

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**OKEECHOBEE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted February 19-21, 2019

**CMA STAFF**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW

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## I. Overview

On February 19-21, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Okeechobee Correctional Institution (OKECI). The survey report was distributed on March 27, 2019. In April 2019, OKECI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the OKECI 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 Okeechobee Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	10/8/19	11/7/19	On-site	44	23	21

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 10 of the 26 physical health findings were corrected. Sixteen physical health findings 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
<b><u>Chronic Illness Clinic</u></b> PH-1: In 4 of 16 records reviewed, the diagnosis was not documented as required.		X			
<b><u>Endocrine Clinic</u></b> PH-2: In 11 records, there was no evidence of appropriate exam for diagnosis.		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><b><u>Endocrine Clinic</u></b>  <b>PH-3:</b> In 3 records, there was no evidence that control of the disease was evaluated at each visit.</p>		X			
<p><b><u>Endocrine Clinic</u></b>  <b>PH-4:</b> In 3 records, laboratory or diagnostic testing was not completed as required.</p>	X				
<p><b><u>Endocrine Clinic</u></b>  <b>PH-5:</b> In 4 of 10 applicable records, abnormal labs were not addressed timely.</p>	X				
<p><b><u>Endocrine Clinic</u></b>  <b>PH-6:</b> In 4 records, there was no evidence of flu vaccination or refusal.</p>			X		
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-7:</b> In 5 records, there was no evidence of screening for hepatocellular carcinoma when indicated.</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><b><u>Gastrointestinal Clinic</u></b>  <b>PH-8:</b> In 9 records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>					<b>X</b>
<p><b><u>Gastrointestinal Clinic</u></b>  <b>PH-9:</b> In 4 records, there was no evidence of flu vaccination or refusal.</p>			<b>X</b>		
<p><b><u>Miscellaneous Clinic</u></b>  <b>PH-10:</b> In 5 of 12 records reviewed, the control of the disease was not evaluated at each clinic visit.</p>	<b>X</b>				
<p><b><u>Neurology Clinic</u></b>  <b>PH-11:</b> In 2 of 10 applicable records, there was no evidence that seizures were classified.</p>					<b>X</b>
<p><b><u>Neurology Clinic</u></b>  <b>PH-12:</b> In 2 of 10 applicable records, the control of the disease was not evaluated at each clinic visit.</p>	<b>X</b>				
<p><b><u>Respiratory Clinic</u></b>  <b>PH-13:</b> In 5 of 13 records reviewed, there was no evidence of flu vaccination or refusal.</p>			<b>X</b>		

