

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

HARDEE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 6-8, 2016

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CAP Assessment of Hardee Correctional Institution

I. Overview

On September 6-8, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Hardee Correctional Institution (HARCI). The survey report was distributed on September 30, 2016. In October 2016, HARCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the September 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 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 on-site CAP assessment on June 8, 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 survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 16 of the 16 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC REVIEW</u></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-1: In 3 records, the diagnosis was not recorded on all required forms.</p> <p>PH-2: In 4 records, inmates were not seen according to their M-grade status.</p>	<p>PH-1 & PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1 & PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-3: In 4 of 16 applicable records (17 reviewed), there was no evidence of hepatitis A & B vaccination or refusal.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-4: In 5 of 11 records reviewed, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-5: In 1 of 2 applicable records (14 reviewed), there was no evidence of a referral to a specialist although indicated.</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>TUBERCULOSIS CLINIC</u></p> <p>PH-6: In 1 of 4 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-7: In 9 of 16 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-8: In 4 of 18 records reviewed, there was no evidence all diagnostic tests were performed prior to the periodic screening encounter.</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 4 of 18 records reviewed, the inmate request was not present in the chart and could not be located by staff.</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</u></p> <p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-10: Dental composite and bonding materials were expired.</p> <p>PH-11: There was no evidence that all necessary equipment was working and available.</p>	<p>PH-10 & PH-11 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-10 & PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-12: In 5 of 17 applicable records, there was no evidence of an accurate diagnosis and appropriate treatment plan.</p> <p>PH-13: In 7 records, there was no evidence timely and appropriate measures were taken to maintain optimal dental health and function.</p> <p>PH-14: In 8 records, oral hygiene instruction was not documented as a part of the dental treatment plan.</p>	<p>PH-12, PH-13, & PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12, PH-13, & PH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-15: All dorms did not provide safe, operational, and/or adequately equipped bathroom areas.</p> <p>PH-16: First aid kits were missing seals/tags.</p>	<p>PH-15 & PH-16 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-15 & PH-16.</p>

III. Mental Health Assessment Summary

There were no findings requiring corrective action as a result of the September 2016 survey.

IV. Conclusion

All findings as a result of the September 2016 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.