

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

of

SOUTH FLORIDA RECEPTION CENTER

for the

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

CMA STAFF

Matthew Byrge, LCSW
Lynne Babchuck, LCSW

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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. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 43 of 47 physical health findings and 10 of 24 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that all physical health findings would remain open due to insufficient monitoring by the South Unit. There were no mental health findings on the South Unit as a result of the October 2013 survey. On August 18, 2014, 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 September 16, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. 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 2 of the 4 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>NEUROLOGY CLINIC RECORD REVIEW</u> PH-5(d): In 2 of 3 applicable records (5 reviewed), seizures were not classified.	PH-5(d) CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-5(d).

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS RECORD REVIEW</u></p> <p>PH-11(a): In 1 of 2 applicable records (7 reviewed), pending consultations were not added to the consultation log.</p>	<p>PH-11(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11(a).</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR:</u></p> <p>PH-13: A tour of the facility revealed the following deficiencies:</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(b) OPEN</p> <p>A visual inspection of the infirmary area revealed that the only sink was still located in the closed med room. Additionally, hand hygiene products were not readily available; therefore PH-13(b) will remain open.</p> <p>PH-13(c) OPEN</p> <p>Although institutional staff report that construction has begun on the leaking roof, a visual inspection of the medication administration room during the on-site CAP assessment revealed continued deficiencies including no sink, dirty countertops, and drywall hanging from the ceiling. Therefore, PH-13(c) will remain open.</p>

B. South Unit

The CAP closure files revealed sufficient evidence to determine that 19 of the 23 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 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) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1(a) & (b).</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) 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-2(a) will remain open.</p> <p>PH-2(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(b).</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 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>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) 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-4(a) will remain open.</p> <p>PH-4(b)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(b)-(d).</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>PH-5(a)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5(a)-(d).</p>

Finding	CAP Evaluation Outcome
<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>	

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 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>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 a review of randomly selected records indicated that an acceptable level of compliance had not 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) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(a)-(c).</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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</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 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>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) CLOSED</p> <p>Documentation of correction was provided to close PH-11(a).</p> <p>PH-11(b) OPEN</p> <p>A review of a housing areas revealed a first aid kit that had not been inspected since July 2014. PH-11(b) will remain open.</p> <p>PH-11(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11(c).</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of 14 mental health findings were corrected. Seven 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>(b) In 1 record less restrictive means of behavioral control were not documented.</p> <p>(e) In 1 record, psychiatric restraints were not removed after 30 minutes of calm behavior.</p>	<p>MH-1(b) & (e) OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-1(b) & (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) OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-2(a) will remain open.</p> <p>MH-2(b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(b) & (c).</p> <p>MH-2(d) OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-2(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>(c) In 11 records, vital signs were not documented at required intervals.</p> <p>(d) In 8 records, weekly weight was not documented.</p>	<p>MH-3(a), (c), & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(a), (c), & (d).</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>(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 there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-4(a) & (b) will remain open.</p> <p>MH-4(e) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(e).</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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</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>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>

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-5(d) and PH-11(a) will close and all other physical health findings will remain open.

Physical Health-South Unit

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

Mental Health-Main Unit

MH-2(b) & (c), MH-3(a), (c), & (d), MH-4 (e), and MH-6 will close and all other mental health findings will remain open. Six out of the seven open findings will remain open due to the institution having no episodes that were applicable to these findings during the monitoring period.

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 off-site evaluation.