

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
NORTHWEST FLORIDA RECEPTION CENTER

for the

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

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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

Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 14 of the 23 physical health findings were corrected. Nine physical 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
Endocrine Clinic PH-1: In 5 of 11 applicable records, there was no evidence of an annual fundoscopic examination.	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><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.</p>		x				
<p><u>Endocrine Clinic</u> PH-3: In 2 of 10 applicable records, there was no evidence that inmates with vascular disease or high risk were prescribed aspirin.</p>	x					
<p><u>Immunity Clinic</u> PH-4: In 2 of 10 applicable records (11 reviewed), there was no evidence of hepatitis B vaccination or refusal.</p>		x				
<p><u>Miscellaneous Clinic</u> PH-5: In 1 of 3 applicable records (5 reviewed), there was no evidence of a referral to a specialist when indicated</p>	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><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.</p>		x				
<p><u>Neurology Clinic</u> PH-7: In 2 of 6 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	x					
<p><u>Oncology Clinic</u> PH-8: In 3 records, there was no evidence of an appropriate examination for the disease.</p>		x				
<p><u>Oncology Clinic</u> PH-9: In 1 record, there was no evidence that marker or radiological studies were completed at appropriate intervals.</p>	x					
<p><u>Oncology Clinic</u> PH-10: In 2 records, there was no evidence of the control of the disease or the status of the patient.</p>	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><u>Oncology Clinic</u> PH-11: In 2 of 2 applicable records, there was no evidence of a referral to a specialist when indicated.</p>		x				
<p><u>Tuberculosis Clinic</u> PH-12: In 3 records, there was no evidence of the monthly follow-up provided by nursing.</p>	x					
<p><u>Tuberculosis Clinic</u> PH-13: In 1 of 4 applicable records, the AST and ALT tests were not repeated as ordered.</p>		x				
<p><u>Tuberculosis Clinic</u> PH-14: In 3 records, there was no evidence that the inmate was being given the correct number of doses of Isoniazid (INH).</p>	x					
<p><u>Infirmery Care</u> PH-15: In 6 of 9 applicable records, there was no evidence of a complete discharge note by the nurse.</p>		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><u>Infirmary Care</u> 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><u>Emergency Care</u> PH-17: In 2 of 10 applicable records (16 reviewed), there was no evidence of a referral to a clinician when indicated.</p>		x				
<p><u>Sick Call</u> PH-18: In 4 of 8 applicable records (18 reviewed), there was no evidence of timely follow-up by the clinician.</p>	x					
<p><u>Consultations</u> PH-19: In 9 of 14 records reviewed, the diagnosis was not recorded on the problem list.</p>	x					
<p><u>Periodic Screenings</u> PH-20: In 1 of 1 applicable record (15 reviewed), there was no evidence that the inmate was referred to the clinician for follow-up when indicated.</p>	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
<u>Medical Inmate Requests</u> PH-21: In 4 of 10 applicable records (17 reviewed), there was no evidence that the indicated outcome of the request occurred timely.	x					
<u>Institutional Tour</u> PH-22: There was no evidence that over-the-counter medications were available and distributed correctly in all dorms.	x					
<u>Institutional Tour</u> PH-23: There was no evidence that first aid kits were inspected monthly.	x					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 9 of the 10 physical health findings were corrected. One physical health finding 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><u>Endocrine Clinic</u> PH-1: In 1 of 4 applicable records (12 reviewed), there was no evidence of the required fundoscopic examination.</p>	x					
<p><u>Gastrointestinal Clinic</u> PH-2: In 5 of 12 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</p>	x					
<p><u>Respiratory Clinic</u> PH-3: In 3 of 8 applicable records (13 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	x					
<p><u>Infirmery</u> PH-4: In 5 of 10 records reviewed, there was no evidence of a nursing discharge note.</p>	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><u>Sick Call</u> PH-5: In 5 of 15 records reviewed, there was no evidence of patient education.</p>	x					
<p><u>Consultations</u> PH-6: In 3 of 9 records reviewed, the consultation log was incomplete.</p>	x					
<p><u>Intra-System Transfers</u> PH-7: In 4 of 15 records reviewed, there was no evidence the clinician reviewed the health record within seven days of arrival.</p>	x					
<p><u>Dental Clinic</u> PH-8: In 4 of 18 records reviewed, there was no evidence of an adequate number of radiographs for diagnosis.</p>						Open - Dental staff left early so there was no one available to provide records or radiographs for review.
<p><u>Institutional Tour</u> PH-9: There was no evidence that over-the-counter (OTC) medications were available and distributed correctly in all dorms.</p>	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
<u>Institutional Tour</u> PH-10: There was no evidence that first aid kits were inspected monthly.	x					

II. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 6 of the 16 mental health findings were corrected. Ten 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
<u>Self-harm Observation Status</u> MH-1: In 3 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.	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><u>Self-harm Observation Status</u> MH-2: In 1 of 4 applicable records, the guidelines for SHOS management were not observed.</p>		X				
<p><u>Self-harm Observation Status</u> MH-3: In 3 records, mental health staff did not provide post-discharge follow-up within 7 days.</p>		X				
<p><u>Use of Force Episodes</u> MH-4: In 2 records, the post use of force exam was not completed.</p>	X					
<p><u>Inmate Request</u> MH-5: In 3 of 14 applicable records, the identified request was not responded to within the appropriate time frame.</p>		X				
<p><u>Inmate Request</u> MH-6: In 3 of 12 applicable records, the referral or interview did not occur as intended.</p>		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><u>Outpatient Mental Health Services</u> MH-7: In 5 records, the Individualized Service Plan (ISP) was not signed by all relevant parties</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-8: In 5 records, the inmate did not receive the services as listed on the ISP.</p>		X				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-9: In 7 of 13 applicable records, follow-up lab tests were not completed as required.</p>	X					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-10: In 6 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>		X				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-11: In 4 records, documentation of follow-up psychiatric contacts did not contain the required clinical information.</p>		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><u>Outpatient Psychotropic Medication Practices</u> MH-12: In 4 of 11 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required.</p>		X				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-13: In 3 of 6 applicable records, there was no evidence of rationale for the use of an Emergency Treatment Order (ETO).</p>	X					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-14: In 5 of 6 applicable records, the ETO was not signed/cosigned by the physician within 24 hours.</p>		X				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-15: In 1 of 1 applicable record, the ETO was not written for each administration of psychotropic medications without informed consent.</p>	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
<u>Outpatient Psychotropic Medication Practices</u> MH-16: In 2 of 5 applicable records, there was no evidence that the ETO was administered in the least restrictive manner.	x					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 9 of the 14 mental health findings were corrected. Five 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><u>Self-harm Observation Status</u> MH-1: In 4 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed as required.</p>	x					
<p><u>Self-harm Observation Status</u> MH-2: In 4 records, there was no evidence of daily rounds by the attending clinician.</p>	x					
<p><u>Special Housing</u> MH-3: In 2 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p>	x					
<p><u>Special Housing</u> MH-4: In 2 records, the inmate did not receive medications as prescribed.</p>	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><u>Special Housing</u> MH-5: In 4 records, the initial mental status examination was not completed within the required time frame.</p>	x					
<p><u>Inmate Request</u> MH-6: In 1 of 4 applicable records (6 reviewed), the response to the request was inadequate.</p>		x				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-7: In 3 of 14 applicable records, the inmate did not receive medication as prescribed.</p>	x					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-8: In 4 records, follow-up sessions were not conducted at the required intervals.</p>	x					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-9: In 1 of 1 applicable record, the rationale for giving an emergency treatment order (ETO) was not clearly documented.</p>		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><u>Outpatient Psychotropic Medication Practices</u> MH-10: In 1 of 1 applicable record, the ETO was not cosigned within 24 hours.</p>		x				
<p><u>Outpatient Mental Health Services</u> MH-11: In 4 of 16 applicable records, the Individualized Services Plan (ISP) was not signed by all relevant parties.</p>		x				
<p><u>Outpatient Mental Health Services</u> MH-12: In 3 of 13 applicable records, the ISP was not revised at 180-day intervals.</p>		x				
<p><u>Outpatient Mental Health Services</u> MH-13: In 4 records, problems were not recorded on the problem list.</p>	x					
<p><u>Reception</u> MH-14: In 1 of 3 applicable records (14 reviewed), intelligence testing was not completed as required.</p>	x					

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-3, PH-5, PH-7, PH-9, PH-10, PH-12, PH-14, PH-18, PH-19, PH-20, PH-21, PH-22, and PH-23. All other physical health findings will remain open.

Physical Health-Annex Unit

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-5, PH-6, PH-7, PH-9, and PH-10. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-4, MH-9, MH-13, MH-15, and MH-16. All other mental health findings will remain open.

Mental Health-Annex Unit

The following mental health findings will close: MH-1, MH-2, MH-3, MH-4, MH-5, MH-7, MH-8, MH-13, and MH-14. All other mental health findings will remain open.

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 on-site evaluation.