

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

of

MOORE HAVEN CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted February 19-21, 2019

CMA STAFF

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I. Overview

On February 19-21, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Moore Haven Correctional Facility (MHCF). The survey report was distributed on March 27, 2019. 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 February 27, 2019.

The emergency notification informed the Secretary that serious deficiencies were identified. The totality of findings noted in conjunction with the lack of credible systems in place to address the deficiencies resulted in significant impediments to basic standards of care for the inmates at MHCF. CMA clinical surveyors identified deficiencies in almost all areas of the physical and mental health care reviewed. The findings themselves were not related to one component of a dysfunctional health care delivery system, rather were related to many areas including barriers to accessing care, delays in treatment, inadequate laboratory and diagnostic testing follow-up, and inadequate medication administration. Additionally, there was a significant lapse in medical records keeping which resulted in the inability of surveyors to fully assess the care provided.

On March 2, 2019, the CMA was provided a copy of the Department's corrective action plan (CAP) addressing the emergency findings. In April 2019, MHCF submitted and the CMA approved, the institutional CAP which outlined the efforts to be undertaken to address the findings of the February 2019 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 Moore Haven Correctional Facility

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	10/8/19	11/6/19	On-site	79	31	48
2	10/1/20	11/18/20	On-site	31	11	20
3	3/23/21	5/7/21	On-site	11	2	9

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of the 4 physical health findings were corrected. Two physical 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
<p align="center"><u>Sick Call</u></p> <p>PH-32: In 5 of 8 applicable records, there was no evidence of timely follow-up by the clinician.</p>		X			
<p align="center"><u>Infirmary</u></p> <p>PH-37: In 2 of 4 applicable inpatient records, there was no evidence the nursing admission assessment was completed within two hours of admission as required.</p>	X				
<p align="center"><u>Infirmary</u></p> <p>PH-38: In 4 of 4 applicable inpatient records, there was no evidence clinician rounds were completed as required.</p>		X			
<p align="center"><u>Periodic Screenings</u></p> <p>PH-45: In 4 records, there was no evidence required diagnostic tests were completed 7-14 days prior to the screening.</p>	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of the 7 mental health findings were corrected. All mental health findings are closed.

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 align="center"><u>SHOS</u></p> <p>MH-3: In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift or was incomplete.</p>	X				
<p><u>Outpatient Medications</u></p> <p>MH-7: In 1 of 1 applicable record, initial labs were not completed prior to initiating psychotropic medication.</p>	X				
<p><u>Outpatient Medications</u></p> <p>MH-8: In 3 of 6 applicable records, follow-up lab tests were not completed as required.</p>	X				
<p><u>Outpatient Medications</u></p> <p>MH-9: In 9 records, inmates did not receive medications as prescribed and documentation of refusal was not present in the records.</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
<u>Outpatient Medications</u> MH-10: In 7 of 9 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.	X				
<u>Outpatient Medications</u> MH-11: In 7 of 8 applicable records, there was no "Refusal of Health Care Services" (DC4-711A) after 3 consecutive medication refusals or 5 in one month.	X				
<u>Outpatient Mental Health</u> MH-16: In 5 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.	X				

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-37 & PH-45. All other physical health findings will remain open.

Mental Health-Main Unit

All mental health findings are closed.

Until appropriate corrective actions are undertaken by MHCF 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 off-site evaluation.