

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

CENTRAL FLORIDA RECEPTION CENTER

for the

Physical and Mental Health Survey
Conducted February 5-6, 2014

CMA STAFF

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CAP Assessment of Central Florida Reception Center

1. Overview

On February 5-6, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Central Florida Reception Center (CFRC). The survey report was distributed on March 3, 2014. In April of 2014, CFRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the February 2014 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. On July 15, 2014, 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 by CFRC, the CMA conducted an off-site CAP assessment on July 29, 2014 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

A. Main Unit

The CAP closure files revealed that all physical health findings will remain open due to insufficient evidence of monitoring.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-1: In 3 of 6 applicable records (11 reviewed), there was no evidence that hepatitis A & B vaccine was given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-1 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-2: In 1 of 5 applicable records (7 reviewed), there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-2 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 3 inmate records revealed the following deficiencies:</p> <p>(a) In 1 of 1 applicable record, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(b) In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-3(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-3(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-4: In 3 of 3 records reviewed, there was no evidence that seizures were appropriately classified.</p>	<p>PH-4 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 1 of 4 applicable records, there was no evidence that a discharge note was completed for a patient on 23 hour observation status.</p> <p>(b) In 2 of 6 applicable records, there was no evidence that a nursing assessment was completed within 2 hours of admission.</p>	<p>PH-5(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-5(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 1 of 1 applicable record, there was no evidence of timely follow-up after the patient returned to the institution following inpatient care at a local hospital.</p> <p>(b) In 1 of 2 applicable records, there was no evidence of complete and adequate follow-up to address the complaint/condition.</p>	<p>PH-6(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-6(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-7: In 10 of 13 applicable records (14 reviewed), the new diagnosis was not documented on the problem list or the problem list was missing from the inmate's record.</p>	<p>PH-7 OPEN</p> <p>Adequate evidence of in-service training and monitoring was provided, however this finding will remain open until an on-site assessment can be conducted. PH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-8: In 7 of 13 records reviewed, there was no evidence that all medication orders were transcribed in a timely manner.</p>	<p>PH-8 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENING RECORD REVIEW</u></p> <p>PH-9: A comprehensive review of 5 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, there was no evidence the periodic screening encounter occurred within one month of the due date.</p> <p>(b) In 2 records, the periodic screening was incomplete and did not include all required items.</p> <p>(c) In 1 record, there was no evidence that required diagnostic tests were performed 7-14 days prior to the periodic screening encounter.</p>	<p>PH-9(a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-9(a)-(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS RECORD REVIEW</u></p> <p>PH-10: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 2 records, the Health Information Transfer/Arrival Summary (DC4-760A) was incomplete.</p> <p>(b) In 2 records, there was no evidence that vital signs were taken.</p> <p>(c) In 8 of 9 applicable records, there was no evidence that the clinician reviewed the health record and DC4-760A within 7 days of arrival.</p>	<p>PH-10(a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-10(a)-(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>RECEPTION RECORD REVIEW</u></p> <p>PH-11: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, there was no evidence that required tests were completed within 7 days of arrival.</p> <p>(b) In 4 of 14 applicable records, there was no evidence that laboratory results were conveyed to the inmate and abnormal results were appropriately addressed.</p> <p>(c) In 2 of 3 applicable records, there was no evidence of a problem list.</p> <p>(d) In 1 of 3 applicable records, there was no evidence that additional care was provided when a condition was identified.</p>	<p>PH-11(a)-(d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-11(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SERVICES REVIEW</u></p> <p>PH-12: A review of dental services revealed the following:</p> <p>(a) There was no evidence that prosthetic devices (patient care equipment) were appropriately disinfected between patients.</p> <p>(b) There was no evidence that American Heart Association prophylactic regimens were posted in the dental unit.</p>	<p>PH-12(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-12(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PHARMACY SERVICES</u></p> <p>PH-13: A review of pharmacy services revealed that there was no evidence the consultant pharmacist conducted monthly reviews of at least 25% of MARs for accuracy and completeness.</p>	<p>PH-13 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-13 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-14: A tour of the facility revealed the following:</p> <p>(a) The Infirmary medical isolation room's negative air pressure was inadequate.</p> <p>(b) The inmate housing areas were not clean and all fixtures were not operational.</p>	<p>PH-14(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-14(a) & (b) will remain open.</p>

