

**CORRECTIVE ACTION PLAN  
ASSESSMENT  
of  
ZEPHYRHILLS CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted February 7-9, 2023

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Distributed on July 28, 2023

**I. Overview**

On December 6-8, 2022, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Zephyrhills Correctional Institution (ZCI). The survey report was distributed on January 30, 2023. In March, 2023 ZCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the ZCI 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. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

**Summary of CAP Assessments for Zephyrhills Correctional Institution**

CAP #	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	June 28, 2023	Off-Site	39	23	16

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 6 of the 13 physical health findings were corrected. Seven physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<b><u>Respiratory Chronic Illness Clinic</u></b> Screen 4: A peak flow reading is recorded at each visit	X				
<b><u>Emergency Services</u></b> Screen 7: Clinician’s orders from the follow-up visit are completed as required	X				

<b><u>Outpatient Infirmiry Care</u></b> Screen 7: A discharge note containing all of the required information is completed as required		X			
<b><u>Inpatient Infirmiry Care</u></b> Screen 2: All orders are received and implemented	X				
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required	X				
Screen 8: A discharge note containing all of the required information is completed as required			X		
Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge	X				
<b><u>Medication And Vaccination Administration</u></b> Screen 5: There is evidence of pneumococcal vaccination or refusal		X			
Screen 6: There is evidence of influenza vaccination or refusal		X			
<b><u>PREA Medical Review</u></b> Screen 3: There is documentation that the alleged victim was provided education on STIs			X		
Screen 4: Prophylactic treatment and follow-up care for STIs are given as indicated			X		

Screen 9: The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated			X		
<b>Dental Systems</b> Screen 13: Necessary equipment is available, adequate and in working order	X				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 10 of the 26 mental health findings were corrected. Sixteen mental health findings will remain open.

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<b>Self-Injury and Suicide Prevention Review</b> Screen 3: Guidelines for SHOS management are observed		X			
Screen 4: The inmate is observed at the frequency ordered by the clinician	X				

<b><u>Psychiatric Restraints</u></b>			<b>X</b>		
Screen 4: Patient's behavior is observed every 15 minutes and documented					
Screen 5: Patient is offered food at regular mealtimes and fluids and bedpan/urinal use every two hours			<b>X</b>		
Screen 6: Respiration and circulation checks are completed and documented			<b>X</b>		
Screen 10: If four-point restraints are used, limbs are exercised every two hours			<b>X</b>		
Screen 11: A new order is obtained every four hours			<b>X</b>		
<b><u>Use of Force</u></b>	<b>X</b>				
Screen 3: There is evidence physical health staff completed a referral to mental health staff					
<b><u>Inpatient Mental Health Services</u></b>	<b>X</b>				
Screen 2: Admissions documentation is provided within four hours of admission					
Screen 4: Nursing assessment is completed within four hours of admission	<b>X</b>				
Screen 5: For new admissions, vital signs are taken daily for 2 days	<b>X</b>				
Screen 16: The patient is receiving the services listed on the ISP		<b>X</b>			
Screen 22: Inpatient mental health daily nursing evaluation is completed as required.		<b>X</b>			

<b><u>Inpatient Psychotropic Medications</u></b> Screen 1: The psychiatric evaluation is present in the record and conducted within 3 days of admission	X				
Screen 2: An admission note by the attending clinician is completed within 24 hours of admission		X			
Screen 3: Appropriate initial laboratory tests are ordered	X				
Screen 4: Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner			X		
Screen 8: The inmate receives medication(s) as prescribed		X			
Screen 14: Follow-up sessions are conducted at the appropriate intervals		X			
Screen 16: Abnormal Involuntary Movement Scale (AIMS) are completed at the required Intervals	X				
<b><u>Outpatient Mental Health Services</u></b> Screen 16: The ISP is signed by the inmate and all members of the treatment team		X			
<b><u>Outpatient Psychotropic Medications</u></b> Screen 8: The inmate receives medication(s) as prescribed		X			

Screen 9: The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed			X		
Screen 10: The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month			X		
Screen 13: Follow-up sessions are conducted at the appropriate intervals	X				
Screen 17: The use of the ETO is accompanied by a physician's order specifying the med as an ETO	X				

#### IV. Conclusion

Until appropriate corrective actions are undertaken by ZCI 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 evaluation.