FOURTH ON-SITE CORRECTIVE ACTION PLAN ASSESSMENT of

ZEPHYRHILLS CORRECTIONAL INSTITUTION

for the

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

<u>CMA STAFF</u>

Jane Holmes-Cain, LCSW Lynne Babchuck, LCSW

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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. The CAP closure files revealed sufficient evidence to determine that 3 of 7 physical health and 3 of 3 mental health findings were corrected.

On February 27, 2019, 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 March 5, 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 4 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
ENDOCRINE CLINIC	PH-2 CLOSED
A comprehensive review of 12 records revealed the following deficiencies:	Adequate evidence of in-service training and documentation of correction were provided to close
PH-2: In 2 of 2 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.	PH-2.

Finding	CAP Evaluation Outcome
IMMUNITY CLINIC	PH-3 CLOSED
PH-3: In 2 of 10 applicable records (12 reviewed), there was no evidence of hepatitis B vaccination or refusal.	Adequate evidence of in-service training and documentation of correction were provided to close PH-3.

Finding	CAP Evaluation Outcome
MISCELLANEOUS CLINIC	PH-4 OPEN
A comprehensive review of 10 records revealed the following deficiencies:	Adequate evidence of in-service training was provided, however a review of randomly selected records
PH-4: In 6 records, there was no evidence of an appropriate examination for the diagnosis.	indicated an acceptable level of compliance had not been met. PH-4 will remain open.

Finding	CAP Evaluation Outcome
INFIRMARY CARE	PH-9 CLOSED
PH-9: In 3 of 7 applicable records (13 reviewed), the nursing discharge note was missing or incomplete.	Adequate evidence of in-service training and documentation of correction were provided to close PH-9.

III. Mental Health Assessment Summary

All mental health findings are closed.

IV. Conclusion

The following physical health findings will close: PH-2, PH-3, and PH-9. PH-4 will remain open.

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.