

**SECOND 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

| 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                      |

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 15 of the 19 physical health findings were corrected. Four 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><b><u>Cardiovascular Clinic</u></b><br/> <b>PH-5:</b> In 4 records, there was no evidence of influenza vaccination or refusal.</p>  | X      |   |   |   |   |
| <p><b><u>Gastrointestinal Clinic</u></b><br/> <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><br/> <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><br/> <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><br/> <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><br/> <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><br/> <b>PH-17:</b> In 1 of 4 applicable records, there was no evidence of influenza vaccination or refusal.</p>              | X      |   |   |   |   |
| <p><b><u>Oncology Clinic</u></b><br/> <b>PH-18:</b> In 2 of 3 records reviewed, there was no evidence inmates with cancer were enrolled in the clinic.</p>     | X      |   |   |   |   |
| <p><b><u>Respiratory Clinic</u></b><br/> <b>PH-21:</b> In 4 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>Tuberculosis Clinic</u></b><br/> <b>PH-25:</b> In 4 of 6 applicable records, there was no evidence of influenza vaccination or refusal.</p>  | X      |   |   |   |   |
| <p><b><u>Sick Call</u></b><br/> <b>PH-32:</b> In 5 of 8 applicable records, there was no evidence of timely follow-up by the clinician.</p>   |        | X   |   |   |   |
| <p><b><u>Infirmary</u></b><br/> <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><br/> <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><br/> <b>PH-39:</b> In 4 of 4 applicable inpatient records, there was no evidence of clinician holiday and/or weekend rounds.</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>Consultations</u></b><br/> <b>PH-40:</b> In 6 records, the diagnosis was not recorded on the problem list.</p>  | <b>X</b>      |  |  |  |  |
| <p><b><u>Consultations</u></b><br/> <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> | <b>X</b>      |  |  |  |  |
| <p><b><u>Periodic Screenings</u></b><br/> <b>PH-44:</b> In 3 records, the periodic screening was incomplete.</p>   | <b>X</b>      |  |  |  |  |
| <p><b><u>Periodic Screenings</u></b><br/> <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>Additional Administrative Issues</u></b><br/> <b>PH-55:</b> Medical records were disorganized.</p>  | <b>X</b>      |  |  |  |  |

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 12 mental health findings were corrected. Seven 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 |
|--|--------|---|---|---|---|
| <p align="center"><b><u>SHOS</u></b></p> <p><b>MH-1:</b> In 3 records, the admission orders were not signed/co-signed the next working day.</p>  | X      |   |   |   |   |
| <p align="center"><b><u>SHOS</u></b></p> <p><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   |   |   |   |
| <p align="center"><b><u>Outpatient Medications</u></b></p> <p><b>MH-7:</b> In 1 of 1 applicable record, initial labs were not completed prior to initiating psychotropic medication.</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 Medications</u></b><br/> <b>MH-8:</b> In 3 of 6 applicable records, follow-up lab tests were not completed as required.</p>   |        | X   |   |   |   |
| <p><b><u>Outpatient Medications</u></b><br/> <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>                        |        | X   |   |   |   |
| <p><b><u>Outpatient Medications</u></b><br/> <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>                      |        | X   |   |   |   |
| <p><b><u>Outpatient Medications</u></b><br/> <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> |        | 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><br/> <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><br/> <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>Aftercare Planning</u></b><br/> <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.</p>         | X      |   |   |   |   |
| <p><b><u>Aftercare Planning</u></b><br/> <b>MH-23:</b> In 1 of 3 applicable records, assistance with Social Security benefits was not provided within 90 days of EOS.</p>                                    | X      |   |   |   |   |
| <p><b><u>Additional Administrative Issues</u></b><br/> <b>MH-24:</b> Medical records were disorganized.</p>  | X      |   |   |   |   |

## **IV. Conclusion**

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

The following physical health findings will remain open: PH-32, PH-37, PH-38, & PH-45. All other physical health findings will close.

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

The following mental health findings will remain open: MH-3, MH-7, MH-8, MH-9, MH-10, MH-11, & MH-16. All other mental health findings will close.

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 on-site evaluation.