

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

AVON PARK CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted March 19-21, 2019

CMA STAFF

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I. Overview

On March 19-21, 2019, 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 April 15, 2019. In May 2019, 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 AVPCI 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. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

Summary of CAP Assessments for Avon Park Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	11/19/19	12/5/19	On-site	15	6	9

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 6 of the 9 physical health findings were corrected. Three physical health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Endocrine Clinic</u> PH-1: In 1 of 4 applicable records (16 reviewed), inmates with HgbA1c over 8% were not seen every 3 months as required.</p>		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Gastrointestinal Clinic</u> PH-2: In 4 of 11 applicable records, there was no evidence inmates were screened for hepatocellular carcinomas at required intervals.</p>	X				
<p><u>Gastrointestinal Clinic</u> PH-3: In 4 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	X				
<p><u>Miscellaneous Clinic</u> PH-4: In 2 records, there was no evidence abnormal labs were addressed in a timely manner.</p>	X				
<p><u>Miscellaneous Clinic</u> PH-5: In 2 of 7 applicable records, there was no evidence of a referral to a specialist when indicated.</p>	X				
<p><u>Infirmery</u> PH-6: In 1 of 3 applicable records (14 reviewed), there was no evidence that the nursing assessment was completed timely.</p>		X			
<p><u>Consultations</u> PH-7: In 3 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p>		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Medication Administration</u> PH-8: In 3 of 12 records reviewed, the medication orders were not signed, dated, and/or timed by appropriate staff.	X				
<u>Pharmacy</u> PH-9: The designated pharmacy area did not contain enough space to securely store all medications.	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 6 mental health findings were corrected. Three mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Self-Harm Observation Status</u> MH-1: In 1 record, the admission order was not signed/co-signed the next working day.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Self-Harm Observation Status</u> MH-2: In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift or was incomplete.</p>	X				
<p><u>Self-Harm Observation Status</u> MH-3: In 1 record, there was no evidence of daily rounds by the clinician.</p>		X			
<p><u>Inmate Requests</u> MH-4: In 4 of 11 records reviewed, a referral was indicated in the request response but did not occur timely.</p>		X			
<p><u>Outpatient Mental Health</u> MH-5: In 6 of 10 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties.</p>		X			
<p><u>Mental Health Systems</u> MH-6: There were no outpatient therapeutic groups being conducted as required by the Department of Corrections.</p>	X				

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-2, PH-3, PH-4, PH-5, PH-8, & PH-9. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-2, & MH-6. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by AVPCI 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.