

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
ZEPHYRHILLS CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted June 6-8, 2017

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

CAP Assessment Distributed on January 31, 2018

CAP Assessment of Zephyrhills Correctional Institution

I. Overview

On June 6-8, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Zephyrhills Correctional Institution (ZEPCI). The survey report was distributed on July 7, 2017. In August 2017, ZEPCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the June 2017 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.

On December 8, 2017, CMA staff requested access to 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 January 24, 2018 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 5 of the 17 physical health findings were corrected. Twelve physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-1: In 2 of 9 applicable records, there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p> <p>PH-2: In 2 of 2 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p>	<p>PH-1 & PH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. PH-1 & PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-3: In 2 of 10 applicable records (12 reviewed), there was no evidence of hepatitis B vaccination or refusal.</p>	<p>PH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. PH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-4: In 6 records, there was no evidence of an appropriate examination for the diagnosis.</p> <p>PH-5: In 2 of 9 applicable records, there was no evidence that medications were prescribed and re-evaluated at each clinic visit.</p> <p>PH-6: In 5 records, there was no evidence of the control of the disease and/or the status of the patient.</p> <p>PH-7: In 2 of 8 applicable records, laboratory studies were not completed in a timely manner.</p>	<p>PH-4, PH-5, PH-6, & PH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-4, PH-5, PH-6, & PH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-8: In 4 of 9 applicable records (11 reviewed), there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>PH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE</u></p> <p>PH-9: In 3 of 7 applicable records (13 reviewed), the nursing discharge note was missing or incomplete.</p>	<p>PH-9 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-10: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-11: In 1 of 2 applicable records, the alternative treatment plan (ATP) was not implemented.</p>	<p>PH-10 & PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10 & PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-12: There was no evidence that all necessary equipment was in working order.</p>	<p>PH-12 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-13: In 1 of 3 applicable records, the follow-up appointment was not completed in a timely manner.</p> <p>PH-14: In 2 of 6 applicable records, the consultation or specialty services were not completed in a timely manner.</p>	<p>PH-13 & PH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-13 & PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-15: Contaminated and sterilized instruments were kept in the same cabinet in the emergency treatment area.</p> <p>PH-16: Wings 1 & 2 of the infirmary were not within sight and/or sound of the nurse's station.</p> <p>PH-17: Over-the-counter medications in the dorms were not dispensed correctly.</p>	<p>PH-15 & PH-16 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-15, PH-16, & PH-17.</p> <p>PH-17 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-17 will remain open.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 15 of 26 mental health findings were corrected. Eleven mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 16 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 4 records, the nursing evaluation was not completed according to protocol.</p> <p>MH-2: In 6 of 14 applicable records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. MH-1 will remain open.</p> <p>MH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>RESTRAINTS</u></p> <p>A comprehensive review of 5 psychiatric restraint episodes revealed the following deficiencies:</p> <p>MH-3: In 5 records, a clinical rationale for the use of psychiatric restraints was not documented in the physician’s order.</p> <p>MH-4: In 1 record, vital signs were not documented when the inmate was released from restraints.</p> <p>MH-5: In 1 record, the inmate was not released from restraints after 30 minutes of calm behavior.</p>	<p>MH-3, MH-4, & MH-5 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-3, MH-4, & MH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 11 special housing episodes revealed the following deficiencies:</p> <p>MH-6: In 4 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p>MH-7: In 1 of 3 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing.</p>	<p>MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-6 will remain open.</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>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 16 inpatient records revealed the following deficiencies:</p> <p>MH-8: In 3 of 8 applicable records, the psychiatric evaluation was incomplete or missing.</p> <p>MH-9: In 2 of 9 applicable records, the physician’s admission note was not completed within 24 hours of admission.</p> <p>MH-10: In 1 of 2 applicable records, a Drug Exception Request (DER) was not initiated.</p> <p>MH-11: In 4 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-12: In 1 of 5 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-8 & MH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8 & MH-9.</p> <p>MH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-10 will remain open.</p> <p>MH-11 & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 & MH-12.</p>

Finding	CAP Evaluation Outcome
<p>MH-13: In 4 of 14 applicable records, informed consent was not obtained for all psychotropic medications prescribed.</p> <p>MH-14: In 2 of 8 applicable records, a physical examination was not completed.</p> <p>MH-15: In 10 records, follow-up psychiatric contacts were not conducted at the required intervals.</p> <p>MH-16: In 6 records, follow-up psychiatric sessions did not contain the required clinical information.</p> <p>MH-17: In 2 of 4 applicable records, the emergency treatment order (ETO) was not complete.</p>	<p>MH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-13 will remain open.</p> <p>MH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. MH-14 will remain open.</p> <p>MH-15 & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15 & MH-16.</p> <p>MH-17 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-18: In 19 of 19 records reviewed, the required hours of planned structured therapeutic services were not provided and documented as required.</p>	<p>MH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-19: In 2 of 6 applicable records, appropriate initial laboratory tests were not ordered for psychotropic medications.</p> <p>MH-20: In 4 of 7 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-21: In 2 of 3 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days and/or referral was not made to the clinician.</p> <p>MH-22: In 7 of 13 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-23: In 5 of 9 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required.</p>	<p>MH-19, MH-20, MH-21, MH-22, & MH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19, MH-20, MH-21, MH-22, & MH-23.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-24: In 9 records, the Individualized Service Plan (ISP) was not signed by a member of the multidisciplinary services team (MDST) and/or inmate or a refusal was not documented.</p> <p>MH-25: In 8 of 17 records, the problems identified were not on the problem list.</p>	<p>MH-24 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-24 will remain open.</p> <p>MH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-26: Medical records were disorganized.</p>	<p>MH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-26.</p>

IV. Conclusion

The following physical health findings will close: PH-10, PH-11, PH-12, PH-15, and PH-16. All other physical health portions will remain open. The following mental health findings will close: MH-7, MH-8, MH-9, MH-11, MH-12, MH-15, MH-16, MH-19, MH-20, MH-21, MH-22, MH-23, MH-25, & MH-26. All other mental health portions will remain open.

Until such time as appropriate corrective actions are undertaken by 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 evaluation.