

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**MOORE HAVEN CORRECTIONAL FACILITY**

for the

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

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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**

<b>CAP #</b>	<b>Request Date for Monitoring Documents</b>	<b>CAP Assessment Date</b>	<b>Assessment Location</b>	<b>Total # Survey Findings</b>	<b>Total # Open Findings</b>	<b>Total # Findings Closed</b>
1	10/8/19	11/6/19	On-site	79	31	48

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 36 of the 55 physical health findings were corrected. Nineteen physical health findings will remain open.

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<b>Chronic Illness Clinic</b> <b>PH-1:</b> In 4 records, there was no evidence the diagnosis was recorded on the problem list.	X				

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<b><u>Chronic Illness Clinic</u></b> <b>PH-2:</b> In 6 records, the baseline history was incomplete or missing.	X				
<b><u>Chronic Illness Clinic</u></b> <b>PH-3:</b> In 5 records, there was no evidence the inmate was seen at the required intervals.	X				
<b><u>Cardiovascular Clinic</u></b> <b>PH-4:</b> In 6 of 15 applicable records, there was no evidence of pneumococcal vaccination or refusal.	X				
<b><u>Cardiovascular Clinic</u></b> <b>PH-5:</b> In 4 records, there was no evidence of influenza vaccination or refusal.			X		
<b><u>Endocrine Clinic</u></b> <b>PH-6:</b> In 9 records, there was no evidence of an appropriate examination for the diagnosis.	X				
<b><u>Endocrine Clinic</u></b> <b>PH-7:</b> In 7 of 10 applicable records, there was no evidence of an annual fundoscopic examination.	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
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-8:</b> In 5 of 12 applicable records, there was no evidence the inmates had been evaluated and staged for hepatitis C treatment.</p>	X				
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-9:</b> In 5 of 7 applicable records, there was no evidence the inmates were screened for hepatocellular carcinoma at the required intervals.</p>		X			
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-10:</b> In 6 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	X				
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-11:</b> In 2 of 4 applicable records, there was no evidence of influenza vaccination or refusal.</p>			X		
<p><b><u>Immunity Clinic</u></b>  <b>PH-12:</b> In 6 of 10 records reviewed, there was no evidence of influenza vaccination or refusal.</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
<p><b><u>Miscellaneous Clinic</u></b>  <b>PH-13:</b> In 2 records, there was no evidence of the control of the disease and/or status of the patient.</p>		X			
<p><b><u>Miscellaneous Clinic</u></b>  <b>PH-14:</b> In 2 of 5 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><b><u>Miscellaneous Clinic</u></b>  <b>PH-15:</b> In 1 of 5 applicable records, there was no evidence of a referral to a specialist when indicated.</p>		X			
<p><b><u>Neurology Clinic</u></b>  <b>PH-16:</b> In 6 records, there was no evidence that seizures were classified.</p>	X				
<p><b><u>Neurology Clinic</u></b>  <b>PH-17:</b> In 1 of 4 applicable records, there was no evidence of influenza vaccination or refusal.</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
<p><b><u>Oncology Clinic</u></b>  <b>PH-18:</b> In 2 of 3 records reviewed, there was no evidence inmates with cancer were enrolled in the clinic.</p>		<b>X</b>			
<p><b><u>Respiratory Clinic</u></b>  <b>PH-19:</b> In 5 records, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p>	<b>X</b>				
<p><b><u>Respiratory Clinic</u></b>  <b>PH-20:</b> In 3 records, there was no evidence of pneumococcal vaccination or refusal.</p>	<b>X</b>				
<p><b><u>Respiratory Clinic</u></b>  <b>PH-21:</b> In 4 records, there was no evidence of influenza vaccination or refusal.</p>			<b>X</b>		
<p><b><u>Tuberculosis Clinic</u></b>  <b>PH-22:</b> In 6 of 6 applicable records, there was no evidence of a monthly nursing follow-up.</p>	<b>X</b>				
<p><b><u>Tuberculosis Clinic</u></b>  <b>PH-23:</b> In 4 of 6 applicable records, there was no evidence the inmate was given the correct number of doses of INH.</p>	<b>X</b>				

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><b><u>Tuberculosis Clinic</u></b>  <b>PH-24:</b> In 4 of 6 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><b><u>Tuberculosis Clinic</u></b>  <b>PH-25:</b> In 4 of 6 applicable records, there was no evidence of influenza vaccination or refusal.</p>			X		
<p><b><u>Emergency Services</u></b>  <b>PH-26:</b> In 7 of 14 applicable records, there was no evidence of complete vital signs.</p>	X				
<p><b><u>Emergency Services</u></b>  <b>PH-27:</b> In 3 of 13 applicable records, there was no evidence of patient education.</p>	X				
<p><b><u>Emergency Services</u></b>  <b>PH-28:</b> In 1 of 5 applicable records, there was no evidence of timely follow-up by the clinician.</p>	X				



