

**FIFTH 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 January 4, 2018

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. The CAP closure files revealed sufficient evidence to determine that 9 of 9 physical health findings and 3 of 4 mental health findings were corrected.

On December 21, 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 January 25, 2017. The CAP closure files revealed sufficient evidence to determine that 0 of 1 mental health findings were corrected.

On May 15, 2017 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 June 5, 2017. The CAP closure files revealed sufficient evidence to determine that 0 of 1 mental health findings were corrected.

On August 24, 2017, 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, 2017. The CAP closure files revealed sufficient evidence to determine that 0 of 1 mental health findings were corrected.

On December 8, 2017, 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 January 3, 2018. 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

All physical health findings are closed.

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 0 of 1 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>MH-2: In 2 of 7 records reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of the documentation provided by the institution indicated an acceptable level of compliance had not been met. MH-2 will remain open.</p>

IV. Conclusion

All physical health portions are closed. Mental health finding 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.