

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

of

**DADE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted January 29-31, 2019

**CMA STAFF**

Jane Holmes Cain, LCSW  
Monica Dodrill, RN  
Wanda Castro, RN

**CLINICAL SURVEYORS**

Erik Gooch, DO  
Wendy Suckow, APRN

**Report Distributed: November 20, 2020**

**I. Overview**

On January 29-31, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Dade Correctional Institution (DADCI). The survey report was distributed on March 8, 2019. In April 2019, DADCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the DADCI 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 Dade Correctional Institution**

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	10/8/19	11/5/19	On-site	66	41	25
2	8/25/20	11/17/20	On-site	41	14	27

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 11 of the 15 physical health findings were corrected. Four physical health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated 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>Chronic Illness Clinic</b> PH-1: In 3 records, there was no evidence that inmates were seen at the required intervals.		X			

Finding	Closed	Open: Evaluation of records indicated compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Endocrine Clinic</u></b>  <b>PH-3:</b> In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</p>		X			
<p><b><u>Endocrine Clinic</u></b>  <b>PH-4:</b> In 8 of 13 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><b><u>Endocrine Clinic</u></b>  <b>PH-5:</b> In 7 of 13 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-6:</b> In 3 of 13 applicable records, there was no evidence that inmates were screened for HCC at the required intervals.</p>		X			

Finding	Closed	Open: Evaluation of records indicated compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-8:</b> In 5 of 14 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	X				
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-9:</b> In 4 of 15 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><b><u>Miscellaneous Clinic</u></b>  <b>PH-11:</b> In 4 of 6 applicable records (14 reviewed), there was no evidence of influenza vaccination or refusal.</p>	X				
<p><b><u>Neurology Clinic</u></b>  <b>PH-13:</b> In 1 of 5 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><b><u>Oncology Clinic</u></b>  <b>PH-15:</b> In 1 of 3 applicable records, there was no evidence of referral to a specialist and/or results of the visit.</p>	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
<p><b><u>Respiratory Clinic</u></b>  <b>PH-17:</b> In 8 of 16 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><b><u>Tuberculosis Clinic</u></b>  <b>PH-18:</b> In 1 of 2 records reviewed, there was no evidence the monthly nursing follow-up occurred.</p>	X				
<p><b><u>Sick Call</u></b>  <b>PH-19:</b> In 3 of 6 applicable records, there was no evidence the follow-up appointment with the clinician was completed in a timely manner.</p>		X			
<p><b><u>Consultations</u></b>  <b>PH-23:</b> In 8 records, the diagnosis was not on the problem list.</p>	X				

<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
<u><b>Intra-System Transfers</b></u> <b>PH-27:</b> In 6 of 14 applicable records (18 reviewed), there was no evidence the inmate's chronic illness appointment took place as scheduled.	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 16 of the 26 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
<u><b>SHOS</b></u> <b>MH-2:</b> In 4 records, the inmate was not observed at the frequency ordered by the clinician.		<b>X</b>			

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
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-3:</b> In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift.</p>	<b>X</b>				
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-4:</b> In 2 records, there was no evidence of daily rounds by the attending clinician.</p>	<b>X</b>				
<p align="center"><b><u>Inmate Request</u></b></p> <p><b>MH-6:</b> In 7 records, a copy of the inmate request form was not present in the medical record.</p>	<b>X</b>				
<p align="center"><b><u>Inmate Request</u></b></p> <p><b>MH-7:</b> In 1 of 3 applicable records, an interview or referral did not occur as intended in response to an inmate request.</p>		<b>X</b>			

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
<p><b><u>Special Housing</u></b>  <b>MH-8:</b> In 3 of 11 applicable records, the “Special Housing Health Appraisal” was incomplete or missing.</p>		<b>X</b>			
<p><b><u>Special Housing</u></b>  <b>MH-9:</b> In 3 of 8 applicable records, psychotropic medications were not continued as ordered while the inmate was in special housing.</p>	<b>X</b>				
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-11:</b> In 3 records, the BPSA was not present in the medical record.</p>	<b>X</b>				
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-12:</b> In 3 of 8 applicable records, a follow-up risk assessment for violence was not completed within the required time frame.</p>					<b>X</b>

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
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-15:</b> In 4 records, treatment problems and goals were not individualized or not relevant to the presenting diagnosis.</p>		X			
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-16:</b> In 4 records, progress made toward treatment goals was not reflected on the ISP update.</p>					X
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-17:</b> In 5 of 7 applicable records, the MDST did not meet in response to a precipitating event.</p>					X
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-18:</b> In 5 records, behavioral level assessments were missing or not reviewed within the required time frame.</p>					X
<p><b><u>Inpatient Mental Health</u></b>  <b>MH-19:</b> In 4 of 9 applicable records, behavioral levels were modified without documentation of rationale.</p>	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><b>Inpatient Mental Health</b></u> <b>MH-20:</b> In 9 records, clinical encounters were not conducted at required intervals.	X				
<u><b>Inpatient Mental Health</b></u> <b>MH-21:</b> In 9 records, the required hours of structured out-of-cell treatment and services (SOCTS) were not provided.	X				
<u><b>Inpatient Mental Health</b></u> <b>MH-22:</b> In 5 records, group therapy notes did not contain required information and were not individualized.					X
<u><b>Inpatient Mental Health</b></u> <b>MH-23:</b> In 9 records, there was no evidence of weekly progress notes.	X				
<u><b>Inpatient Medications</b></u> <b>MH-24:</b> In 4 of 17 applicable records, the psychiatric evaluation was not conducted within the required 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
<p><b><u>Inpatient Medications</u></b>  <b>MH-25:</b> In 4 of 15 applicable records, the admission note by the attending clinician was not completed timely.</p>		X			
<p><b><u>Inpatient Medications</u></b>  <b>MH-28:</b> In 4 of 17 applicable records, the inmate did not receive medications as prescribed.</p>	X				
<p><b><u>Inpatient Medications</u></b>  <b>MH-29:</b> In 4 records, informed consent was not obtained for each psychotropic medication.</p>	X				
<p><b><u>Inpatient Medications</u></b>  <b>MH-30:</b> In 4 records, follow-up sessions were not conducted at required intervals.</p>	X				
<p><b><u>Inpatient Medications</u></b>  <b>MH-31:</b> In 4 of 6 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	X				

<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>Aftercare</u></b> <b>MH-34:</b> In 2 of 4 records, a “Summary of Outpatient Mental Health Care” was not completed for inmates within 30 days of EOS.	<b>X</b>				
<b><u>Mental Health Systems</u></b> <b>MH-35:</b> Outpatient therapeutic groups were not provided to meet the needs of the inmate population.	<b>X</b>				

#### **IV. Conclusion**

##### **Physical Health-Main Unit**

The following physical health findings will close: PH-4, PH-5, PH-8, PH-9, PH-11, PH-13, PH-15, PH-17, PH-18, PH-23, & PH-27. All other physical health findings will remain open.

##### **Mental Health-Main Unit**

The following mental health findings will close: MH-3, MH-4, MH-6, MH-9, MH-11, MH-19, MH-20, MH-21, MH-23, MH-24, MH-28, MH-29, MH-30, MH-31, MH-34, & MH-35. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by DADCI 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.