<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<p><b><u>Sick Call</u></b>  <b>PH-29:</b> In 4 of 16 applicable records, there was no evidence of a completed "Sick Call Protocol" or note in SOAPE format.</p>	<b>X</b>				
<p><b><u>Sick Call</u></b>  <b>PH-30:</b> In 4 records, there was no evidence of complete vital signs.</p>	<b>X</b>				
<p><b><u>Sick Call</u></b>  <b>PH-31:</b> In 4 records, there was no evidence of patient education.</p>	<b>X</b>				
<p><b><u>Sick Call</u></b>  <b>PH-32:</b> In 5 of 8 applicable records, there was no evidence of timely follow-up by the clinician.</p>		<b>X</b>			
<p><b><u>Infirmary</u></b>  <b>PH-33:</b> In 2 records, the clinician care orders were incomplete.</p>	<b>X</b>				
<p><b><u>Infirmary</u></b>  <b>PH-34:</b> In 5 records, there was no evidence of a complete discharge note by the nurse.</p>	<b>X</b>				

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><b><u>Infirmary</u></b>  <b>PH-35:</b> In 2 of 3 applicable outpatient records, there was no evidence of clinician holiday and/or weekend rounds.</p>	X				
<p><b><u>Infirmary</u></b>  <b>PH-36:</b> In 2 of 4 applicable records, the inpatient file was incomplete.</p>	X				
<p><b><u>Infirmary</u></b>  <b>PH-37:</b> 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><b><u>Infirmary</u></b>  <b>PH-38:</b> In 4 of 4 applicable inpatient records, there was no evidence clinician rounds were completed as required.</p>		X			
<p><b><u>Infirmary</u></b>  <b>PH-39:</b> In 4 of 4 applicable inpatient records, there was no evidence of clinician holiday and/or weekend rounds.</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
<p><b><u>Consultations</u></b>  <b>PH-40:</b> In 6 records, the diagnosis was not recorded on the problem list.</p>		X			
<p><b><u>Consultations</u></b>  <b>PH-41:</b> In 2 of 9 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan in a timely manner.</p>		X			
<p><b><u>Medication Administration</u></b>  <b>PH-42:</b> In 10 records, the medication orders were not signed, dated, and/or timed by appropriate staff.</p>	X				
<p><b><u>Medication Administration</u></b>  <b>PH-43:</b> In 4 records, there was no evidence that all medication orders had a corresponding clinician note.</p>	X				
<p><b><u>Periodic Screenings</u></b>  <b>PH-44:</b> In 3 records, the periodic screening was incomplete.</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
<p><b><u>Periodic Screenings</u></b>  <b>PH-45:</b> In 4 records, there was no evidence required diagnostic tests were completed 7-14 days prior to the screening.</p>		<b>X</b>			
<p><b><u>Medical Inmate Requests</u></b>  <b>PH-46:</b> In 13 records, the inmate request was not in the medical record.</p>	<b>X</b>				
<p><b><u>Medical Inmate Requests</u></b>  <b>PH-47:</b> In 1 of 1 applicable records, there was no evidence of an incidental note regarding the response.</p>	<b>X</b>				
<p><b><u>Dental Systems Review</u></b>  <b>PH-48:</b> There was no evidence that an emergency drug kit was readily available.</p>	<b>X</b>				
<p><b><u>Institutional Tour</u></b>  <b>PH-49:</b> The emergency area cabinets were not well organized and were in disarray.</p>	<b>X</b>				

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><b><u>Institutional Tour</u></b>  <b>PH-50:</b> Procedures to access medical and dental sick call were not posted in Wing 3 of the dorm housing inmates 55 years and older.</p>	X				
<p><b><u>Institutional Tour</u></b>  <b>PH-51:</b> The first aid kit seal was broken in Charlie dorm.</p>	X				
<p><b><u>Institutional Tour</u></b>  <b>PH-52:</b> The over-the-counter medications count did not match the logs in Charlie dorm.</p>	X				
<p><b><u>Additional Administrative Issues</u></b>  <b>PH-53:</b> The majority of MARs were not found in the charts.</p>	X				
<p><b><u>Additional Administrative Issues</u></b>  <b>PH-54:</b> Some MARs were not dated.</p>	X				
<p><b><u>Additional Administrative Issues</u></b>  <b>PH-55:</b> Medical records were disorganized.</p>		X			

**III. Mental Health Assessment Summary**

**A. Main Unit**

The CAP closure files revealed sufficient evidence to determine that 12 of the 24 mental health findings were corrected. Twelve mental health findings will remain open.