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><b><u>Tuberculosis Clinic</u></b>  <b>PH-14:</b> In 2 records, aspartate aminotransferase (AST) and alanine transaminase (ALT) were not completed as indicated.</p>		X			
<p><b><u>Tuberculosis Clinic</u></b>  <b>PH-15:</b> In 2 of 6 applicable records, the patient did not have monthly AST/ALT when indicated.</p>			X		
<p><b><u>Tuberculosis Clinic</u></b>  <b>PH-16:</b> In 2 of 2 applicable records, there was no indication that a patient having adverse drug reactions was referred to the provider immediately.</p>			X		
<p><b><u>Emergency Services</u></b>  <b>PH-17:</b> In 1 of 4 applicable records, there was no indication of immediate response by medical staff for a life-threatening condition.</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><b><u>Emergency Services</u></b>  <b>PH-18:</b> In 2 of 5 records, there was no evidence that the inmate was evaluated the next working day after returning from an outside hospital.</p>	X				
<p><b><u>Emergency Services</u></b>  <b>PH-19:</b> In 2 of 9 records, there was no documentation that required follow-up occurred timely and consistent with medical needs.</p>		X			
<p><b><u>Infirmery</u></b>  <b>PH-20:</b> In 3 of 10 applicable records (12 reviewed), the infirmery nursing discharge note did not contain all required components.</p>	X				
<p><b><u>Consultations</u></b>  <b>PH-21:</b> In 3 records, consultations were not conducted timely.</p>		X			
<p><b><u>Consultations</u></b>  <b>PH-22:</b> In 3 of 11 applicable records, follow-up diagnostics and appointments did not occur as recommended.</p>		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
<b><u>Intra-System Transfers</u></b> <b>PH-23:</b> In 4 of 16 records reviewed, vital signs were not recorded on admission.	<b>X</b>				
<b><u>Medication Administration</u></b> <b>PH-24:</b> In 4 of 12 records reviewed, there was no evidence that there was a corresponding clinician note for all medication orders.	<b>X</b>				
<b><u>Dental Systems</u></b> <b>PH-25:</b> Necessary equipment was not available.	<b>X</b>				
<b><u>Institutional Tour</u></b> <b>PH-26:</b> Inmate housing areas were not clean, organized, or operational.	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 11 of the 18 mental health findings were corrected. Seven mental health findings 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
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-1:</b> In 3 records, an emergency evaluation was not completed by mental health or nursing staff prior to a SHOS admission.</p>		X			
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-2:</b> In 2 records, the admission order was incomplete.</p>	X				
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-3:</b> In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</p>	X				
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-4:</b> In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	X				
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-5:</b> In 4 records, there was no evidence of daily rounds by the attending clinician.</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 align="center"><b><u>SHOS</u></b></p> <p><b>MH-6:</b> In 3 records, there was no evidence the clinician conducted a face-to-face evaluation prior to discharge.</p>	<b>X</b>				
<p align="center"><b><u>SHOS</u></b></p> <p><b>MH-7:</b> In 3 records, entries to the medical record were not timed, dated, stamped, or signed.</p>	<b>X</b>				
<p align="center"><b><u>Use of Force</u></b></p> <p><b>MH-8:</b> In 1 of 1 record reviewed, a written referral to mental health by physical health staff was not present.</p>	<b>X</b>				
<p align="center"><b><u>Psychological Emergencies</u></b></p> <p><b>MH-9:</b> In 2 records, there was no indication in the record that the inmate declared an emergency.</p>		<b>X</b>			
<p align="center"><b><u>Psychological Emergencies</u></b></p> <p><b>MH-10:</b> In 2 of 8 applicable records, there was no evidence of a thorough clinical evaluation by the clinician.</p>		<b>X</b>			

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><b><u>Psychological Emergencies</u></b>  <b>MH-11:</b> In 2 of 8 applicable records, the disposition was not clinically appropriate.</p>		X			
<p><b><u>Psychological Emergencies</u></b>  <b>MH-12:</b> In 1 of 5 applicable records, follow-up was indicated but not provided.</p>	X				
<p><b><u>Inmate Requests</u></b>  <b>MH-13:</b> In 5 records, a copy of the inmate request form was not present.</p>	X				
<p><b><u>Inmate Requests</u></b>  <b>MH-14:</b> In 2 of 4 applicable records, the interview or referral did not occur as intended in response to an inmate request.</p>		X			
<p><b><u>Special Housing</u></b>  <b>MH-15:</b> In 6 of 15 applicable records (18 reviewed), initial mental status exams (MSE) were not completed within the required time frame.</p>	X				
<p><b><u>Outpatient Mental Health</u></b>  <b>MH-16:</b> In 1 of 5 applicable records, the sex offender screening was not conducted as required.</p>	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
<b><u>Outpatient Mental Health</u></b> <b>MH-17:</b> In 3 records, the Individualized Services Plan (ISP) was not signed by all relevant parties.		<b>X</b>			
<b><u>Mental Health Systems</u></b> <b>MH-18:</b> Sex offender treatment groups were not offered.	<b>X</b>				

#### **IV. Conclusion**

##### **Physical Health-Main Unit**

The following physical health findings will close: PH-4, PH-5, PH-10, PH-12, PH-18, PH-20, MH-23, PH-24, PH-25, & PH-26. All other physical health findings will remain open.

##### **Mental Health-Main Unit**

The following mental health findings will close: MH-2, MH-3, MH-4, MH-6, MH-7, MH-8, MH-12, MH-13, MH-15, MH-16, & MH-18. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by OKECI 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 on-site evaluation.