

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

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

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## **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 of 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 90 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. The CAP closure files revealed sufficient evidence to determine that 5 of 17 physical health findings and 15 of 26 mental health findings were corrected.

On May 31, 2018, 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 conducted an on-site CAP assessment on June 25, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 12 physical health and 8 of 11 mental health findings were corrected.

On November 9, 2018, 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 conducted an on-site CAP assessment on January 4, 2019 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 3 of the 7 physical health findings were corrected. Four physical health findings will remain open.

| <b>Finding</b>  | <b>CAP Evaluation Outcome</b>   |
|---|---|
| <b><u>ENDOCRINE CLINIC</u></b><br><br><b>A comprehensive review of 12 records revealed the following deficiencies:</b><br><br><b>PH-2: In 2 of 2 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</b> | <b>PH-2 OPEN</b><br><br>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. PH-2 will remain open. |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>PH-3: In 2 of 10 applicable records (12 reviewed), there was no evidence of hepatitis B vaccination or refusal.</b></p> | <p><b>PH-3 OPEN</b></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><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 6 records, there was no evidence of an appropriate examination for the diagnosis.</b></p> <p><b>PH-5: In 2 of 9 applicable records, there was no evidence that medications were prescribed and re-evaluated at each clinic visit.</b></p> | <p><b>PH-4 OPEN</b></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. PH-4 will remain open.</p> <p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>INFIRMARY CARE</u></b></p> <p><b>PH-9: In 3 of 7 applicable records (13 reviewed), the nursing discharge note was missing or incomplete.</b></p> | <p><b>PH-9 OPEN</b></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. PH-9 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>DENTAL CARE</u></b></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p><b>PH-13:</b> In 1 of 3 applicable records, the follow-up appointment was not completed in a timely manner.</p> <p><b>PH-14:</b> In 2 of 6 applicable records, the consultation or specialty services were not completed in a timely manner.</p> | <p><b>PH-13 &amp; PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 &amp; PH-14.</p> |

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 3 of 3 mental health findings were corrected. All mental health findings are closed.

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 16 inpatient records revealed the following deficiencies:</p> <p><b>MH-10:</b> In 1 of 2 applicable records, a Drug Exception Request (DER) was not initiated.</p> <p><b>MH-17:</b> In 2 of 4 applicable records, the emergency treatment order (ETO) was not complete.</p> | <p><b>MH-10 &amp; MH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 &amp; MH-17.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>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.</b></p> | <p><b>MH-24 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-24.</p> |

#### IV. Conclusion

The following physical health findings will close: PH-5, PH-13, and PH-14. All other physical health portions will remain open.

The following mental health findings will close: MH-10, MH-17, MH-24. All mental health findings are closed.

Until appropriate corrective actions are undertaken by staff and the results of those corrections are 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.