

**FIRST CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of

**NORTHWEST FLORIDA RECEPTION CENTER - ANNEX**

for the

Physical and Mental Health Survey  
Conducted February 2024

**CMA STAFF**

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Distributed on September 6, 2024

**I. Overview**

In February 2024, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Northwest Florida Reception Center-Annex (NWFRC). The survey report was distributed on March 18, 2024, In April 2024, NWFRC-Annex submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the NWFRC-Annex 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 Northwest Florida Reception Center-Annex**

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	8/16/2024	28	6	22

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 19 of the 23 physical health findings were corrected. Four 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>Cardiovascular Chronic Illness Clinic:</u> <b>Screen 2:</b> There is evidence of an appropriate physical examination	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>
<u><b>Endocrine Clinic Chronic Illness Clinic:</b></u> <b>Screen 6:</b> A dilated fundoscopic examination is completed yearly for diabetic inmates		X			
<u><b>Gastrointestinal Chronic Illness Clinic:</b></u> <b>Screen 7:</b> There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	X				
<u><b>Immunity Chronic Illness Clinic:</b></u> <b>Screen 2:</b> There is evidence of an appropriate physical examination	X				
<b>Screen 10:</b> There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	X				
<u><b>Outpatient Infirmary Care:</b></u> <b>Screen 7:</b> A discharge note containing all of the required information is completed as required	X				
<u><b>Inpatient Infirmary Care:</b></u> <b>Screen 2:</b> All orders are received and implemented	X				
<b>Screen 7:</b> Weekend and holiday clinician phone rounds are completed and documented as required	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>Screen 8:</b> A discharge note containing all of the required information is completed as required	X				
<b>Consultations:</b> <b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
<b>Medication And Vaccination Administration:</b> <b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal	X				
<b>Intra-System Transfers:</b> <b>Screen 7:</b> A clinician reviews the health record and DC4-760A within seven (7) days of arrival	X				
<b>Periodic Screenings:</b> <b>Screen 1:</b> The periodic screening encounter is completed within one month of the due date	X				
<b>Screen 2:</b> All components of the screening are completed and documented as required					X
<b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter					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>Screen 4:</b> Referral to a clinician occurs if indicated	<b>X</b>				
<b>Screen 5:</b> All applicable health education is provided	<b>X</b>				
<b><u>PREA Medical Review:</u></b> <b>Screen 3:</b> There is documentation that the alleged victim was provided education on STIs	<b>X</b>				
<b>Screen 4:</b> Prophylactic treatment and follow-up care for STIs are given as indicated	<b>X</b>				
<b>Screen 6:</b> Repeat STI testing is completed as required	<b>X</b>				
<b>Screen 7:</b> A mental health referral is submitted following the completion of the medical screening	<b>X</b>				
<b><u>Reception Services:</u></b> <b>Screen 7:</b> All needed immunizations are provided	<b>X</b>				
<b>Screen 10:</b> A complete health appraisal by a clinical associate/advanced registered nurse practitioner or a physician is done within 14 days of arrival	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 5 mental health findings were corrected. Two 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
<u><b>Self-Injury and Suicide Prevention Review:</b></u> <b>Screen 10:</b> The Individualized Services Plan (ISP) is revised within 14 days of discharge					X
<u><b>Reception Services:</b></u> <b>Screen 10:</b> The evaluation takes place within 10 days of arrival	X				
<u><b>Outpatient Psychotropic Medications:</b></u> <b>Screen 10:</b> The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month					X
<u><b>Outpatient Mental Health Services:</b></u> <b>Screen 16:</b> The ISP is signed by the inmate and all members of the treatment team	X				
<b>Screen 17:</b> The ISP is reviewed and revised at least every 180 days	X				

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by NWFRC-Annex 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.