

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

AVON PARK CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted January 14 - 15, 2015

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

CAP Assessment Distributed on July 13, 2015

CAP Assessment of Avon Park Correctional Institution

I. Overview

On January 14-15, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Avon Park Correctional Institution (AVPCI). The survey report was distributed on February 4, 2015. In March 2015, AVPCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the January 2015 survey. These efforts included in-service training and the monitoring of applicable medical records for a period of no less than ninety days.

On May 27, 2015, 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 July 8, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. 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

The CAP closure files revealed sufficient evidence to determine that 12 of the 12 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<u>CHRONIC ILLNESS CLINIC REVIEW</u> PH-1: In 4 of 16 records reviewed, the baseline information was incomplete or missing.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<u>ENDOCRINE CLINIC</u> PH-2: In 6 of 13 records reviewed, the physical examination was incomplete.	PH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-2.

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-3: In 3 of 5 records reviewed, there was no evidence that seizures were classified.</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>TUBERCULOSIS CLINIC</u></p> <p>PH-4: In 1 of 4 records reviewed, there was no evidence that education was provided regarding treatment compliance.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-5: In 4 records, there was no evidence of patient education or instructions in the discharge note.</p> <p>PH-6: In 3 of 6 applicable records, there was no evidence that acute patients were seen by the clinician daily.</p> <p>PH-7: In 3 of 6 applicable records, there was no evidence that clinician phone rounds were documented on weekends.</p>	<p>PH-5, PH-6, & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5, PH-6, & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-8: In 3 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC</u></p> <p>A review of the dental systems revealed the following:</p> <p>PH-9: There was no evidence that all emergency medications were current and that expiration dates were checked monthly.</p> <p>PH-10: There was no evidence that all operatories were in proper working order.</p> <p>PH-11: There was no evidence that referrals to a dental specialist were available when applicable.</p>	<p>PH-9, PH-10, & PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9, PH-10, & PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-12: A tour of the facility revealed that over-the-counter medication counts were incorrect in two of the five dorms.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 3 of 3 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 3 of 7 SHOS admissions reviewed, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p>

	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-2: In 4 of 14 records reviewed, the mental status exam (MSE) was not completed in the required time frame.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-3: In 6 of 8 records reviewed, the Individual Service Plan (ISP) was not signed by the inmate or a refusal was not documented on form DC4-711A.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

IV. Conclusion

All physical and mental health findings are closed, and all outstanding issues related to the CMA survey of AVPCI are adequately resolved. No further action is required.