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<p><b><u>SHOS</u></b>  <b>MH-1:</b> In 3 records, the admission orders were not signed/co-signed the next working day.</p>		X			
<p><b><u>SHOS</u></b>  <b>MH-2:</b> In 2 records, the inmate was not observed at the frequency ordered by the clinician.</p>	X				
<p><b><u>SHOS</u></b>  <b>MH-3:</b> In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift or was incomplete.</p>		X			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<p><b><u>Use of Force</u></b>  <b>MH-4:</b> In 1 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.</p>	<b>X</b>				
<p><b><u>Inmate Requests</u></b>  <b>MH-5:</b> In 3 of 5 records reviewed, a copy of the inmate request form was not present in the medical record.</p>	<b>X</b>				
<p><b><u>Psychological Emergencies</u></b>  <b>MH-6:</b> In 5 of 12 records reviewed, the psychological emergency was not responded to within one hour.</p>	<b>X</b>				
<p><b><u>Outpatient Medications</u></b>  <b>MH-7:</b> In 1 of 1 applicable record, initial labs were not completed prior to initiating psychotropic medication.</p>			<b>X</b>		
<p><b><u>Outpatient Medications</u></b>  <b>MH-8:</b> In 3 of 6 applicable records, follow-up lab tests were not completed as required.</p>		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<p><b><u>Outpatient Medications</u></b>  <b>MH-9:</b> In 9 records, inmates did not receive medications as prescribed and documentation of refusal was not present in the records.</p>		<b>X</b>			
<p><b><u>Outpatient Medications</u></b>  <b>MH-10:</b> In 7 of 9 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p>		<b>X</b>			
<p><b><u>Outpatient Medications</u></b>  <b>MH-11:</b> 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.</p>		<b>X</b>			
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-12:</b> In 2 of 7 applicable records, psychotropic medications were not continued upon the inmates' arrival.</p>	<b>X</b>				



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><b><u>Outpatient Mental Health</u></b>  <b>MH-13:</b> In 3 of 9 applicable records, the initial mental health screening evaluation or Individualized Service Plan (ISP) was not updated.</p>	X				
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-14:</b> In 2 of 4 applicable records, the sex offender screening was not completed.</p>		X			
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-15:</b> In 1 of 5 applicable records, the bio-psychosocial assessment (BPSA) was not reviewed within 30 days of initiation of mental health services.</p>	X				
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-16:</b> In 5 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p>		X			
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-17:</b> In 4 records, counseling was not provided at least every 60 days.</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
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-18:</b> In 2 of 7 applicable records, case management was not provided to inmates with a diagnosis of Schizophrenia or other psychotic disorders at least every 30 days.</p>	X				
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-19:</b> In 4 of 17 applicable records, case management was not provided at least every 60 days.</p>	X				
<p><b><u>Aftercare Planning</u></b>  <b>MH-20:</b> In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p>	X				
<p><b><u>Aftercare Planning</u></b>  <b>MH-21:</b> In 3 of 5 applicable records, consent to release information for continuity of care was missing or not completed within 30 days of EOS.</p>	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Aftercare Planning</u></b> <b>MH-22:</b> In 2 of 2 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-657) was not completed for inmates within 30 days of EOS.			<b>X</b>		
<b><u>Aftercare Planning</u></b> <b>MH-23:</b> In 1 of 3 applicable records, assistance with Social Security benefits was not provided within 90 days of EOS.			<b>X</b>		
<b><u>Additional Administrative Issues</u></b> <b>MH-24:</b> Medical records were disorganized.		<b>X</b>			

#### **IV. Conclusion**

##### **Physical Health-Main Unit**

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-6, PH-7, PH-8, PH-10, PH-14, PH-16, PH-19, PH-20, PH-22, PH-23, PH-24, PH-26, PH-27, PH-28, PH-29, PH-30, PH-31, PH-33, PH-34, PH-35, PH-36, PH-42, PH-43, PH-46, PH-47, PH-48, PH-49, PH-50, PH-51, PH-52, PH-53, & PH-54. All other physical health findings will remain open.

##### **Mental Health-Main Unit**

The following mental health findings will close: MH-2, MH-4, MH-5, MH-6, MH-12, MH-13, MH-15, MH-17, MH-18, MH-19, MH-20, & MH-21. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by MHC 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.