

**OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**OKALOOSA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted August 20-22, 2019

**CMA STAFF**

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**I. Overview**

On August 20-22, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Okaloosa Correctional Institution (OKACI). The survey report was distributed on September 15, 2019. In October 2019, OKACI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the OKACI 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 Okaloosa Correctional Institution**

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	4/3/20	5/10/20	Off-site	14	0	14

**II. Physical Health Assessment Summary**

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	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><u>CARDIOVASCULAR CLINIC</u></b> PH-1: In 5 of 12 applicable records (17 reviewed) there was no evidence of pneumococcal vaccination or refusal.	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>IMMUNITY CLINIC</u></b> PH-2: In 2 of 8 applicable records (15 reviewed), there was no evidence of hepatitis B vaccination or refusal.</p>	<b>X</b>				
<p><b><u>IMMUNITY CLINIC</u></b> PH-3: In 3 of 14 applicable records (15 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<b>X</b>				
<p><b><u>NEUROLOGY CLINIC</u></b> PH-4: In 3 records, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<b>X</b>				
<p><b><u>NEUROLOGY CLINIC</u></b> PH-5: In 4 records, there was no evidence of appropriate examination for the diagnosis.</p>	<b>X</b>				
<p><b><u>NEUROLOGY CLINIC</u></b> PH-6: In 3 of 7 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<b>X</b>				

<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><u>NEUROLOGY CLINIC</u></b> PH-7: In 3 of 7 applicable records, there was no evidence of influenza vaccination or refusal.	<b>X</b>				
<b><u>TUBERCULOSIS CLINIC</u></b> PH-8: In 2 records, there was no evidence of pneumococcal vaccination or refusal.	<b>X</b>				
<b><u>TUBERCULOSIS CLINIC</u></b> PH-9: In 2 records, there was no evidence of influenza vaccination or refusal.	<b>X</b>				
<b><u>CONSULTATIONS</u></b> PH-10: In 2 of 10 records, the diagnosis was not reflected on the problem list.	<b>X</b>				
<b><u>INSTITUTIONAL TOUR</u></b> PH-11: Procedures to access medical and dental sick call were not posted in the dorms	<b>X</b>				

### **III. Mental Health Assessment Summary**

#### **A. Main Unit**

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 mental health findings were corrected. All mental health findings are closed.

<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
<b><u>USE OF FORCE</u></b> MH-1: In 1 record, a written referral to mental health by physical health staff was not present.	<b>X</b>				
<b><u>USE OF FORCE</u></b> MH-2: In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.	<b>X</b>				
<b><u>MENTAL HEALTH SYSTEMS</u></b> MH-3: Therapeutic groups were not provided to meet the needs of the inmate population.	<b>X</b>				

#### **IV. Conclusion**

All findings as a result of the August 2019 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.