B. East Unit

The CAP closure files revealed that all physical health findings will remain open due to insufficient evidence of monitoring.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1: A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(b) In 6 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-1(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-1(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: In 1 of 1 record reviewed, the baseline physical examination was incomplete or missing.</p>	<p>PH-2 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 8 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, there was no documentation of initial and ongoing education.</p> <p>(b) In 3 records, there was no documentation of the control of the disease and/or patient status.</p> <p>(c) In 3 records, the laboratory work was incomplete.</p> <p>(d) In 4 records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-3(a)-(d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-3(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-4: In 1 of 1 record reviewed, the baseline history, physical, radiological, and laboratory studies were incomplete or missing.</p>	<p>PH-4 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 1 inmate record revealed the following deficiencies:</p> <p>(a) In 1 record, the baseline history was incomplete or missing.</p> <p>(b) In 1 record, the baseline physical was incomplete or missing.</p> <p>(c) In 1 record, there was no evidence of initial and ongoing education.</p>	<p>PH-5(a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-5(a)-(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 1 inmate record revealed the following deficiencies:</p> <p>(a) In 1 record, the baseline history was incomplete or missing.</p> <p>(b) In 1 record, the baseline physical was incomplete or missing.</p> <p>(c) In 1 record, the baseline laboratory work was incomplete or missing.</p>	<p>PH-6(a)-(e) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-6(a)-(e) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(d) In 1 record, there was no evidence that appropriate baseline marker studies were completed.</p> <p>(e) In 1 record, there was no evidence of initial and ongoing education.</p>	

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-7: A comprehensive review of 7 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(b) In 3 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 5 records, reactive airway diseases were not classified (see discussion).</p> <p>(d) In 2 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-7(a)-(d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-7(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, the diagnosis was not accurately recorded on the problem list.</p> <p>(b) In 1 of 2 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-8(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-8(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SERVICES REVIEW</u></p> <p>PH-9: A review of dental services revealed the following deficiencies:</p> <p>(a) There were inadequate supplies of personal protective equipment available for dental unit staff.</p> <p>(b) Dental operatories were not in proper working order.</p>	<p>PH-9(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-9(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-10: A tour of the facility revealed the following deficiencies:</p> <p>(a) A glucometer was not available in the emergency kit.</p> <p>(b) Procedures to access medical and dental sick call services were not available in Spanish.</p> <p>(c) Pill line times were not posted in the dormitory areas.</p>	<p>PH-10(a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-10(a)-(c) will remain open.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed that all mental health findings will remain open due to insufficient evidence of monitoring.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: A comprehensive review of 8 Self-Harm Observation Status (SHOS) admissions records revealed the following deficiencies:</p> <p>(a) In 2 records, admission orders were not signed/countersigned and/or not dated/timed.</p> <p>(b) In 2 records, the clinician’s order did not specify observations every 15 minutes.</p> <p>(c) In 7 records, the Infirmary/Hospital Admission Nursing Evaluation was not completed within 2 hours of admission.</p>	<p>MH-1(a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-1(a)-(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-2: A comprehensive review of 1 use of force incident revealed the following deficiencies:</p> <p>(a) In 1 record, a written referral to mental health by physical health staff was not present in the medical record.</p> <p>(b) In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine level of mental health care needed.</p>	<p>MH-2(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-2(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-3: A comprehensive review of 8 inmate requests revealed the following deficiencies:</p> <p>(a) In 5 records, a copy of the inmate request form was not present.</p> <p>(b) In 4 of 5 applicable records, the identified request was not responded to within ten days or less.</p>	<p>MH-3(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-3(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-4: A comprehensive review of 18 records revealed the following deficiencies:</p> <p>(a) In 3 records, the Special Housing Health Appraisal (DC4-769) was not present or not completed in its entirety.</p> <p>(b) In 1 of 5 applicable records, psychotropic medications ordered were not continued as directed while the patient was held in special housing.</p>	<p>MH-4(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-4(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-5: A comprehensive review of 19 outpatient records revealed the following deficiencies:</p> <p>(a) In 3 of 15 applicable records, the psychiatric evaluation was not completed prior to initially prescribing psychotropic medication.</p>	<p>MH-5(a)-(g) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-5(a)-(g) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(b) In 6 of 18 applicable records, appropriate initial laboratory tests were not ordered.</p> <p>(c) In 2 of 5 applicable records, abnormal lab tests were not followed- up as required.</p> <p>(d) In 4 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>(e) In 11 of 18 applicable records, informed consents were not present or were not complete.</p> <p>(f) In 7 of 18 applicable records, follow-up sessions were not conducted at appropriate intervals.</p> <p>(g) In 8 records, there was no indication that the Baseline AIMS was administered upon initiation of psychotropic medication and/or every six months after.</p>	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-6: A comprehensive review of 20 outpatient (S2 & S3) records revealed the following deficiencies:</p> <p>(a) In 4 of 9 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>(b) In 2 of 10 applicable records, the biopsychosocial assessment (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</p> <p>(c) In 5 of 11 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p>	<p>MH-6(a)-(f) OPEN</p> <p>Adequate evidence of in-service training and monitoring was provided however this finding will remain open until an on-site assessment can be conducted. MH-6(a)-(f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(d) In 5 of 18 applicable records, the ISP was not signed by members of the MDST and/or inmate and there was no documented refusal.</p> <p>(e) In 2 of 9 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>(f) In 5 records, mental health problems were not documented on the problem list.</p>	

