

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

for the

Physical and Mental Health Survey  
Conducted January 14-16, 2020

**CMA STAFF**

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**I. Overview**

On January 14-16, 2020, 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 February 18, 2020. In March 2020, 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 EVECI 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 Correctional Institution**

| CAP # | Request Date for Monitoring Documents | CAP Assessment Date | Assessment Location | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|-------|---------------------------------------|---------------------|---------------------|-------------------------|-----------------------|-------------------------|
| 1     | 8/31/20                               | 10/24/20            | Off-site            | 50                      | 38                    | 12                      |

**II. Physical Health Assessment Summary – Main Unit**

The CAP closure files revealed sufficient evidence to determine that 5 of the 21 physical health findings were corrected. Sixteen 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>Endocrine Clinic</b><br>PH-1: In 6 of 11 applicable records, there was no evidence of an annual fundoscopic examination. |        |   | 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>Endocrine Clinic</u></b><br/>PH-2: In 4 of 13 applicable records, there was no evidence of influenza vaccination or refusal.</p>   |        |   | X   |   |   |
| <p><b><u>Gastrointestinal Clinic</u></b><br/>PH-3: In 2 of 10 applicable records (16 reviewed), there was no evidence of influenza vaccination or refusal.</p>                      |        |   | X   |   |   |
| <p><b><u>Miscellaneous Clinic</u></b><br/>PH-4: In 8 of 14 applicable records, there was no evidence of the control of the disease and/or status of the patient for each visit.</p> |        |   | X   |   |   |
| <p><b><u>Miscellaneous Clinic</u></b><br/>PH-5: In 3 of 7 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>                                     |        |   | X   |   |   |
| <p><b><u>Miscellaneous Clinic</u></b><br/>PH-6: In 2 of 4 applicable records, there was no evidence of influenza vaccination or refusal.</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 |
|--|---------------|--|--|--|--|
| <p><b><u>Neurology Clinic</u></b><br/>PH-7: In 10 of 12 applicable records, there was no evidence that seizures were classified.</p>         |               |  | X  |  |  |
| <p><b><u>Neurology Clinic</u></b><br/>PH-8: In 3 of 11 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> |               |  | X  |  |  |
| <p><b><u>Neurology Clinic</u></b><br/>PH-9: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>    |               |  | X  |  |  |
| <p><b><u>Oncology Clinic</u></b><br/>PH-10: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>    |               |  | X  |  |  |
| <p><b><u>Oncology Clinic</u></b><br/>PH-11: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</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><br/>PH-12: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>  |        |   | X   |   |   |
| <p><b><u>Tuberculosis Clinic</u></b><br/>PH-13: In 1 of 4 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>   |        |   | X   |   |   |
| <p><b><u>Infirmery</u></b><br/>PH-14: In 5 of 13 applicable records, there was no evidence of a discharge note by the nurse indicating patient's condition on discharge, patient disposition, patient education and discharge instructions.</p> |        |   |   |   | X   |
| <p><b><u>Infirmery</u></b><br/>PH-15: In 4 of 10 applicable records, there was no evidence that the clinician made rounds and entered progress notes per protocol.</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 |
|---|---------------|--|--|--|--|
| <p><b><u>Consultations</u></b><br/>PH-16: In 7 of 17 records reviewed, there was no diagnosis documented on the problem list.</p>   | X             |  |  |  |  |
| <p><b><u>Intra-System Transfers</u></b><br/>PH-17: In 1 of 5 applicable records (17 reviewed), there was no evidence that a patient with chronic illness was scheduled in the appropriate time frame.</p> |               |  | X  |  |  |
| <p><b><u>Inmate Requests</u></b><br/>PH-18: In 2 of 8 applicable records (18 reviewed), there was no evidence an interview, appointment, test, etc. occurred as indicated in the request response.</p>    | X             |  |  |  |  |
| <p><b><u>Pharmacy</u></b><br/>PH-19: In the Pharmacy, there was no evidence that out-of-date controlled substances were segregated.</p>   | X             |  |  |  |  |
| <p><b><u>Institutional Tour</u></b><br/>PH-20: There was no evidence that hot water was available for showering and handwashing in all dorms.</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>Additional Administrative Issues</b></u><br>PH-21: The majority of Medication Administration Records (MARs) from October, November & December 2019 were not in charts. | <b>X</b>      |  |  |  |  |

