

# SOUTH FLORIDA RECEPTION CENTER SUPPLEMENTAL REPORT

For CMA Survey Conducted May 14-17, 2002

## PHYSICAL AND MENTAL HEALTH SURVEY FINDINGS REQUIRING OHS INTERVENTION

In addition to the physical and mental health findings of South Florida Reception Center (SFRC) referenced in the main body of the survey report (which fall within the scope of the institutional staff to correct), several other areas of concern were noted. These findings may be based on standards adopted by the CMA, but not addressed in OHS policy, procedure, or directive, or on other issues beyond institutional control. Therefore, corrective actions at the institutional level can be initiated only by or with the authority or intervention of the OHS.

The items listed below identify the finding, the name of the audit instrument used by CMA surveyors and the specific screen number, if applicable, and what criteria were used to determine the standard was not met.

### PHYSICAL HEALTH

1. **No evidence was available demonstrating ongoing record review of episodic care; i.e., sick call and/or emergency care encounters.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 10 – “Is there a review of sick call and emergency charts by the senior nurse supervisor (SRN) and/or the chief health officer (CHO)? Charts should be reviewed by the SRN or CHO for appropriateness of care, medications, completeness of documentation, etc. If errors are found, are they addressed with the appropriate medical personnel?”
2. **No evidence was available demonstrating annual CHO and senior dentist peer review.** This standard is referenced in the CMA Administrative Audit Instrument, Screen 12 – “Is there at least an annual CHO and Senior Dentist peer review? These peer reviews should be conducted by another provider and be documented at the facility. Is there documentation of review of Physician Assistants and Advanced Registered Nurse Practitioners by the CHO, and dentists by the Senior Dentist?”
3. **Medication issues were identified in the following areas:**
  - a) **Orders were not transcribed within four hours of being written, and**
  - b) **Medications were not started with 24-hours.**This standard is referenced in the CMA Medication Administration Record and Chart Review Instrument, Screens 3 and 7 – “All orders were transcribed within four hours”; and “Any medication orders were started within twenty-four hours of the order. Exceptions can be made for non-formulary items.”
4. **No evidence was available that routine inspections of the facility for sanitation are being conducted.** This standard is referenced in the CMA Infection Control System Review Instrument, Screen 22 – “There are at least monthly inspections of the facility for sanitation that are conducted or reviewed by the medical department. If the medical department does not do the inspecting, there should be a report forwarded to the department for review. If the medical department does inspect, there should be documentation of the inspections.”

## **MENTAL HEALTH**

5. **Physician's orders (when present) did not specify observations at least every 15 minutes for inmates admitted to the infirmary for observation and prevention of self-injurious/suicidal behavior.** This standard is referenced in the CMA Self-Injury/Suicide Prevention Record Review Instrument, Screen 3 and is based upon national correctional healthcare standards and prevailing professional practices in the community at large.
  
6. **Formal avenues should be explicitly outlined by policy for medical and mental health staff to report allegations of inmate abuse.** Such reporting should be clearly documented and staff should be trained in the policy.