

**CORRECTIVE ACTION PLAN  
ASSESSMENT  
of  
CENTRAL FLORIDA RECEPTION CENTER – MAIN 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 (CFRC). The survey report was distributed on August 22, 2023. In September 2023, 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 CFRC 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 - Main Unit

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	March 7, 2024	56	24	32

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 20 of the 34 physical health findings were corrected. Fourteen 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
<b>Endocrine Chronic Illness Clinic:</b> <b>Screen 6:</b> A dilated fundoscopic examination is completed yearly for diabetic inmates	X				

<b><u>Gastrointestinal Chronic Illness Clinic:</u></b> <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>General Chronic Illness Clinic:</u></b> <b>Screen 3:</b> The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician		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>Neurology Chronic Illness Clinic:</u></b> <b>Screen 2:</b> There is evidence of an appropriate physical examination	X				
<b><u>Tuberculosis Chronic Illness Clinic:</u></b> <b>Screen 3:</b> There is evidence of initial and ongoing education	X				
<b><u>Outpatient Infirmary Care:</u></b> <b>Screen 4:</b> Patient evaluations are documented at least once every eight hours		X			
<b>Screen 6:</b> The inmate is discharged within 23 hours or admitted to the infirmary for continued care	X				
<b>Screen 7:</b> A discharge note containing all of the required	X				

information is completed as required					
<b><u>Inpatient Infirmary Care:</u></b> <b>Screen 6:</b> Clinician rounds are completed and documented as required		X			
<b>Screen 7:</b> Weekend and holiday clinician phone rounds are completed and documented as required	X				
<b>Screen 8:</b> A discharge note containing all of the required information is completed as required	X				
<b><u>Confinement Medical Review:</u></b> <b>Screen 6:</b> All sick call appointments are triaged and responded to within the required time frame	X				
<b><u>Consultations:</u></b> <b>Screen 2:</b> The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	X				
<b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	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 1:</b> The inmate receives medications as prescribed		X			
<b>Screen 3:</b> If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance		X			
<b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal		X			
<b>Screen 5:</b> There is evidence of influenza vaccination or refusal	X				
<b><u>Intra-System Transfers:</u></b> <b>Screen 7:</b> A clinician reviews the health record and DC4-760A within seven (7) days of arrival	X				
<b><u>Periodic Screenings:</u></b> <b>Screen 1:</b> The periodic screening encounter is completed within one month of the due date	X				

<b>Screen 2:</b> All components of the screening are completed and documented as required		X			
<b>Screen 5:</b> All applicable health education is provided		X			
<b><u>PREA Medical Review:</u></b> <b>Screen 3:</b> There is documentation that the alleged victim was provided education on STIs	X				
<b>Screen 7:</b> A mental health referral is submitted following the completion of the medical screening	X				
<b>Screen 8:</b> The inmate is evaluated by mental health by the next working day	X				
<b><u>Reception Services:</u></b> <b>Screen 5:</b> Within 7 days of arrival, newly committed inmates receive required laboratory testing.		X			
<b>Screen 7:</b> All needed immunizations are provided	X				
<b>Screen 8:</b> Within 8 hours of arrival a socio/medical history is documented.	X				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 12 of the 22 mental health findings were corrected. Ten 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><u>Self-Injury and Suicide Prevention Review:</u></b> <b>Screen 3:</b> Guidelines for SHOS management are observed	<b>X</b>				
<b>Screen 4:</b> The inmate is observed at the frequency ordered by the clinician		<b>X</b>			
<b>Screen 8:</b> There is evidence of a face-to-face evaluation by the clinician prior to discharge	<b>X</b>				
<b>Screen 10:</b> The Individualized Services Plan (ISP) is revised within 14 days of discharge	<b>X</b>				
<b><u>Mental Health Services:</u></b> <b>Screen 3:</b> Outpatient group therapy is offered	<b>X</b>				
<b><u>Reception Services:</u></b> <b>Screen 8:</b> If the inmate was taking prescribed psychotropic medication when received from		<b>X</b>			

the county jail, this medication is continued without interruption					
<b>Screen 15:</b> If the inmate has a history of mental health treatment and has been at the reception center for 60 days, past treatment records are requested.		X			
<b><u>Outpatient Psychotropic Medication Services:</u></b> <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 16:</b> The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.		X			
<b>Screen 17:</b> The use of the ETO is accompanied by a physician's		X			



order specifying the medication as an ETO.					
<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>Special Housing:</u></b> <b>Screen 2:</b> Psychotropic medications continue as ordered while inmates are held in special housing	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 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 off-site evaluation.