

**SECOND OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

CENTRAL FLORIDA RECEPTION CENTER

for the

Physical and Mental Health Survey
Conducted May 8-10, 2018

CMA STAFF

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CAP Assessment of Central Florida Reception Center

I. Overview

On May 8–10, 2018, 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 June 4, 2018. In July 2018, 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 May 2018 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

On November 9, 2018, 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, CMA staff conducted an on-site CAP assessment on December 5, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 16 of 18 physical health findings and 6 of 17 mental health findings were corrected on the Main Unit, 14 of 15 physical health findings and 0 of 2 mental health findings were corrected on the East Unit, and 4 of 6 physical health findings and 6 of 8 mental health findings were corrected on the South Unit.

On March 1, 2019, 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, CMA staff conducted an off-site CAP assessment on March 13, 2019 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 sufficient evidence to determine that 2 of the 2 physical health findings were corrected.

Finding	CAP Evaluation Outcome
<u>ENDOCRINE CLINIC</u> PH-2: In 3 of 7 applicable records (12 reviewed), there was no evidence that inmates with HgbA1c over 8.0 were seen every three months as required.	PH-2 CLOSED Adequate evidence of in-service training and documentation of correction was provided to close PH-2.

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-5: In 2 of 5 applicable records, there was no evidence of a referral to a specialist when indicated.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close PH-5.</p>

B. East Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 physical health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-8: In 1 of 3 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close PH-8.</p>

C. South Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 physical health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-1: In 1 of 1 applicable record (10 reviewed), inmates with HgbA1C levels over 8.0 were not seen every three months as required.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-2: In 1 of 1 applicable record (10 reviewed), follow-up visits were not initiated or completed timely.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close PH-2.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed evidence to determine that 11 of 11 mental health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>MH-1: In 1 of 1 applicable record, the guidelines for SHOS management were not observed.</p> <p>MH-4: In 3 records, all entries were not signed.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-1.</p> <p>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>MH-6: In 4 records, a written referral to mental health by physical health staff was not present.</p> <p>MH-7: In 2 records, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</p>	<p>MH-6 & MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-6 & MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-9: In 1 of 5 records reviewed, a Consent to Mental Health Evaluation or Treatment (DC4-663) was not obtained prior to conducting an interview.</p>	<p>MH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>MH-10: In 3 of 8 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p>	<p>MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-10</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-12: In 6 records, a Consent for Mental Health Evaluation or Treatment (DC4-663) was not signed prior to initiation of treatment or renewed annually.</p> <p>MH-13: In 4 records, the Individualized Services Plan (ISP) was not signed by all relevant parties.</p> <p>MH-14: In 4 records, problems were not recorded on the problem list.</p>	<p>MH-12, MH-13, MH-14, & MH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-12, MH-13, MH-14, MH-15.</p>

Finding	CAP Evaluation Outcome
MH-15: In 4 records, the inmate did not receive services as listed on the ISP.	

Finding	CAP Evaluation Outcome
<p><u>RECEPTION</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>MH-16: In 6 records, intelligence testing was not completed as required.</p>	<p>MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-16.</p>

B. East Unit

The CAP closure files revealed evidence to determine that 2 of 2 mental health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-1: In 1 of 3 records reviewed, there was no evidence that the inmate request was responded to timely.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-2: In 1 of 5 applicable records (11 reviewed), there was no evidence that an Individualized Service Plan was completed within 30 days after receiving S2 or S3 grade.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-2.</p>

C. South Unit

The CAP closure files revealed evidence to determine that 2 of 2 mental health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>MH-3: In 1 of 1 applicable record, the Biopsychosocial Assessment (BPSA) was not approved by the Multi-Disciplinary Services Team (MDST) within 30 days of the initiation of mental health services.</p> <p>MH-4: In 1 of 1 applicable record, the Individualized Service Plan (ISP) was not completed within 30 days of the initiation of mental health services.</p>	<p>MH-3 & MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3 & MH-4.</p>

IV. Conclusion

All findings as a result of the May 2018 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.