

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

TOMOKA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted September 10 - 11, 2014

CMA STAFF

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CAP Assessment of Tomoka Correctional Institution

I. Overview

On September 9 - 10, 2014 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 September 26, 2014. In October of 2014, 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 September 2014 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. In April 2015, CMA staff reviewed monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on April 16, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 16 of the 30 physical health findings were corrected. Fourteen physical health finding remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p>PH-1: In 4 records, the baseline information was incomplete or missing.</p> <p>PH-2: In 4 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each visit.</p> <p>PH-3: In 2 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-1, PH-2, & PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1, PH-2, & PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-4: In 5 records, the baseline information was incomplete or missing.</p> <p>PH-5: In 1 of 3 applicable records, there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every four months.</p>	<p>PH-4 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-4 will remain open.</p> <p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-6: In 5 records, the baseline information was incomplete or missing.</p> <p>PH-7: In 4 of 15 applicable records, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-6 & PH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-6 & PH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-8: In 3 of 11 records reviewed, there was no evidence that seizures were classified.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-9: In 5 of 14 applicable records (16 reviewed), there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-10: In 1 of 4 applicable records (5 reviewed) there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-11: In 5 of 15 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-11 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 5 inmate records revealed the following deficiencies:</p> <p>PH-12: In 1 record, there was no evidence of a monthly nursing follow-up.</p>	<p>PH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>PH-13: In 1 of 2 applicable records, there was no evidence of required monthly AST/ALT labs for those with HIV or chronic hepatitis.</p> <p>PH-14: In 2 of 3 applicable records, there was no evidence that the inmate was given the correct number of doses of INH.</p>	<p>PH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. PH-13 will remain open.</p> <p>PH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-15: In 4 of 17 records reviewed, there was no evidence that patient education was provided.</p>	<p>PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-16: In 5 of 15 records reviewed, there was no evidence that patient education was provided.</p>	<p>PH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-17: In 1 of 3 applicable records, there was no evidence that an inmate was evaluated by a nurse within 30 minutes of placement in the infirmary.</p> <p>PH-18: In 1 of 2 applicable records, there was no evidence that the clinician provided complete care orders for an inmate.</p> <p>PH-19: In 5 of 10 applicable records, there was no evidence that all orders were implemented.</p> <p>PH-20: In 1 of 1 applicable record, there was no evidence that weekend phone rounds were documented on form DC4-714A "Infirmary Progress Record" or that the appropriate "telephone clinician rounds" stamp was used.</p> <p>PH-21: In 1 of 3 applicable records, there was no evidence of a patient evaluation at least every 8 hours documented in the nurses note section.</p> <p>PH-22: In 5 of 6 applicable records, there was no evidence of a discharge note by the nurse.</p>	<p>PH-17, PH-18, & PH-19 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-17, PH-18, & PH-19 will remain open.</p> <p>PH-20 & PH-21 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20 & PH-21.</p> <p>PH-22 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-22 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS REVIEW</u></p> <p>PH-23: There was no evidence that equipment is available and in working order.</p>	<p>PH-23 & PH-24 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-23 & PH-24.</p>

Finding	CAP Evaluation Outcome
<p>PH-24: There was no evidence that the American Heart Association prophylactic regimens were posted.</p>	

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-25: In 13 of 14 records reviewed, the new diagnosis was not reflected on the problem list.</p>	<p>PH-25 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-26: In 1 of 3 applicable records (16 reviewed), there was no evidence that a pending consultation was added to the consultation log.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-27: In 4 records, there was no evidence that all required diagnostic tests were completed prior to the periodic screening encounter.</p>	<p>PH-27 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>PH-28: In 7 records, there was no evidence that the inmate was provided lab results at the time of the screening.</p>	<p>PH-28 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-28.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION – PILL LINE OBSERVATION</u></p> <p>PH-29: There was no evidence that an oral cavity check was completed for each inmate.</p>	<p>PH-29 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-29.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-30: The triage area did not ensure inmate privacy/confidentiality.</p>	<p>PH-30 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-30.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 13 of 20 mental health findings were corrected. Seven mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 13 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 4 of 6 applicable records, the length of stay for inmates placed in observation cells exceeded 72 hours.</p> <p>MH-2: In 7 of 7 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-3: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-4: In 4 of 12 applicable records, daily rounds were not conducted by the attending clinician.</p> <p>MH-5: In 3 records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-2 & MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-2 & MH-3 will remain open.</p> <p>MH-4 & MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 & MH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 8 use of force episodes revealed the following deficiencies:</p> <p>MH-6: In 8 records, a written referral to mental health by physical health staff was not present in the medical record.</p>	<p>MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-7: In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-8: In 2 of 10 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-9: In 1 of 1 applicable record, a Drug Exception Request was not obtained for the use of two psychotropic medications in the same class.</p> <p>MH-10: In 1 of 3 applicable records, there was no Refusal of Health Care Services (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-11: In 5 records, informed consents were not present or did not reflect information relevant to the medication prescribed.</p> <p>MH-12: In 4 of 15 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-13: In 6 of 14 applicable records, documentation of follow-up psychiatric contacts did not contain the required clinical information (see discussion).</p>	<p>MH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-8 will remain open.</p> <p>MH-9 & MH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-9 & MH-10 will remain open.</p> <p>MH-11, MH-12, MH-13, & MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11, MH-12, MH-13, & MH-14.</p>

Finding	CAP Evaluation Outcome
<p>MH-14: In 2 of 6 applicable records, AIMS were not administered within the appropriate time frame.</p>	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-15: In 4 of 12 applicable records, a case manager was not assigned within three working days of arrival or S grade change.</p> <p>MH-16: In 1 of 4 applicable records, a clinically appropriate conclusion was not reached following a sex offender screening.</p> <p>MH-17: In 2 of 3 applicable records, the Individualized Service Plan (ISP) was not completed within 30 days.</p> <p>MH-18: In 3 of 15 records, the ISP was not revised within 180 days.</p> <p>MH-19: In 7 records, mental health problems were not recorded on the problem list.</p>	<p>MH-15, MH-16, MH-17, MH-18, & MH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15, MH-16, MH-17, MH-18, & MH-19.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-20: Medical records were disorganized, with pages often misfiled or missing altogether.</p>	<p>MH-20 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-20 will remain open.</p>

IV. Conclusion

PH-4, PH-6, PH-7, PH-11, PH-12, PH-13, PH-14, PH-16, PH-17, PH-18, PH-19, PH-22, PH-25, & PH-27 remain open and all other physical health portions will close. MH-2, MH-3, MH-6, MH-8, MH-9, MH-10, & MH-20 will remain open and all other mental health findings will close. Until such time as 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 on-site visit.