Finding	CAP Evaluation Outcome
<p><u>RECEPTION PROCESS</u></p> <p>MH-7: A comprehensive review of 16 inmate records in the reception process, revealed the following deficiencies:</p> <p>(a) In 4 of 11 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days.</p> <p>(b) In 1 of 1 applicable record, there was no signed release or refusal for past treatment records and no documentation that those records were requested for inmates who have been at the reception center for 60 days.</p>	<p>MH-7(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-7(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-8: A tour of the facility revealed that there were no protective helmets for the institution.</p>	<p>MH-8 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-8 will remain open.</p>

B. East Unit

The CAP closure files revealed that all mental health findings will remain open due to insufficient evidence of monitoring for the majority of the findings.

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-1: In 2 of 3 records reviewed, the inmate request form was not present.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable records available for review. Institutional staff will continue to monitor. MH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-2: A comprehensive review of 9 outpatient records (S2) revealed the following deficiencies:</p> <p>(a) In 1 of 2 applicable records, there was no indication that the clinician reviewed the chart within 24 hours of the inmate's arrival.</p> <p>(b) In 2 records, there was no evidence that the inmate was interviewed by mental health staff within 14 days of arrival.</p>	<p>MH-2(a)-(f) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-2(a)-(f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(c) In 1 of 1 applicable record, the sex offender screening was not present.</p> <p>(d) In 6 of 7 applicable records, the ISP was not completed within 14 days.</p> <p>(e) In 1 of 2 applicable records, the ISP was not revised at 180 day intervals.</p> <p>(f) In 6 of 8 applicable records, the identified problems were not on the problem list.</p>	

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-3: A tour of the facility revealed that the mental health program descriptions were not posted in the dormitory areas.</p>	<p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-3 will remain open.</p>

IV. Conclusion

Physical Health-Main Unit

All physical health findings will remain open.

Physical Health-East Unit

All physical health findings will remain open.

Mental Health-Main Unit

All mental health findings will remain open.

Mental Health-East Unit

All mental health findings will remain open.

Until such time as appropriate corrective actions are undertaken by CFRC 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.