

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
EVERGLADES CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted April 12 - 14, 2016

CMA STAFF

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CAP Assessment Distributed on September 15, 2016

CAP Assessment of Everglades Correctional Institution

I. Overview

On April 12 - 14, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Everglades Correctional Institution (EVECI). The survey report was distributed on April 27, 2016. In May 2016, EVECI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the April 2016 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. On August 18, 2016, 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 September 14, 2016 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

The CAP closure files revealed sufficient evidence to determine that 9 of the 9 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-1: In 13 of 16 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-2: In 1 of 1 applicable record (16 reviewed), there was no evidence of an annual hepatocellular carcinoma screening for an inmate with cirrhosis or suspected cirrhosis.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-3: In 10 of 15 records reviewed, reactive airway disease was not classified as mild, moderate, or severe.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>PH-4: In 2 of 10 applicable records (15 reviewed), there was no evidence of daily clinician rounds for acute inpatient care.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-5: In 9 of 16 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-6: In 3 of 15 records reviewed, the periodic screening was incomplete.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-7: In 8 of 17 records reviewed, there was no evidence of an incidental note documenting the receipt of the request.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following:</p> <p>PH-8: Protective equipment for universal precautions was not available in the sick call and emergency care areas.</p> <p>PH-9: Emergency equipment and supplies were not readily available.</p>	<p>PH-8 & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 & PH-9.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 3 of 4 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-2: In 2 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-3: In 1 of 5 records reviewed, the psychological emergency was not responded to within 1 hour.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-4: In 1 of 4 applicable records (8 reviewed), psychotropic medications ordered were not continued as directed while the patient was held in special housing.</p>	<p>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

IV. Conclusion

All physical health portions will close. MH-2 will remain open and all other mental health portions will close. Until such time as appropriate corrective actions are undertaken by 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 visit, but the option remains open to conduct an on-site evaluation.