# SECOND 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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#### 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
2	1/21/2025	6	0	6

#### II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 4 of the 4 physical health findings were corrected. All physical 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
Endocrine Clinic Chronic Illness Clinic: Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates	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
<b>Consultations:</b>					
Screen 3: The consultation is	X				
completed in a timely manner as					
dictated by the clinical needs of the					
inmate					
Periodic Screenings: Screen 2: All components of the screening are completed and documented as required	х				
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter	x				

## III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 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
Self-Injury and Suicide Prevention					
Review:	X				
Screen 10: The Individualized					
Services Plan (ISP) is revised within					
14 days of discharge					

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
Outpatient Psychotropic  Medications:  Screen 10: The inmate signs DC4- 711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	X				

### **IV. Conclusion**

All findings as a result of the February 2024 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.