

**FOURTH OFF-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 (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
2	7/26/2019	9/10/2019	On-site	25	11	14
3	2/7/2020	3/6/2020	On-site	11	4	7
4	6/26/20	8/24/20	Off-site	4	0	4

II. Physical Health Assessment Summary

A. Main Unit

All physical health findings closed on the third CAP assessment.

B. Annex Unit

All physical health findings were corrected at the second CAP assessment.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 mental health findings were corrected. All mental health findings are 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
<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>Inmate Request</u> MH-6: In 3 of 12 applicable records, the referral or interview did not occur as intended.</p>	X					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 mental health findings were corrected. All mental health findings are 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
<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					
<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					

IV. Conclusion

All findings as a result of the June 2018 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.