

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

TOMOKA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted September 13 -15, 2022

CMA STAFF

Christine Swift, LCSW
Monica Dodrill, RN

CMA SURVEYORS

Leanne Barfield, APRN
Stephen Tomicich, APRN
Kathy Louvaris, APRN
Marty Swanbrow-Becker, PhD
Blair Jett, RN

Distributed on June 23, 2023

I. Overview

On September 13-15, 2022, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Tomoka Correctional Institution (TOMCI). The survey report was distributed on October 25, 2022. On December 21, 2022, TOMCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the TOMCI 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 Tomoka Correctional Institution

CAP #	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	June 13, 2023	Off-site	40	19	21

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 19 of the 32 physical health findings were corrected. Thirteen 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>Cardiovascular Chronic Illness Clinic</u> Screen 6: There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if 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
<u>Endocrine Clinic Chronic Illness Clinic</u> Screen 4: Annual laboratory work is completed as required.	X				
Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates.		X			
Screen 7: Inmates with HgbA1c over 8% are seen at least every 90 days.	X				
Screen 8: Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin.	X				
<u>Gastrointestinal Chronic Illness Clinic</u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection.	X				
<u>General Chronic Illness Clinic</u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician.	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
<u>Immunity Chronic Illness Clinic</u> Screen 2: There is evidence of an appropriate physical examination.	X				
Screen 10: There is evidence of hepatitis B vaccination for inmates with no evidence of past infection.	X				
<u>Oncology Chronic Illness Clinic</u> Screen 5: Abnormal labs are reviewed and addressed in a timely manner.	X				
Screen 9: Patients are referred to a specialist for more in-depth treatment as indicated.	X				
<u>Emergency Services</u> Screen 3: Vital signs including weight are documented.		X			
Screen 9: Inmates returning from an outside hospital are evaluated by the clinician within one business day.			X		
<u>Outpatient Infirmiry Care</u> Screen 2: All orders are received and implemented.		X			
Screen 7: A discharge note containing all of the required information is 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
<u>Inpatient Infirmary Care</u> Screen 2: All orders are received and implemented.		X			
Screen 3: A thorough nursing assessment is completed within two hours of admission.	X				
Screen 4: A Morse Fall Scale is completed at the required intervals.	X				
Screen 6: Clinician rounds are completed and documented as required.		X			
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required.		X			
Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge.	X				
<u>Sick Call Services</u> Screen 5: There is evidence of applicable patient education.	X				
<u>Confinement Medical Review</u> Screen 3: The inmate is seen in chronic illness clinic as regularly scheduled.	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><u>Consultations</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate.</p>	X				
<p><u>Medical Inmate Requests</u> Screen 4: The follow-up to the request occurred as intended.</p>	X				
<p><u>Medication And Vaccination Administration</u> Screen 4: There is evidence of pneumococcal vaccination or refusal.</p>		X			
<p>Screen 5: There is evidence of influenza vaccination or refusal.</p>		X			
<p><u>Intra-System Transfers</u> Screen 7: A clinician reviewed the health record and DC4-760A within seven (7) days of arrival.</p>		X			
<p><u>Periodic Screenings</u> Screen 3: All diagnostic tests are completed prior to the periodic screening encounter.</p>		X			
<p><u>PREA Medical Review</u> Screen 8: The inmate is evaluated by mental health by the next working day.</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"><u>Dental Care</u></p> <p>Screen 12: Consultations or specialty services are completely timely.</p>		X			
<p><u>Institutional Tour - Inmate Housing Areas</u></p> <p>Screen 4: Over-the-counter medications are available and logged.</p>	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 8 mental health findings were corrected. Six 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-Injury and Suicide Prevention Review</u> Screen 7: There is evidence of daily counseling provided by mental health staff.</p>	x				
<p><u>Use of Force</u> Screen 1: A post use-of-force physical examination is present in the record.</p>			x		
<p>Screen 2: The post use-of-force physical examination is completed in its entirety.</p>			x		
<p>Screen 3: There is evidence physical health staff completed a referral to mental health staff.</p>			x		
<p>Screen 5: Recent changes in the inmate's condition are addressed.</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><u>Outpatient Psychotropic Medications</u> Screen 8: The inmate receives medication(s) as prescribed.</p>	x				
Screen 9: The nurse met with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.			x		
Screen 10: The inmate signed DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.			x		

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: Cardio Screen 6, Endo Screens 4,7 & 8, Gastro Screen 7, General Chronic Illness Clinic 3, Immunity Screens 2 & 10, Oncology Screens 5 & 9, Outpatient Infirmary Screen 7, Inpatient Infirmary Screens 3, 4 & 9, Sick Call Screen 5, Confinement Screen 3, Consultations Screen 3, Medical Inmate Requests Screen 4, and Institutional Tour Screen 4. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: Self-Injury Screen 7 and Psychotropic Medication Screen 8. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by TOMCI 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.