

CORRECTIVE ACTION PLAN ASSESSMENT

of

Florida State Prison
Close Management Program

held on

August 10, 2004

for the

Close Management Monitoring Survey
Conducted December 09-12, 2003

CMA Staff

Murdina Campbell, MSW, Government Analyst II
Kaye Harris, RN, Surveyor

Distributed on August 17, 2004

CAP Assessment of Florida State Prison Close Management Program

Overview

On November 22, 2002, the Correctional Medical Authority (CMA) concluded a close management monitoring survey of Florida State Prison (FSP). The survey report, detailing the findings of the survey team, was distributed on December 17, 2002. The CMA received the final corrective action plan (CAP) from the Department of Correction's Office of Health Services (OHS) on March 3, 2003. On May 9, 2003, CMA staff conducted an on-site corrective action plan assessment resulting in nine findings requiring further corrective action.

Instead of a further cap assessment, a full close management survey was conducted on December 09-12, 2003. The remaining findings from the last survey were assessed at this time. The survey report was distributed on January 26, 2004. The CMA received the final CAP for the December 2003 survey on March 08, 2004. Subsequently, an on-site cap assessment was conducted on August 11, 2004. Five of the seven findings were corrected. Two findings require further corrective action. The Warden and key staff from the OHS were present for the exit. The findings follow.

Summary

CM-1: CORRECTED

CM-1: The number of inmates enrolled in the therapy groups was too high in some cases (i.e., 18 or 19).

Sufficient documentation was provided in the institutional closure file to demonstrate correction.

CM-2: CORRECTED

CM-2: Items identified on the Behavioral Risk Assessment as scoring two or above were not reflected on the individualized service plan (ISP) in six cases reviewed.

Sufficient documentation was provided in the institutional closure file to demonstrate correction.

CM-3: CORRECTED

CM-3: Documentation of clinical encounters did not consistently identify treatment provided.

Sufficient documentation was provided in the institutional closure file to demonstrate correction.

CM-4: CORRECTED

CM-4: Post-discharge follow-up sessions were not consistently conducted at the required frequency following suicide observation status (SOS) admissions.
Sufficient documentation was provided in the institutional closure file to demonstrate correction.

CM-5: NOT CORRECTED

CM-5: In two cases reviewed, insufficient documentation was present to justify the use of psychiatric restraints.

The closure file contained evidence of in-service training provided medical staff on the requirement to document precipitating behavioral signs and the attempt to implement less restrictive means of intervention prior to the application of 4-point restraints.

However, institutional monitoring of the use of 4-point restraints did not support correction of the finding: While there were no cases of 4-point restraints in February, March or April 2004, the two cases reviewed by the institution in May 2004 were found non-compliant by the institutional monitor. Three cases reviewed in June 2004 were found compliant by the institutional monitor. One month's compliance, however, is not sufficient to correct an issue. Furthermore, CMA staff review of the infirmary record of one of the three June 2004 cases indicated no documentation present justifying the use of psychiatric restraints despite a pre-printed physician's order for 4-point restraints stating "Counseling has proven ineffective to stop behavior," and "Less restrictive measures have been considered." CMA staff is concerned that the use of a pre-printed physician's order may be mistaken for standing orders, which is inappropriate.

Recommended Corrective Action: Review the requirement to document precipitating behavioral signs and the attempt to implement less restrictive means of intervention prior to the application of 4-point restraints. Continue monitoring all applicable cases until closure is affirmed through the CMA CAP assessment. Also, discontinue use of the pre-printed physician order form for 4-point restraints or modify the form to remove the references quoted above.

CM-6: NOT CORRECTED

CM-6: Psychiatric restraints were not consistently removed after 30 minutes of calm behavior.

In-service training on this aspect of psychiatric restraints had been provided. Attendance rosters were present in the closure file.

Institutional monitoring of the finding indicated that further corrective action is necessary. In February, March and April 2004 there were no suitable cases to review. In May 2004, two cases were reviewed by the institutional monitor. Neither case was compliant. In June 2004, only one of three cases reviewed by the institutional monitor was compliant. In July 2004, there were no cases.

Recommended Corrective Action: Review the requirement for restraints to be removed after 30 minutes of calm behavior. Continue monitoring all applicable cases until closure is affirmed through the CMA CAP assessment.

CM-7: CORRECTED

CM-7: Chemical agents were administered to an asthmatic inmate.

Sufficient documentation was provided in the institutional closure file to demonstrate correction.

Three records were also pulled at random from the asthma clinic. None evidenced the use of chemical agents since April 05, 2004, when the OHS Director of Health Services issued a memorandum noting that asthma is a medical condition that would be exacerbated by use of chemicals. Notably, chemical agents had been used on one of the three inmates in 2003.