain open.

Mental Health-South Unit

There were no mental health findings requiring corrective action as a result of the October 2013 survey.

Until such time as appropriate corrective actions are undertaken by SFRC 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 on-site evaluation.