

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT
of
FLORIDA WOMEN'S RECEPTION CENTER**

for the

Physical and Mental Health Survey
Conducted September 17-19, 2019

CMA STAFF

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I. Overview

On September 17-19, 2019, 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 11, 2019. In November 2019, FWRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the FWRC 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 Florida Women's Reception Center

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	8/26/20	10/6/20	Off-site	32	21	11

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 4 of the 15 physical health findings were corrected. Eleven 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
<u>Immunity Clinic</u> PH-1: In 2 of 10 applicable records, there was no evidence of hepatitis B vaccination or refusal.			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
<u>Immunity Clinic</u> PH-2: In 4 of 10 applicable records, there was no evidence of pneumococcal vaccination or refusal.			X		
<u>Oncology Clinic</u> PH-3: In 6 records, there was no evidence of pneumococcal vaccination or refusal.			X		
<u>Oncology Clinic</u> PH-4: In 5 of 7 applicable records, there was no evidence of influenza vaccination or refusal.			X		
<u>Respiratory Clinic</u> PH-5: In 4 of 12 records reviewed, there was no evidence of pneumococcal vaccination or refusal.			X		
<u>Tuberculosis Clinic</u> PH-6: In 1 record, there was no evidence the monthly nursing follow-up was completed.			X		
<u>Tuberculosis Clinic</u> PH-7: In 1 record, there was no evidence of a final chronic illness clinic visit after completion of treatment.			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
<u>Sick Call</u> PH-8: In 3 of 14 applicable records (15 reviewed), there was no evidence of complete vital signs.		X			
<u>Infirmity</u> PH-9: In 4 of 15 records reviewed, there was no evidence that orders were implemented as received.	X				
<u>Consultations</u> PH-10: In 9 records, the diagnosis was not recorded on the problem list.	X				
<u>Consultations</u> PH-11: In 3 of 15 applicable records, the consultant's recommendations were not incorporated into the treatment plan in a timely manner.		X			
<u>Intra-System Transfers</u> PH-12: In 3 records, there was no evidence that vital signs were taken.			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
<u>Intra-System Transfers</u> PH-13: In 2 records, there was no evidence the clinician reviewed the record within 7 days of arrival.			X		
<u>Medication Administration</u> PH-14: In 3 of 12 records reviewed, allergies listed on the medication administration record (MAR) and the orders were not consistent and/or did not match.	X				
<u>Pharmacy Services</u> PH-15: Expired and non-expired medications were not segregated.	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of the 17 mental health findings were corrected. Ten mental health findings will 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
<u>Special Housing</u> MH-1: In 2 of 9 records reviewed, the "Special Housing Health Appraisal" (DC4-769) was incomplete or missing.		X			
<u>Outpatient Mental Health</u> MH-2: In 4 of 17 outpatient records, mental health problems were not recorded on the problem list.	X				
<u>Outpatient Medication Practices</u> MH-3: In 2 of 5 applicable records, follow-up laboratory studies were not conducted as required.					X
<u>Outpatient Medication Practices</u> MH-4: In 6 of 17 applicable records, inmates did not receive medications as prescribed and documentation of refusal was not present in the medical record.		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
<u>Outpatient Medication Practices</u> MH-5: In 10 records, inmates were not offered psychiatric services within the required time frame.					X
<u>Outpatient Medication Practices</u> MH-6: In 5 of 8 applicable records, the Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frames.		X			
<u>Inpatient Mental Health</u> MH-7: In 4 records, an informed consent or a court order for treatment were missing or incomplete.	X				
<u>Inpatient Mental Health</u> MH-8: In 3 of 6 applicable records, there was no evidence that the assigned behavioral health specialist met with the inmate within 3 business days of admission to the unit.	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
<u>Inpatient Mental Health</u> MH-9: In 11 of 11 applicable records, patients were not offered the minimum required hours of structured out-of-cell treatment and services (SOCTS).	X				
<u>Inpatient Medication Practices</u> MH-10: In 3 of 11 records reviewed, patients were not offered psychiatric services within the required time frame.	X				
<u>Aftercare</u> MH-11: In 2 of 5 applicable records (20 reviewed), assistance with Social Security benefits was not provided within 90 days of end of sentence (EOS).	X				
<u>Reception</u> MH-12: In 3 records, inmates did not receive orientation to health services within 24 hours of arrival at the reception center.		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
<u>Reception</u> MH-13: In 8 of 9 applicable records, medications prescribed at the county jail were not continued upon the inmate's arrival.	X				
<u>Reception</u> MH-14: In 4 of 10 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 had received psychotropic medication in the past 30 days.		X			
<u>Reception</u> MH-15: In 2 of 10 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.			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
<u>Reception</u> MH-16: In 1 of 2 applicable records, past treatment records were not requested if the inmate was at the reception center for 60 days.			X		
<u>Mental Health Systems</u> MH-17: Therapeutic groups were not provided as required to meet the needs of the inmate population.			X		

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-9, PH-10, PH-14, & PH-15. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-2, MH-7, MH-8, MH-9, Mh-10, & MH-11. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by FWRC 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.