

**CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of  
**EVERGLADES RE-ENTRY CENTER**  
for the  
Physical and Mental Health Survey  
Conducted January 9-11, 2024  
**CMA STAFF**  
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Distributed on July 15, 2024

**I. Overview**

On January 9-11, 2024, the Correctional Medical Authority (CMA) conducted an offsite physical and mental health survey of Everglades Re-Entry (EVERE). The survey report was distributed on February 14, 2024. In March 2024, EVERE submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the EVERE 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 Everglades Re-Entry**

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/18/2024	11	5	6

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 6 of the 11 physical health findings were corrected. Five 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><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>Sick Call Services:</u></b> <b>Screen 7:</b> Follow-up visits are completed in a timely manner		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>Medication And Vaccination Administration:</u></b>  <b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal</p>		X			
<p><b>Screen 5:</b> There is evidence of influenza vaccination or refusal</p>	X				
<p><b><u>Periodic Screenings:</u></b>  <b>Screen 1:</b> The periodic screening encounter is completed within one month of the due date</p>	X				
<p><b>Screen 2:</b> All components of the screening are completed and documented as required</p>		X			
<p><b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter</p>		X			
<p><b>Screen 4:</b> Referral to a clinician occurs if indicated</p>		X			
<p><b><u>PREA Medical Review:</u></b>  <b>Screen 3:</b> There is documentation that the alleged victim was provided education on STIs</p>	X				
<p><b>Screen 7:</b> A mental health referral is submitted following the completion of the medical screening</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
<b>Screen 8:</b> The inmate is evaluated by mental health by the next working day	<b>X</b>				

### III. Mental Health Assessment Summary

There were no mental findings as a result of the January 2024 survey.

### IV. Conclusion

Until appropriate corrective actions are undertaken by EVERE 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.