

**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 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 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

## II. Physical Health Assessment Summary

### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 25 physical health findings were corrected. Twenty 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>					<b>X</b>
<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>					<b>X</b>
<p>PH-3: In 5 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>					<b>X</b>
<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>					<b>X</b>
<p>PH-5: In 5 records, there was no evidence annual labs were completed as required</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
PH-6: In 10 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.					<b>X</b>
PH-7: In 6 of 14 applicable records, there was no evidence of pneumococcal vaccination or refusal.					<b>X</b>
<p style="text-align: center;"><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.					<b>X</b>
<p style="text-align: center;"><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.					<b>X</b>
<p style="text-align: center;"><b><u>Oncology Clinic</u></b></p> PH-10: In 1 of 5 records reviewed, there was no evidence of pneumococcal vaccination or refusal.	<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>Respiratory Clinic</u></b>            PH-11: In 3 of 12 applicable records, there was no evidence of a peak flow reading at each clinic visit.</p>	<b>X</b>				
<p>PH-12: In 5 of 11 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>					<b>X</b>
<p><b><u>Tuberculosis Clinic</u></b>            PH-13: In 1 record, there was no evidence that the monthly nursing follow-up was completed.</p>					<b>X</b>
<p>PH-14: In 2 records, there was no evidence that AST/ALT laboratory tests were completed as ordered.</p>					<b>X</b>
<p><b><u>Infirmery</u></b>            PH-15: In 8 of 9 applicable records (12 reviewed), there was no evidence of a complete discharge note by the nurse.</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
<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-18: In 2 of 10 applicable records, there was no evidence the clinician reviewed the consult report.</p>	<b>X</b>				
<p>PH-19: In 6 of 11 applicable records, there was no evidence of an incidental note which addressed the consultant's recommendations.</p>	<b>X</b>				
<p>PH-20: In 4 of 14 applicable records, the diagnosis was not recorded on the problem list.</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
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.		X			
<p style="text-align: center;"><b><u>Intra-System Transfers</u></b></p> PH-22: In 4 of 13 applicable records (14 reviewed), there was no evidence the clinician reviewed the record within 7 days of arrival.		X			
<p style="text-align: center;"><b><u>Inmate Requests</u></b></p> PH-23: In 9 records, the inmate requests were not filed in the charts.					X
PH-24: In 5 of 13 applicable records, there was no evidence of an incidental note regarding the request.					X
PH-25: In 1 of 2 applicable records, there was no evidence the appointment/test/etc. indicated in the response occurred.					X

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 14 mental health findings were corrected. Nine 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><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			



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>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			
MH-6: In 5 of 15 applicable records, records were not requested from the community mental health provider for inmates with prior mental health treatment who are held at the reception center greater than 60 days.	X				
<p><b><u>Outpatient Mental Health Services</u></b>  MH-7: In 14 records, the bio-psychosocial assessment (BPSA) was not completed as required.</p>		X			
MH-8: In 13 records, the Individualized Service Plan (ISP) was not completed as required.		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-9: In 1 of 1 applicable record, the ISP was not signed by all relevant parties.		<b>X</b>			
MH-10: In 14 records, identified problems were not recorded on the problem list.	<b>X</b>				
MH-11: In 6 of 12 applicable records, the frequency of clinical contacts was insufficient.	<b>X</b>				
<p style="text-align: center;"><b><u>Psychiatric Medication Practices</u></b></p> MH-12: In 2 of 10 applicable records, a psychiatric evaluation was not completed prior to initiating psychotropic medications.	<b>X</b>				
MH-13: In 5 of 11 applicable records, the inmate did not receive medications as prescribed.		<b>X</b>			
<p style="text-align: center;"><b><u>Mental Health Systems</u></b></p> MH-14: Safety concerns were noted in Isolation Management Room 2111.	<b>X</b>				

**IV. Physical Health Assessment Summary**

**B. South Unit**

The CAP closure files revealed sufficient evidence to determine that 7 of the 12 physical health findings were corrected. Five 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>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><b><u>Gastrointestinal Clinic</u></b> PH-2: In 6 records, there was no evidence the inmate was evaluated and staged for treatment of hepatitis C.</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>

<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-5: In 4 records, there was no evidence of a referral to a specialist when indicated.					<b>X</b>
<u><b>Tuberculosis Clinic</b></u> PH-6: In 2 records, there was no evidence baseline information was completed.	<b>X</b>				
PH-7: In 1 record, there was no evidence that AST/ALT laboratory tests were completed as ordered.	<b>X</b>				
<u><b>Emergency Services</b></u> PH-8: In 6 records, there was no evidence that vital signs were completed.	<b>X</b>				
PH-9: In 4 records, there was no evidence a follow-up assessment was completed.					<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>Sick-Call Services</u></b> PH-10: In 4 of 18 records reviewed, there was no evidence that vital signs were completed.	<b>X</b>				
<b><u>Consultation</u></b> PH-11: In 2 of 9 records reviewed, there was no evidence the diagnosis was recorded on the problem list.	<b>X</b>				
<b><u>Medical Inmate Requests</u></b> PH-12: In 5 of 11 records reviewed, there was no evidence of an incidental note regarding the request.	<b>X</b>				

## **V. Mental Health Assessment Summary**

### **A. South Unit**

The CAP closure files revealed sufficient evidence to determine that 4 of the 9 mental health findings were corrected. Five 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-1: In 4 records, the S-grade in OBIS did not match the S-grade in the record.</p>	<b>X</b>				
<p>MH-2: In 6 records, the Bio-psychosocial Assessment (BPSA) was not present in the chart.</p>		<b>X</b>			
<p>MH-3: In 12 records, the Individualized Service Plan (ISP) was not completed as required.</p>		<b>X</b>			
<p>MH-4: In 8 records, identified problems were not recorded on the problem list.</p>	<b>X</b>				
<p><b><u>Psychiatric Medication Practices</u></b>  MH-5: In 2 records, follow-up sessions were not completed in a timely manner.</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
MH-6: In 1 of 1 applicable record, the Abnormal Involuntary Movement Scale (AIMS) was not completed at the required intervals.	X				
<p style="text-align: center;"><b><u>Aftercare Planning</u></b></p> MH-7: In 7 records, aftercare plans were not addressed on the ISP for inmates within 180 days of end of sentence (EOS).		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			
<p style="text-align: center;"><b><u>Mental Health Systems</u></b></p> 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-10, PH-11, PH-18, PH-19, & PH-20. All other physical health findings will remain open.

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

The following mental health findings will close: MH-6, MH-10, MH-11, MH-12 & MH-14. All other mental health findings will remain open.

### **Physical Health-South Unit**

The following physical health findings will close: PH-2, PH-6, PH-7, PH-8, PH-10, PH-11 & PH-12. All other physical health findings will remain open.

### **Mental Health-South Unit**

The following mental health findings will close: MH-1, MH-4, MH-5 & MH-6. 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.