

**FOURTH CORRECTIVE ACTION PLAN
ASSESSMENT**
of

CENTRAL FLORIDA RECEPTION CENTER – SOUTH UNIT

for the

Physical and Mental Health Survey
Conducted July 11-13, 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 – South Unit (CFRC-South). The survey report was distributed on August 22, 2023. In September 2023, CFRC-South 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-South 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 – South Unit

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	March 6, 2024	29	14	15
2	June 18, 2024	14	13	1
3	October 18, 2024	13	11	2
4	January 30, 2025	11	0	11

II. Physical Health Assessment Summary

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

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 And Vaccination Administration:</u> Screen 3: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	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>PREA Medical Review:</u> Screen 7: A mental health referral is submitted following the completion of the medical screening	X				
Screen 8: The inmate is evaluated by mental health by the next working day	X				

III. Mental Health Assessment Summary

A. South Unit

The CAP closure files revealed sufficient evidence to determine that 8 of the 8 mental health findings were corrected. All mental health findings are closed.

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>Mental Health Inmate Request:</u> Screen 1: A copy of the inmate request form is present in the electronic health record	X				
Screen 2: The request is responded to within the appropriate time frame	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
Screen 3: The response to the request is direct, addresses the stated need, and is clinically appropriate	X				
Screen 4: The follow-up to the request occurs as intended	X				
Screen 5: Consent for treatment is obtained prior to conducting an interview	X				
<u>Outpatient Psychotropic Medication Services:</u> Screen 9: The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	X				
Screen 10: The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	X				
<u>Outpatient Mental Health Services:</u> Screen 16: The ISP is signed by the inmate and all members of the treatment team	X				

IV. Conclusion

All findings as a result of the July 2023 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.