

**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 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. 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 six of the seven physical health findings were corrected. One physical health finding will remain open due to insufficient monitoring.

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR:</u></p> <p>PH-1: Monthly inspection tags on the first aid kits were not completed with the exception of May 2013.</p>	<p>PH-1 OPEN</p> <p>This finding will remain open due to insufficient monitoring. Evidence of inspection was provided for the months of March, April, and July 2013. March and April 2013 includes the time period prior to the start of CMA survey activities at ZEPCI. Sufficient monitoring would need to cover a period of at least three months to include August and September 2013.</p>

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-2: In 3 of 12 records reviewed, the diagnosis was not accurately recorded on the problem list.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 3 of 8 applicable records, there was no documentation of hepatitis B vaccination or refusal.</p> <p>(b) In 2 of 3 applicable records, there was no documentation of hepatitis B testing.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-3 (a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-4: In 2 of 10 applicable records (11 reviewed), there was no evidence of influenza vaccination or refusal.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, there was no documentation of the route of administration.</p> <p>(b) In 9 records, the medication orders were not dated and/or timed by the physician.</p> <p>(c) In 4 records, the medication orders were not transcribed in a timely manner.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-5 (a) (b) & (c).</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC RECORD REVIEW</u></p> <p>PH-6: In 3 of 4 applicable records (18 reviewed), there was no evidence that consultation or specialty services were accomplished within a reasonable time frame.</p>	<p>PH-6 CLOSED</p> <p>After discussion with the Office of Health Services (OHS), there will be no need for continued monitoring of this finding. Currently, there is a substantial waitlist for non-emergent specialty dental services that exists Department-wide. Although, inmates at Zephyrhills must wait many months to obtain services; this delay is unrelated to the timing of dental requests by institutional staff.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC SYSTEMS REVIEW</u></p> <p>PH-7: Epinephrine in the emergency medications kit was expired.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that two of five mental health findings were corrected. Three mental health findings will remain open due to insufficient monitoring.

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>MH-1 OPEN</p> <p>This finding will remain open due to insufficient monitoring. Evidence of monitoring was provided for two weeks in July and one week in</p>

Finding	CAP Evaluation Outcome
<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>August. The CAP specified that a minimum of ten records would be monitored on a weekly basis until closed by the CMA review.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-2: A comprehensive review of 16 outpatient 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 OPEN</p> <p>This finding will remain open due to insufficient monitoring. Evidence of monitoring was provided for the months of July and August. Only one week of monitoring was provided for the month of September.</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 OPEN</p> <p>This finding will remain open due to insufficient monitoring. Evidence of monitoring was only provided for the month of July. Additionally, the monitoring provided did not contain the requisite number of records and did not identify whether compliance was met.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>MH-4: One inpatient isolation management room (IMR) lacked the appropriate restraint equipment.</p>	<p>MH-4 CLOSED</p> <p>Adequate evidence was provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>MH-5: Thick paint was peeling from at least four of the IMR floors and walls.</p>	<p>MH-5 CLOSED</p> <p>Adequate evidence was provided to close MH-5.</p>

IV. Conclusion

PH-1 remains open and all other physical health portions will close. MH-1(a) & (b), MH-2 (a) & (b) and MH-3 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.