

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

of

NORTHWEST FLORIDA RECEPTION CENTER

for the

Physical and Mental Health Survey
Conducted October 1 - 2, 2014

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

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CAP Assessment of Northwest Florida Reception Center

I. Overview

On October 1 - 2, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Northwest Florida Reception Center (NWFRC). The survey report was distributed on October 20, 2014. In November 2014, NWFRC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the October 2014 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.

In March 2015, CMA staff reviewed monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents reviewed, CMA staff conducted an on-site CAP assessment on March 24th and 25th to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 32 of the 43 physical health findings and 6 of 8 mental health findings on the Main Unit were corrected. In addition, 27 of 34 physical health findings and 9 of 15 mental health findings were corrected on the Annex. One CAP finding was added for additional education, monitoring, and corrective action.

In June 2015, CMA staff requested access to monitoring documentation to assist in determining if an on-site or off-site assessment should be conducted. Based on the documentation reviewed, CMA staff conducted an on-site assessment on July 28, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 11 of the 11 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<u>CARDIOVASCULAR CLINIC</u> PH-2: In 3 of 15 applicable records (16 reviewed), there was no evidence that the inmates with cardiovascular disease were prescribed low-dose aspirin.	PH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-2.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-10: In 9 of 16 records reviewed, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-11: In 4 records, the baseline information was incomplete or missing.</p> <p>PH-12: In 9 of 14 applicable records, there was no evidence that seizures were classified.</p> <p>PH-13: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-14: In 3 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-11, PH-12, PH-13, & PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11, PH-12, PH-13, & PH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-18: In 4 of 16 records reviewed, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE</u></p> <p>PH-30: In 1 of 1 applicable record (12 reviewed), there was no evidence that telephone orders were countersigned by the clinician.</p>	<p>PH-30 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-30.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-39: In 7 of 11 applicable records (12 reviewed), the new diagnosis was not reflected on the problem list.</p>	<p>PH-39 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-39.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-40: In 5 records, the DC4-760A “Health Information Transfer/Arrival Summary was incomplete.</p> <p>PH-41: In 16 records, there was no evidence that a clinician reviewed the health record and the DC4-760A within 7 days of arrival.</p>	<p>PH-40 & PH-41 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-40 & PH-41.</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 9 of the 9 physical health findings were corrected. All mental health physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-12: In 3 of 9 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-14: In 6 of 9 records reviewed, there was no evidence that seizures were classified.</p>	<p>PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>PH-28: In 3 records, there was no evidence the referral was sent to Utilization Management in a timely manner.</p> <p>PH-30: In 3 records, there was no evidence the consultation was performed in a timely manner.</p> <p>PH-31: In 4 of 8 applicable records, the new diagnosis was not reflected on the problem list.</p>	<p>PH-28, PH-29, PH-30, PH-31, PH-32, & PH-33 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-28, PH-30, PH-31, PH-32, & PH-33.</p>

Finding	CAP Evaluation Outcome
<p>PH-32: In 1 of 4 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan.</p> <p>PH-33: In 3 records, there was no evidence the consultation log was complete and accurate.</p>	

Finding	Suggested Corrective Action
<p><u>CONSULTATIONS</u></p> <p>CF-1: In 4 of 4 applicable records, consultations were not added to the consultation log.</p>	<p>CF-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of 2 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-3: In 13 records, physician's orders were not signed, dated, or timed.</p> <p>MH-7: In 3 of 4 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p>MH-3 & MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3 & MH-7.</p>

B. Annex

The CAP closure files revealed evidence to determine that 5 of 6 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 4 of 6 SHOS admissions reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-7: In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-8: In 4 of 8 applicable records, AIMS were not administered within the appropriate time frame.</p> <p>MH-9: In 1 of 1 applicable record, the use of the ETO was not accompanied by a physician's order specifying the medication as an ETO.</p>	<p>MH-7, MH-8, & MH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7, MH-8, & MH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-10: In 3 of 12 applicable records, the “Inmate Transfer/Arrival Summary” (DC4-760A) was incomplete or not present in the medical record.</p> <p>MH-11: In 5 of 13 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p>	<p>MH-10 & MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 & MH-11.</p>

IV. Conclusion

Physical Health-Main Unit

All physical health findings are closed.

Physical Health-Annex

All physical health findings are closed.

Mental Health-Main Unit

All mental health findings are closed.

Mental Health-Annex

MH-1 will remain open and all other mental health findings will close.

Until such time as appropriate corrective actions are undertaken by NWFRC staff and the results of those corrections are 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.