

**FIFTH ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**FLORIDA WOMEN'S RECEPTION CENTER**

for the

Physical and Mental Health Survey  
Conducted September 16 - 17, 2015

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## **Corrective Action Plan (CAP) Assessment of FWRC**

### **I. Overview**

On September 16 - 17, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Florida Women's Reception Center (FWRC). The survey report was distributed on October 12, 2015. In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on September 22, 2015.

The emergency notification informed the Secretary that serious deficiencies were identified including significant delays in treatment and inmate care. These delays in treatment affected multiple areas of inmate physical and mental health care which included medication administration, follow-up with on-site providers, delays in outside consultations, and clinical review including the timely follow-up of abnormal labs and diagnostic services. Of additional concern was the notable disorganization of medical records. Multiple portions, and in some cases, whole records could not be located. Other records were thinned but not in compliance with Department policies and procedures.

On September 25, 2015, the CMA received a copy of the Department's corrective action plan addressing the emergency findings. The plan outlined detailed strategies to ensure care deficiencies would be immediately identified and addressed. Additionally, health care systems and processes would be revised to ensure health care staff were operating in accordance with Department policies.

In November, 2015 FWRC submitted and the CMA approved, the institutional corrective action plan which outlined the efforts to be undertaken to address the findings of the September 2015 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 December 17, 2015 CMA staff made a site visit to FWRC to assess the progress made towards addressing issues identified in the emergency notification. While this was not a formal CAP assessment, CMA staff wanted to ensure the emergency findings were being addressed appropriately. Staff received updates from institutional and regional staff, reviewed monitoring documentation, and reviewed portions of medical records pertinent to the emergency findings. Based on the assessment of monitoring documentation and limited record review, it appeared issues identified were being monitored accurately and progress was being made to ensure correction.

On February 9, 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 on-site CAP assessment on March 2, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The findings directly related to the emergency notification were identified in the survey report as emergency findings (EF). Other findings were "stand alone" findings and not necessarily major contributing factors to the emergency notification. The CAP closure files revealed sufficient evidence to determine that 26 of 52 physical health findings and 19 of 59 mental

health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action.

On May 12, 2016, CMA staff requested access to monitoring documents to assist determining if an on-site or off-site assessment should be conducted. Based on the documents provided, an on-site CAP assessment was conducted on June 28, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 8 of 27 physical health findings and 9 of 40 mental health findings were corrected.

On October 25, 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 an on-site assessment was conducted on December 1, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 19 physical health findings and 9 of 31 mental health findings were corrected.

On February 17, 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 on-site assessment on March 31, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 9 of 17 physical health findings and 15 of 24 mental health findings were corrected. One physical health finding was added for in-service training, monitoring, and corrective action.

On July 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 on-site assessment on August 23, 2017 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 emergency as well as the “stand alone” findings.

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 5 of the 9 physical health findings were corrected. Four physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>PH-12: In 5 of 13 applicable records (14 reviewed), there was no evidence of hepatitis A &amp; B vaccines or refusal.</b></p>	<p><b>PH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-16: In 3 of 10 records reviewed, there was no evidence that abnormal labs were reviewed/addressed timely [EF].</b></p>	<p><b>PH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-19: In 4 of 12 applicable records (3 reviewed), there was no evidence that abnormal labs were reviewed or addressed timely [EF].</b></p>	<p><b>PH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-25: In 3 of 9 applicable records (15 reviewed), there was no evidence of influenza vaccine or refusal.</b></p>	<p><b>PH-25 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>PH-41: In 3 records, there was no evidence that the screening included all required elements.</b></p>	<p><b>PH-41 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-41.</p>

Finding	CAP Evaluation Outcome
<p><b>PH-42: In 4 of 6 applicable records, there was no evidence that all required diagnostic tests were performed 7-14 days prior to the screening.</b></p>	<p><b>PH-42 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-42 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>PH-48: In 2 of 9 applicable records (16 reviewed), there was no evidence that the interview/appointment/test/etc. occurred as intended [EF].</b></p>	<p><b>PH-48 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-48.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADMINISTRATIVE ISSUES</u></b></p> <p><b>CF-1: There was no evidence that diagnostic reports were reviewed in a timely manner.</b></p>	<p><b>CF-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADMINISTRATIVE ISSUES</u></b></p> <p><b>CF-4: The medical follow-up for abnormal findings was inadequate.</b></p>	<p><b>CF-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. CF-4 will remain open.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 7 of 9 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>MH-16: In 2 of 2 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed [EF].</b></p>	<p><b>MH-16 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 13 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-30: In 4 of 12 applicable records, the required hours of planned structured therapeutic services were not provided or were not clinically appropriate.</b></p> <p><b>MH-33: In 6 records, vital signs were not documented at the required intervals.</b></p> <p><b>MH-34: In 6 records, weight was not recorded weekly as required.</b></p>	<p><b>MH-30 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-30, will remain open.</p> <p><b>MH-33 &amp; MH-34 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-33 &amp; MH-34.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-38: In 1 of 5 applicable records, follow-up lab tests were not ordered and/or conducted as required [EF].</b></p>	<p><b>MH-38 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-38.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RECEPTION PROCESS</u></b></p> <p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p><b>MH-52:</b> In 12 of 14 applicable records, there was an interruption of the inmate's psychotropic medication after arrival from the county jail [EF].</p> <p><b>MH-53:</b> In 15 of 15 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days [EF].</p> <p><b>MH-54:</b> In 1 of 1 applicable record, an inmate with acute symptomatology was not evaluated by psychiatry within 24 hours.</p>	<p><b>MH-52, MH-53, &amp; MH-54 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-52, MH-53, &amp; MH-54.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT AND OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>CF-2:</b> In 6 of 7 inpatient and outpatient records reviewed, the Abnormal Involuntary Movement Scale (AIMS) was not completed or not completed within the required time frame.</p>	<p><b>CF-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-2.</p>

## **IV. Conclusion**

### **Physical Health**

The following physical health findings will close: PH-16, PH-19, PH-41, PH-48, & CF-1. All other physical health findings will remain open.

### **Mental Health**

The following mental health findings will close: MH-33, MH-34, MH-38, MH-52, MH-53, MH-54, & CF-2. All other mental health findings will remain open.

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 on-site evaluation.