

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

for the

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

**CMA STAFF**

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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 (NWERC). The survey report was distributed on July 2, 2018. In August 2018, NWERC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the NWERC 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
2	7/26/2019	9/10/2019	On-site	63	11	14

## II. Physical Health Assessment Summary

### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 9 physical health findings were corrected. Seven 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
<b>Endocrine Clinic</b> PH-2: In 2 of 8 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.		×				

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
<b><u>Immunity Clinic</u></b> PH-4: In 2 of 10 applicable records (11 reviewed), there was no evidence of hepatitis B vaccination or refusal.	x					
<b><u>Neurology Clinic</u></b> 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.		x				
<b><u>Oncology Clinic</u></b> PH-8: In 3 records, there was no evidence of an appropriate examination for the disease.	x					
<b><u>Oncology Clinic</u></b> PH-11: In 2 of 2 applicable records, there was no evidence of a referral to a specialist when indicated.		x				
<b><u>Tuberculosis Clinic</u></b> PH-13: In 1 of 4 applicable records, the AST and ALT tests were not repeated as ordered.		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><b>Infirmiry Care</b></u> PH-15: In 6 of 9 applicable records, there was no evidence of a complete discharge note by the nurse.		x				
<u><b>Infirmiry Care</b></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.		x				
<u><b>Emergency Care</b></u> PH-17: In 2 of 10 applicable records (16 reviewed), there was no evidence of a referral to a clinician when indicated.		x				

## B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 physical health findings were corrected. All physical health findings are now closed.

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
<b><u>Dental Clinic</u></b> PH-8: In 4 of 18 records reviewed, there was no evidence of an adequate number of radiographs for diagnosis.	X					

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 8 of the 10 mental health findings were corrected. Two 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
<b><u>Self-harm Observation Status</u></b> MH-2: In 1 of 4 applicable records, the guidelines for SHOS management were not observed.		X				
<b><u>Self-harm Observation Status</u></b> MH-3: In 3 records, mental health staff did not provide post-discharge follow-up within 7 days.	X					
<b><u>Inmate Request</u></b> MH-5: In 3 of 14 applicable records, the identified request was not responded to within the appropriate time frame.	X					
<b><u>Inmate Request</u></b> MH-6: In 3 of 12 applicable records, the referral or interview did not occur as intended.		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><b>Outpatient Mental Health Services</b></u> MH-7: In 5 records, the Individualized Service Plan (ISP) was not signed by all relevant parties	X					
<u><b>Outpatient Mental Health Services</b></u> MH-8: In 5 records, the inmate did not receive the services as listed on the ISP.	X					
<u><b>Outpatient Psychotropic Medication Practices</b></u> MH-10: In 6 records, follow-up psychiatric contacts were not conducted at appropriate intervals.	X					
<u><b>Outpatient Psychotropic Medication Practices</b></u> MH-11: In 4 records, documentation of follow-up psychiatric contacts did not contain the required clinical information.	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><b>Outpatient Psychotropic Medication Practices</b></u> MH-12: In 4 of 11 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required.	X					
<u><b>Outpatient Psychotropic Medication Practices</b></u> MH-14: In 5 of 6 applicable records, the ETO was not signed/cosigned by the physician within 24 hours.	X					



## B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 5 mental health findings were corrected. Two 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
<b><u>Inmate Request</u></b> MH-6: In 1 of 4 applicable records (6 reviewed), the response to the request was inadequate.	X					
<b><u>Outpatient Psychotropic Medication Practices</u></b> MH-9: In 1 of 1 applicable record, the rationale for giving an emergency treatment order (ETO) was not clearly documented.			X			
<b><u>Outpatient Psychotropic Medication Practices</u></b> MH-10: In 1 of 1 applicable record, the ETO was not cosigned within 24 hours.			X			

<b>Finding</b>	<b>Closed</b>	<b>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.</b>	<b>Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.</b>	<b>Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.</b>	<b>Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.</b>	<b>Other</b>
<u><b>Outpatient Mental Health Services</b></u> MH-11: In 4 of 16 applicable records, the Individualized Services Plan (ISP) was not signed by all relevant parties.	<b>X</b>					
<u><b>Outpatient Mental Health Services</b></u> MH-12: In 3 of 13 applicable records, the ISP was not revised at 180-day intervals.	<b>X</b>					

#### **IV. Conclusion**

##### **Physical Health-Main Unit**

The following physical health findings will close: PH-4 and PH-8. All other physical health findings will remain open.

##### **Physical Health-Annex Unit**

The following physical health findings will close: PH-8. All physical health findings are now closed.

##### **Mental Health-Main Unit**

The following mental health findings will close: MH-3, MH-5, MH7, MH-8, MH-10, MH-11, MH-12 and MH-14. All other mental health findings will remain open.

##### **Mental Health-Annex Unit**

The following mental health findings will close: MH-6, MH-11 and MH-12. 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.