#### **Physical Health Assessment Summary – Re-entry Center**

The CAP closure files revealed sufficient evidence to determine that 5 of the 26 physical health findings were corrected. Twenty-one physical health findings 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>Chronic Illness Clinic</b></u><br>PH-1: In 3 of 13 records reviewed, inmates were not seen according to their M-grade status. |               |  | <b>X</b>   |  |  |
| <u><b>Cardiovascular Clinic</b></u><br>PH-2: In 3 records, there was no evidence of required annual diagnostic tests.               |               |  | <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>Cardiovascular Clinic</u></b><br/>PH-3: In 3 records, there was no evidence of pneumococcal vaccination or refusal.</p>                |        |   | X   |   |   |
| <p><b><u>Endocrine Clinic</u></b><br/>PH-4: In 4 records, there was no evidence of an appropriate examination for the diagnosis.</p>            |        |   | X   |   |   |
| <p><b><u>Endocrine Clinic</u></b><br/>PH-5: In 2 records, there was no evidence of the control of the disease and/or status of the patient.</p> |        |   | X   |   |   |
| <p><b><u>Endocrine Clinic</u></b><br/>PH-6: In 4 records, laboratory tests were not completed as required.</p>                                  |        |   | X   |   |   |
| <p><b><u>Endocrine Clinic</u></b><br/>PH-7: In 5 of 5 applicable records, there was no evidence of an annual fundoscopic examination.</p>       |        |   | X   |   |   |
| <p><b><u>Gastrointestinal Clinic</u></b><br/>PH-8: In 1 of 3 applicable records, treatment for hepatitis C was not initiated timely.</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 |
|--|---------------|--|--|--|--|
| <p><b><u>Gastrointestinal Clinic</u></b><br/>PH-9: In 3 records, there was no evidence of the control of the disease and/or status of the patient.</p>                                       |               |  | X  |  |  |
| <p><b><u>Miscellaneous Clinic</u></b><br/>PH-10: In 1 of 2 applicable records (6 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>                                |               |  | X  |  |  |
| <p><b><u>Neurology Clinic</u></b><br/>PH-11: In 1 of 2 records reviewed, there was no evidence of an appropriate examination.</p>  |               |  | X  |  |  |
| <p><b><u>Respiratory Clinic</u></b><br/>PH-12: In 3 of 10 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>  |               |  | X  |  |  |
| <p><b><u>Emergency Care</u></b><br/>PH-13: In 1 of 2 applicable records (10 reviewed), subsequent follow-up visits were not completed timely and/or not consistent with presenting needs</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 |
|---|---------------|--|--|--|--|
| <p><b><u>Sick Call</u></b><br/>PH-14: In 3 of 12 applicable records, there was no evidence of referral to a higher level of care when indicated.</p>                                  | <b>X</b>      |  |  |  |  |
| <p><b><u>Sick Call</u></b><br/>PH-15: In 2 of 9 applicable records, subsequent follow-up visits were not completed timely and/or not consistent with presenting needs.</p>            | <b>X</b>      |  |  |  |  |
| <p><b><u>Sick Call</u></b><br/>PH-16: In 2 of 9 applicable records, clinician's orders from a follow-up visit were not appropriate or were not adequate for presenting condition.</p> | <b>X</b>      |  |  |  |  |
| <p><b><u>Consultations</u></b><br/>PH-17: In 4 records, the consultation request was not approved by the chief health officer or designee.</p>  |               |  | <b>X</b>   |  |  |

| <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 |
|---|---------------|--|--|--|--|
| <p><b><u>Consultations</u></b><br/>PH-18: In 1 record, the consultation referral was not sent to utilization management (UM) in a timely manner.</p>                            |               |  | <b>X</b>   |  |  |
| <p><b><u>Consultations</u></b><br/>PH-19: In 2 records, the consultation was not performed timely.</p>  |               |  | <b>X</b>   |  |  |
| <p><b><u>Consultations</u></b><br/>PH-20: In 1 record, there was no evidence that the institutional clinician reviewed the consult and addressed treatment recommendations.</p> |               |  | <b>X</b>   |  |  |
| <p><b><u>Consultations</u></b><br/>PH-23: In 1 record, the consultation log was incomplete.</p>   |               |  | <b>X</b>   |  |  |
| <p><b><u>Medical Inmate Requests</u></b><br/>PH-24: In 5 records, the response to the inmate request did not address stated needs or was not clinically appropriate.</p>        | <b>X</b>      |  |  |  |  |

| <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>Medical Inmate Requests</b></u><br>PH-25: In 4 records, there was not an incidental note that corresponded to the inmate request.              |               | <b>X</b>   |  |  |  |
| <u><b>Intra-System Transfers</b></u><br>PH-26: In 4 of 16 records, there was no evidence the clinician reviewed the record within 7 days of arrival. |               |  | <b>X</b>   |  |  |

### III. Mental Health Assessment Summary – Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 3 mental health findings were corrected. One mental health finding 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 |
|--|---------------|--|--|--|--|
| <p><b><u>Outpatient Medication Practices</u></b><br/>           MH-1: In 1 of 4 applicable records (18 reviewed), there was no indication of appropriate follow-up after an abnormal lab result.</p> |               | X  |  |  |  |
| <p><b><u>Mental Health Systems Review</u></b><br/>           MH-2: There was no evidence of an adequate system for timely filing of pertinent medical information.</p>                               | X             |  |  |  |  |
| <p><b><u>Mental Health Systems Review</u></b><br/>           MH-3: There was insufficient training for the use of psychiatric restraints.</p>  | X             |  |  |  |  |

**Mental Health Assessment Summary – Annex**

There were no findings noted during the review of mental health services provided at EVECI Re-Entry.

## **IV. Conclusion**

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

The following physical health findings will close: PH-16, PH-18, PH-19, PH-20, & PH-21. All other physical health findings will remain open.

### **Physical Health – Re-entry Center**

The following physical health findings will close: PH-13, PH-14, PH-15, PH-16, & PH-24. All other physical health findings will remain open.

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

The following mental health findings will close: MH-2 & MH-3. All other mental health findings will remain open.

### **Mental Health – Re-entry Center**

There were no mental health findings as a result of the January 2019 survey at EVECI Re-Entry.

Until appropriate corrective actions are undertaken by EVECI 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.