

**THIRD OFF-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 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. The CAP closure files revealed sufficient evidence to determine that 16 of 30 physical health findings and 13 of 20 mental health findings were corrected.

In September 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 September 28, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 11 of 14 physical health findings and 3 of 7 mental health findings were corrected. One cap finding, CF-1, was added for in-service training, monitoring, and corrective action.

In January 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, the CMA conducted an off-site assessment on February 11, 2016 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

CAP closure files revealed sufficient evidence to determine that 3 of 4 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<u>TUBERCULOSIS CLINIC</u> PH-13: In 1 of 2 applicable records (5 reviewed), there was no evidence of required monthly AST/ALT labs for those with HIV or chronic hepatitis.	PH-13 CLOSED

Finding	CAP Evaluation Outcome
	Adequate evidence of in-service training and documentation of correction were provided to close PH-13.

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE</u></p> <p>PH-19: In 5 of 10 applicable records (11 reviewed), there was no evidence that all orders were implemented.</p>	<p>PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-27: In 4 of 12 records reviewed, 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 institutional monitoring indicated an acceptable level of compliance had not been reached. PH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>CF-1: In 3 of 3 applicable records, inmates with HbA1c levels over 8.0 were not seen according to protocol.</p>	<p>CF-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

III. Mental Health Assessment Summary

CAP closure files revealed evidence to determine that 2 of 4 mental health findings were corrected. Two 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-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-2 & MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of the records supplied by the institution indicated an acceptable level of compliance had not been reached. MH-2 and MH-3 will remain open.</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-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-9 & MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 and MH-10.</p>

IV. Conclusion

Physical health finding PH-27 will remain open, and all other physical health findings will close. Mental health findings MH-2 and MH-3 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 off-site visit but the option remains open to conduct an on-site assessment.