

**CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**CENTRAL FLORIDA RECEPTION CENTER - EAST UNIT**

for the

Physical and Mental Health Survey  
Conducted July 11-12, 2023

**CMA STAFF**

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**I. Overview**

On July 11-12, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Central Florida Reception Center Correctional Institution – East Unit (CFRCEU). The survey report was distributed on August 22, 2023. In September 2023, CFRCEU submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the CFRCEU 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 Central Florida Reception Center – East Unit**

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/6/24	39	14	25

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 15 of the 24 physical health findings were corrected. Nine physical health findings 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>Endocrine Clinic Chronic Illness Clinic:</u> <b>Screen 2:</b> There is evidence of an appropriate physical examination	X				

<b>Screen 4:</b> Annual laboratory work is completed as required	X				
<b>Screen 5:</b> Abnormal labs are reviewed and addressed in a timely manner	X				
<b>Screen 6:</b> A dilated fundoscopic examination is completed yearly for diabetic inmates	X				
<b>Screen 9:</b> Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	X				
<b><u>Gastrointestinal Chronic Illness Clinic:</u></b> <b>Screen 5:</b> Abnormal labs are reviewed and addressed in a timely manner	X				
<b>Screen 7:</b> There is evidence of Hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		X			
<b><u>Immunity Chronic Illness Clinic:</u></b> <b>Screen 2:</b> There is evidence of an appropriate physical examination		X			
<b>Screen 10:</b> There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	X				
<b><u>Miscellaneous Chronic Illness Clinic:</u></b> <b>Screen 1:</b> The diagnosis is appropriate for inclusion in the miscellaneous clinic	X				

<b>Screen 6:</b> Patients are referred to a specialist for more in-depth treatment as indicated			X		
<b><u>Oncology Chronic Illness Clinic:</u></b> <b>Screen 2:</b> There is evidence of an appropriate physical examination		X			
<b>Screen 6:</b> At each visit there is an evaluation of the control of the disease and the status of the patient	X				
<b><u>Tuberculosis Chronic Illness Clinic:</u></b> <b>Screen 3:</b> There is evidence of initial and ongoing education	X				
<b>Screen 4:</b> There is evidence of monthly nursing follow-up		X			
<b><u>Medical Inmate Requests:</u></b> <b>Screen 1:</b> A copy of the inmate request form is present in the electronic health record	X				
<b>Screen 2:</b> The request is responded to within the appropriate time frame	X				
<b>Screen 3:</b> The response to the request is direct, addresses the stated need and is clinically appropriate	X				
<b>Screen 4:</b> The follow-up to the request occurs as intended		X			
<b><u>Medication And Vaccination Administration:</u></b> <b>Screen 3:</b> If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is		X			

evidence of counseling for medication non-compliance					
<b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal	<b>X</b>				
<b>Periodic Screenings:</b> <b>Screen 2:</b> There is evidence of pneumococcal vaccination or refusal		<b>X</b>			
<b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter		<b>X</b>			
<b>Screen 5:</b> All applicable health education is provided	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 10 of the 15 mental health findings were corrected. Five mental health findings will remain open.

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Mental Health Services:</b> <b>Screen 3:</b> Outpatient group therapy is offered	<b>X</b>				

<b><u>Mental Health Inmate Request:</u></b>					
<b>Screen 1:</b> A copy of the inmate request form is present in the electronic health record	X				
<b>Screen 2:</b> The request is responded to within the appropriate time frame	X				
<b>Screen 3:</b> The response to the request is direct, addresses the stated need, and is clinically appropriate	X				
<b>Screen 4:</b> The follow-up to the request occurs as intended		X			
<b>Screen 5:</b> Consent for treatment is obtained prior to conducting an interview	X				
<b><u>Outpatient Psychotropic Medication Services:</u></b>					
<b>Screen 1:</b> A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	X				
<b>Screen 3:</b> Appropriate initial laboratory tests are ordered.		X			
<b>Screen 5:</b> Appropriate follow-up laboratory studies are ordered and conducted as required.	X				
<b>Screen 8:</b> The inmate receives medication(s) as prescribed		X			
<b>Screen 9:</b> The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	X				

<b>Screen 10:</b> The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.		X			
<b>Screen 13:</b> Follow-up sessions are conducted at appropriate intervals		X			
<b>Screen 15:</b> Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	X				
<b><u>Outpatient Mental Health Services:</u></b> <b>Screen 16:</b> The ISP is signed by the inmate and all members of the treatment team	X				

#### IV. Conclusion

Until appropriate corrective actions are undertaken by CFRCEU 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 off-site evaluation.