

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

of

**South Florida Reception Center**

for the

Physical and Mental Health Survey  
Conducted November 2-4, 2021

**CMA STAFF**

Monica Dodrill, RN

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## I. Overview

On November 2-4, 2021, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Florida Reception Center (SFRC). The survey report was distributed on December 7, 2021. In January 2022, SFRC submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 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 South Florida Reception Center

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/2/22	7/7/22	Off-site	60 39 Main Unit 21 South Unit	39 29 Main Unit 10 South Unit	21 10 Main Unit 11 South Unit
2	10/1/22	10/28/22	Off-site	39 29 Main Unit 10 South Unit	18 13 Main Unit 5 South Unit	21 16 Main Unit 5 South Unit

## II. Physical Health Assessment Summary

### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 14 of the 20 physical health findings were corrected. Six physical health findings remain open.

<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>Cardiovascular Clinic</u></b>            PH-1: In 3 of 11 applicable records (14 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>		X			
<p><b><u>Endocrine Clinic</u></b>            PH-2: In 1 of 4 applicable records, there was no evidence an inmate with HgbA1c over 8% was seen every three months as required.</p>	X				
<p>PH-3: In 5 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>		X			
<p><b><u>Gastrointestinal Clinic</u></b>            PH-4: In 7 of 13 applicable records, there was no evidence abdominal ultrasounds were completed as required.</p>		X			
<p>PH-5: In 5 records, there was no evidence annual labs were 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
PH-6: In 10 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.	X				
PH-7: In 6 of 14 applicable records, there was no evidence of pneumococcal vaccination or refusal.	X				
<p><b><u>Immunity Clinic</u></b></p> PH-8: In 2 of 6 applicable records (9 reviewed), there was no evidence of pneumococcal vaccination or refusal.	X				
<p><b><u>Neurology Clinic</u></b></p> PH-9: In 3 of 7 applicable records (11 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
PH-12: In 5 of 11 applicable records, there was no evidence of pneumococcal vaccination or refusal.	<b>X</b>				
<p style="text-align: center;"><b><u>Tuberculosis Clinic</u></b></p> PH-13: In 1 record, there was no evidence that the monthly nursing follow-up was completed.			<b>X</b>		
PH-14: In 2 records, there was no evidence that AST/ALT laboratory tests were completed as ordered.			<b>X</b>		
<p style="text-align: center;"><b><u>Infirmery</u></b></p> PH-15: In 8 of 9 applicable records (12 reviewed), there was no evidence of a complete discharge note by the nurse.	<b>X</b>				

<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>Sick Call</u></b>            PH-16: In 2 of 7 applicable records (14 reviewed), there was no evidence that the clinician follow-up was completed in a timely manner.</p>	<b>X</b>				
<p><b><u>Consultations</u></b>            PH-17: In 9 of 13 applicable records, the consultation was not performed in a timely manner.</p>		<b>X</b>			
<p>PH-21: In 4 of 10 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan and performed in a timely manner.</p>	<b>X</b>				
<p><b><u>Intra-System Transfers</u></b>            PH-22: In 4 of 13 applicable records (14 reviewed), there was no evidence the clinician reviewed the record within 7 days of arrival.</p>	<b>X</b>				

<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>Inmate Requests</u></b> PH-23: In 9 records, the inmate requests were not filed in the charts.	<b>X</b>				
PH-24: In 5 of 13 applicable records, there was no evidence of an incidental note regarding the request.	<b>X</b>				
PH-25: In 1 of 2 applicable records, there was no evidence the appointment/test/etc. indicated in the response occurred.	<b>X</b>				

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

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

The CAP closure files revealed sufficient evidence to determine that 2 of the 9 mental health findings were corrected. Seven mental health findings will remain open.

<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>Self-Harm Observation Status</u></b>  MH-1: In 1 record, the patient was not observed at the frequency ordered by the clinician.</p>		X			
<p>MH-2: In 1 record, there was no evidence of daily rounds by the attending clinician.</p>	X				
<p>MH-3: In 1 record, there was no evidence that daily counseling was provided by the mental health professional (MHP).</p>	X				
<p>MH-4: In 1 record, the inmate did not receive required post-discharge follow-up.</p>		X			
<p><b><u>Reception/Intake Process</u></b>  MH-5: In 8 of 16 applicable records, psychotropic medications were not continued as ordered from the county jail without interruption.</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
<p><b><u>Outpatient Mental Health Services</u></b>            MH-7: In 14 records, the bio-psycho-social assessment (BPSA) was not completed as required.</p>		<b>X</b>			
<p>MH-8: In 13 records, the Individualized Service Plan (ISP) was not completed as required.</p>		<b>X</b>			
<p>MH-9: In 1 of 1 applicable record, the ISP was not signed by all relevant parties.</p>		<b>X</b>			
<p><b><u>Psychiatric Medication Practices</u></b>            MH-13: In 5 of 11 applicable records, the inmate did not receive medications as prescribed.</p>		<b>X</b>			

**IV. Physical Health Assessment Summary**

**B. South Unit**

The CAP closure files revealed sufficient evidence to determine that 4 of the 5 physical health findings were corrected. One physical health finding remains open.

<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>Chronic Illness Clinic</u></b>            PH-1: In 2 of 9 records reviewed, there was no evidence inmates were seen according to their M-grade status.</p>	<b>X</b>				
<p>PH-3: In 5 records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	<b>X</b>				
<p>PH-4: In 6 records, there was no evidence of pneumococcal vaccination or refusal.</p>	<b>X</b>				
<p>PH-5: In 4 records, there was no evidence of a referral to a specialist when indicated.</p>	<b>X</b>				
<p><b><u>Emergency Services</u></b>            PH-9: In 4 records, there was no evidence a follow-up assessment was completed.</p>		<b>X</b>			

**V. Mental Health Assessment Summary**

**A. South Unit**

The CAP closure files revealed sufficient evidence to determine that 1 of the 5 mental health findings were corrected. Four mental health findings will remain open.

<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>Outpatient Mental Health Services</u></b>                      MH-2: In 6 records, the Bio-psychosocial Assessment (BPSA) was not present in the chart.</p>		X			
<p>MH-3: In 12 records, the Individualized Service Plan (ISP) was not completed as required.</p>		X			
<p><b><u>Aftercare Planning</u></b>                      MH-7: In 7 records, aftercare plans were not addressed on the ISP for inmates within 180 days of end of sentence (EOS).</p>		X			

MH-8: In 1 of 2 applicable records, a "Summary of Outpatient Mental Health Care" (DC4-657) was not completed for inmates within 30 days of EOS.	X				
<b><u>Mental Health Systems</u></b> MH-9: Outpatient therapeutic groups were not provided to meet the needs of the inmate population.		X			

#### IV. Conclusion

##### Physical Health-Main Unit

The following physical health findings will close: PH-2, PH-5, PH-6, PH-7, PH-8, PH-9, PH-12, PH-15, PH-16, PH-21, PH-22, PH-23, PH-24 & PH-25. All other physical health findings will remain open.

##### Mental Health-Main Unit

The following mental health findings will close: MH-2 & MH-3. All other mental health findings will remain open.

##### Physical Health-South Unit

The following physical health findings will close: PH-1, PH-3, PH-4, PH-5. All other physical health findings will remain open.

##### Mental Health-South Unit

The following mental health findings will close: MH-8. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by SFRC 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.