

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

NORTHWEST FLORIDA RECEPTION CENTER – MAIN UNIT

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 onsite physical and mental health survey of Northwest Florida Reception Center – Main (NWFRC). The survey report was distributed on March 18, 2024. In April 2024, NWFRC - Main 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 - Main 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

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	8/24/24	29	4	25

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 14 of the 17 physical health findings were corrected. Three 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> Screen 2: There is evidence of an appropriate physical 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><u>Endocrine Clinic Chronic Illness Clinic:</u> Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates</p>	X				
<p><u>General Chronic Illness Clinic:</u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician</p>	X				
<p><u>Emergency Services:</u> Screen 8: Appropriate documentation is completed for patient's requiring transport to a local emergency room</p>	X				
<p><u>Outpatient Infirmary Care:</u> Screen 7: A discharge note containing all of the required information is completed as required</p>	X				
<p><u>Inpatient Infirmary Care:</u> Screen 8: A discharge note containing all of the required information is completed as required</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><u>Consultations:</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate</p>					X
<p>Screen 6: All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations</p>		X			
<p><u>Intra-System Transfers:</u> Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival</p>	X				
<p><u>Periodic Screenings:</u> Screen 2: All components of the screening are completed and documented as required</p>		X			
<p>Screen 3: All diagnostic tests are completed prior to the periodic screening encounter</p>	X				
<p>Screen 4: Referral to a clinician occurs if indicated</p>	X				
<p>Screen 5: All applicable health education is provided</p>	X				
<p><u>PREA Medical Review:</u> Screen 3: There is documentation that the alleged victim was provided education on STIs</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
Screen 7: A mental health referral is submitted following the completion of the medical screening	X				
Screen 8: The inmate is evaluated by mental health by the next working day	X				
Screen 9: The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 11 of the 12 mental health findings were corrected. One mental health finding 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
<u>Self-Injury and Suicide Prevention</u> Review: Screen 3: Guidelines for SHOS management are observed	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
Screen 6: There is evidence of daily rounds by the attending clinician	X				
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge		X			
<u>Use of Force:</u> Screen 2: The post use-of-force physical examination is completed in its entirety	X				
Screen 4: Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	X				
<u>Outpatient Psychotropic Medication Practices:</u> Screen 11: Prescribed medication administration times are appropriate	X				
Screen 13: Follow-up sessions are conducted at appropriate intervals	X				
Screen 14: Documentation of psychiatric encounters is complete and accurate	X				
<u>Mental Health Inmate Request:</u> Screen 4: The follow-up to the request occurs as intended	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
<u>Outpatient Mental Health Services:</u> Screen 10: The BPSA is approved by the treatment team within 30 days of initiation of mental health services	X				
Screen 16: The ISP is signed by the inmate and all members of the treatment team	X				
<u>Institutional Tour - Inmate Housing Areas:</u> Screen 5: Procedures to assess medical and dental sick call are posted in a conspicuous place	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by NWFRC 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.