

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

FLORIDA STATE PRISON

for the

Physical and Mental Health Survey
Conducted November 14-16, 2017

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW
Kathy McLaughlin, BS
Monica Dodrill, RN

CAP Assessment Distributed on July 2, 2018

CAP Assessment of Florida State Prison

I. Overview

On November 14-16, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Florida State Prison (FSP). The survey report was distributed on December 11, 2017. In January 2018, FSP submitted and the CMA approved, the institutional corrective action plan (CAP), which outlined the efforts to be undertaken to address the findings of the November 2017 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days. On May 31, 2018, 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 June 29, 2018 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

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 9 of the 12 physical health findings were corrected. Three physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-1: In 1 of 2 records reviewed, there was no evidence of a pneumococcal vaccination or refusal.</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>CONSULTATIONS</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-2: In 4 records, the diagnosis was not recorded on the problem list.</p>	<p>PH-2 OPEN</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-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>PH-3: In 4 of 13 applicable records, there was no evidence that follow-up appointments were completed as per the consultant's recommendations.</p> <p>PH-4: In 1 of 1 applicable record, there was no evidence that the alternative treatment plan (ATP) was implemented.</p>	<p>PH-3 & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION REVIEW</u></p> <p>PH-5: In 3 of 12 records reviewed, there was no evidence of a corresponding note in the medical record by the provider for all medication orders.</p>	<p>PH-5 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. PH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-6: In 2 of 8 applicable records, there was no evidence that inmates were provided lab results.</p> <p>PH-7: In 1 of 2 applicable records, there was no evidence the inmate was referred to the clinician when required.</p> <p>PH-8: In 3 records, there was no evidence that health education was provided.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p> <p>PH-7 OPEN</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-7 will remain open.</p> <p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-9: In 11 of 12 records reviewed, the inmate request was not in the medical record.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS REVIEW</u></p> <p>PH-10: There was no evidence that all necessary equipment was in working order.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiency:</p> <p>PH-11: The first aid kits were missing supplies.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>ADDITIONAL ADMINISTRATIVE ISSUES</u></p> <p>PH-12: The sick call services process in the confinement wings was inadequate.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

B. West Unit

The CAP closure files revealed sufficient evidence to determine that 18 of the 20 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>PH-1: In 1 of 1 applicable record (17 reviewed), there was no evidence that a referral was made to a specialist when indicated.</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>ENDOCRINE CLINIC</u></p> <p>PH-2: In 2 of 10 applicable records (15 reviewed), Aspirin was not prescribed for inmates with vascular disease and other risk factors.</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>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-3: In 1 record, there was no evidence of an appropriate examination for the diagnosis.</p> <p>PH-4: In 1 of 3 applicable records, a referral to a specialist was not made when indicated.</p>	<p>PH-3 & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-5: In 6 of 9 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</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>RESPIRATORY CLINIC</u></p> <p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-6: In 2 of 7 applicable records, inmates with moderate to severe reactive airway disease were not started on an anti-inflammatory medication.</p> <p>PH-7: In 3 of 10 applicable records, documentation of Chronic Illness Clinic (CIC) visit did not include all required components.</p>	<p>PH-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-8: In 1 of 1 applicable record (16 reviewed), documentation of emergency care was incomplete.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-9: In 4 records, infirmary admission orders were incomplete.</p> <p>PH-10: In 2 of 8 applicable inpatient and outpatient records, there was no evidence that the nursing discharge note was completed in its entirety.</p> <p>PH-11: In 2 of 8 applicable inpatient records, the file was incomplete.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p> <p>PH-10 OPEN</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-10 will remain open.</p> <p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-12: In 4 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-13: There was no evidence that necessary equipment was available and in working order.</p>	<p>PH-13 OPEN</p> <p>Adequate documentation of correction was not provided. PH-13 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC REVIEW</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-14: In 4 records, there was no evidence of an accurate diagnosis and appropriate treatment plan.</p> <p>PH-15: In 6 records, there was insufficient documentation of dental materials and anesthetic agent used.</p>	<p>PH-14 & PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14 & PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-16: Personal protective equipment (PPE) for universal precautions was not readily available.</p> <p>PH-17: Examination/treatment rooms did not have required equipment.</p> <p>PH-18: Instructions to access medical and dental sick call were not posted in inmate housing areas.</p> <p>PH-19: There was no evidence that first aid kits were inspected monthly.</p> <p>PH-20: Pill line schedules were not posted in inmate common areas.</p>	<p>PH-16, PH-17, PH-18, PH-19, & PH-20 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-16, PH-17, PH-18, PH-19, & PH-20.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed evidence to determine that 5 of 5 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 3 of 14 records reviewed, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCY</u></p> <p>MH-2: In 4 of 15 records reviewed, an emergency evaluation was not completed by mental health or nursing staff.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-3: In 6 records, the Individualized Service Plan (ISP) was not signed by members of the multi-disciplinary service team.</p> <p>MH-4: In 3 of 15 applicable records, the Behavioral Risk Assessment (DC4-729) was not completed accurately.</p> <p>MH-5: In 3 of 5 applicable records, the Close Management Referral Assessment (DC6-128) could not be located.</p>	<p>MH-3, MH-4, & MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3, MH-4, & MH-5.</p>

B. Annex

The CAP closure files revealed evidence to determine that 11 of 12 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 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 record, there was no evidence that the inmate received a thorough clinical assessment prior to placement in SHOS.</p> <p>MH-2: In 2 records, clinician’s orders were not signed and/or countersigned by the next working day.</p> <p>MH-3: In 1 record, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-4: In 2 records, the Inpatient Mental Health Daily Nursing Evaluation (DC4-673B) was not completed in its entirety.</p> <p>MH-5: In 1 of 1 applicable record, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>MH-1 & MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 & MH-2.</p> <p>MH-3 OPEN</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-3 will remain open.</p> <p>MH-4 & MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 & MH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 11 outpatient records revealed the following deficiencies:</p> <p>MH-6: In 5 of 6 applicable records, the mental health screening evaluation was incomplete.</p>	<p>MH-6, MH-7, MH-8, MH-9, & MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6, MH-7, MH-8, MH-9, & MH-10.</p>

Finding	CAP Evaluation Outcome
<p>MH-7: In 1 of 1 applicable record, the bio-psychosocial assessment (BPSA) was not approved by the Multi-Disciplinary Services Team (MDST) within 30 days.</p> <p>MH-8: In 1 of 1 applicable record, the Individualized Service Plan (ISP) was not reviewed or revised within 30 days of receiving a S2 grade.</p> <p>MH-9: In 5 records, the ISP was not signed by all relevant parties.</p> <p>MH-10: In 3 of 10 applicable records, the ISP was not reviewed or revised at least every 180 days.</p>	

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-11: There was not sufficient restraint or self-harm prevention equipment for the inmate population.</p> <p>MH-12: Staff interviewed were unable to explain the process for the use and application of psychiatric restraints.</p>	<p>MH-11 & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 & MH-12.</p>

IV. Conclusion

Physical Health Main Unit

PH-2, PH-5, and PH-7 will remain open and all other physical health portions will close.

Physical Health West Unit

PH-10 & PH-13 will remain open and all other physical health portions will close.

Mental Health Main Unit

All mental health portions will close.

Mental Health West Unit

MH-3 will remain open and all other mental health portions will close.

Until appropriate corrective actions are undertaken by staff and the results of those corrections reviewed are 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.