

**THIRD OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

ZEPHYRHILLS CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted May 8-9, 2013

CMA STAFF

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CAP Assessment Distributed on July 18, 2014

CAP Assessment of Zephyrhills Correctional Institution

I. Overview

On May 8-9, 2013, 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 June 13, 2013. On November 14, 2013, CMA staff conducted an off-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the May 2013 survey. The CAP closure files revealed sufficient evidence to determine that six of seven physical health findings and two of seven mental health findings were corrected. On April 4, 2014, CMA staff conducted a second off-site CAP assessment of the remaining findings. The CAP closure files revealed sufficient evidence to determine that the one remaining physical health finding and zero of five mental health findings were corrected. On July 15, 2014 the CMA conducted a third off-site CAP assessment of the remaining findings. The CAP closure files revealed sufficient evidence to determine that one of five mental health findings were corrected. 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

All physical findings were closed during the first and second off-site CAP assessments.

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that one of five mental health findings were corrected. Four mental health findings will remain open due to insufficient monitoring and inadequate levels of compliance.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-1: A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>(a) In 3 of 14 applicable records, initial lab tests were not conducted or not present in the medical record.</p> <p>(b) In 4 of 15 applicable records, follow-up tests for abnormal lab results were not conducted or not present in the medical record.</p>	<p>MH-1(a) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-1(a) will remain open.</p> <p>MH-1(b) OPEN</p> <p>Adequate evidence of in-service training was provided, however there was no evidence of institutional monitoring provided; therefore an acceptable level of compliance cannot be determined. MH-1(b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-2: : A comprehensive review of 20 inpatient records revealed the following deficiencies:</p> <p>(a) In 6 of 17 applicable records, vital signs for the first five days of admission were not recorded.</p> <p>(b) In 8 of 20 records, weekly documentation of weight was not recorded.</p>	<p>MH-2(a) OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was insufficient; therefore an acceptable level of compliance cannot be determined. MH-2(a) will remain open.</p> <p>MH-2(b) OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was insufficient. Additionally, the documentation supplied by the institution indicated that acceptable levels of compliance had not been reached. MH-2(b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>MH-3: Medical records were disorganized, with pages often misfiled or missing altogether.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

IV. Conclusion

The physical health portion will remain closed and no further monitoring is required. MH-1(a) & (b) and MH-2 (a) & (b) will remain open. Until such time as appropriate corrective actions are undertaken by ZEPCI 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.