

**FOURTH 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

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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 through V 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 #	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	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	10/28/22	Off-site	39 29 Main Unit 10 South Unit	18 13 Main Unit 5 South Unit	21 16 Main Unit 5 South Unit
3	2/20/23	Off-site	18 13 Main Unit 5 South Unit	15 10 Main Unit 5 South Unit	3 3 Main Unit 0 South Unit
4	8/4/23	Off-site	15 10 Main Unit 5 South Unit	9 8 Main Unit 1 South Unit	6 2 Main Unit 4 South Unit

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 0 of the 3 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
<p><u>Tuberculosis Clinic</u> PH-13: In 1 record, there was no evidence that the monthly nursing follow-up was completed.</p>		X			
<p>PH-14: In 2 records, there was no evidence that AST/ALT laboratory tests were completed as ordered.</p>		X			
<p><u>Consultations</u> PH-17: In 9 of 13 applicable records, the consultation was not performed in a timely manner.</p>		X			

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that **2** of the 7 mental health findings were corrected. Five 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><u>Self-Harm Observation Status</u> MH-1: In 1 record, the patient was not observed at the frequency ordered by the clinician.</p>		X			
<p>MH-4: In 1 record, the inmate did not receive required post-discharge follow-up.</p>	X				
<p><u>Reception/Intake Process</u> MH-5: In 8 of 16 applicable records, psychotropic medications were not continued as ordered from the county jail without interruption.</p>		X			
<p><u>Outpatient Mental Health Services</u> MH-7: In 14 records, the bio-psychosocial assessment (BPSA) was not 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
MH-8: In 13 records, the Individualized Service Plan (ISP) was not completed as required.		X			
MH-9: In 1 of 1 applicable record, the ISP was not signed by all relevant parties.	X				
<p><u>Psychiatric Medication Practices</u></p> <p>MH-13: In 5 of 11 applicable records, the inmate did not receive medications as prescribed.</p>		X			

IV. Physical Health Assessment Summary

B. South Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 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
<u>Emergency Services</u> PH-9: In 4 records, there was no evidence a follow-up assessment was completed.	X				

V. Mental Health Assessment Summary

A. South Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 4 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
<p><u>Outpatient Mental Health Services</u> 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><u>Aftercare Planning</u> 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			
<p><u>Mental Health Systems</u> MH-9: Outpatient therapeutic groups were not provided to meet the needs of the inmate population.</p>	X				

VI. Conclusion

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.