

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

of

SOUTH FLORIDA RECEPTION CENTER

for the

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

CMA STAFF

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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. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 2 of 4 physical health findings and 7 of 14 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 19 of 23 physical health findings were corrected on the South Unit. On December 16, 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 off-site CAP assessment on January 30, 2015 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 2 physical health findings were corrected. All physical health findings are closed.

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) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13(b) & (c).</p>

B. South Unit

The CAP closure files revealed sufficient evidence to determine that 4 of the 4 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-2(a): In 5 of 11 records reviewed, the baseline history was incomplete or missing.</p>	<p>PH-2(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(a).</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-4(a): In 2 of 6 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-4(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(a).</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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-11(b): A tour of the facility revealed that there was no documentation that first aid kits were inspected monthly.</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>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of 7 mental health findings were corrected. Four 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 after review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached. 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>(d) In 1 of 2 applicable records, follow-up lab tests were not completed as required.</p>	<p>MH-2(a) & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(a) & (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>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>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-8: A tour of the facility revealed that paint was peeling from the walls of Isolation Management Rooms (IMR).</p>	<p>MH-8(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</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

All physical health findings are closed.

Physical Health-South Unit

All physical health findings are closed.

Mental Health-Main Unit

MH-2(a) & (d) and MH-8 will close and all other mental health findings will remain open. Two out of the four 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.