

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

GADSDEN CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted May 14-15, 2014

CMA STAFF

Kathy McLaughlin, BS
Lynne Babchuck, LCSW

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CAP Assessment of Gadsden Correctional Facility

I. Overview

On May 14 - 15, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Gadsden Correctional Facility (GCF). The survey report was distributed on June 4, 2014. In July of 2014, GCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the May 2014 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. In October of 2014, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on November 17, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. 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 29 of the 38 physical health findings were corrected. Nine physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-1: In 6 records, the baseline information was incomplete or missing.</p> <p>PH-2: In 17 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p> <p>PH-3: In 4 records, there was no evidence of completed labs being available to the clinician prior to the visit and any abnormalities being addressed in a timely manner.</p> <p>PH-4: In 15 records, the Chronic Illness Clinic (CIC) progress notes were not legible.</p>	<p>PH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-1 will remain open.</p> <p>PH-2, PH-3, & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2, PH-3, & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>PH-5: In 14 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p> <p>PH-6: In 3 records, there was no evidence of completed annual labs.</p> <p>PH-7: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccine or refusal on record.</p> <p>PH-8: In 5 records, the CIC progress notes were not legible.</p>	<p>PH-5, PH-6, PH-7, & PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5, PH-6, PH-7, & PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>PH-9: In 14 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p> <p>PH-10: In 13 records, there was no evidence of completed annual.</p> <p>PH-11: In 8 records, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-9, PH-10, PH-11, PH-12, & PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9, PH-10, PH-11, PH-12, & PH-13.</p>

Finding	CAP Evaluation Outcome
<p>PH-12: In 13 records, the CIC progress notes were not legible.</p> <p>PH-13: In 1 of 1 applicable record, there was no evidence of a referral to a specialist when indicated.</p>	

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>PH-14: In 9 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p> <p>PH-15: In 5 of 8 applicable records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>PH-16: In 2 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p> <p>PH-15 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-15 will remain open.</p> <p>PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-17: In 15 records, baseline information</p>	<p>PH-17 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>was incomplete or missing.</p> <p>PH-18: In 11 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p> <p>PH-19: In 5 records, the CIC progress notes were not legible.</p>	<p>PH-18 & PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18 & PH-19.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>PH-20: In 7 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p> <p>PH-21: In 3 records, there was no evidence of completed annual labs.</p> <p>PH-22: In 4 records, there was no evidence of influenza vaccine or refusal on record.</p> <p>PH-23: In 8 records, the CIC progress notes were not legible.</p>	<p>PH-20, PH-21, PH-22, & PH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20, PH-21, PH-22, & PH-23.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 2 inmate records revealed the following deficiencies:</p> <p>PH-24: In 1 record, baseline information</p>	<p>PH-24 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached.</p>

Finding	CAP Evaluation Outcome
<p>was incomplete or missing.</p> <p>PH-25: In 1 record, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p>	<p>PH-24 will remain open.</p> <p>PH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-26: In 3 of 15 records reviewed, the CIC progress notes were not legible.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 1 inmate record revealed the following deficiencies:</p> <p>PH-27: In 1 record, baseline information was incomplete or missing.</p> <p>PH-28: In 1 record, there was no evidence of initial and ongoing education to include treatment compliance and risk factor reduction.</p> <p>PH-29: In 1 record, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition.</p>	<p>PH-27, PH- 28, & PH-29 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. PH-27, PH-28, & PH-29 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY RECORD REVIEW</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-30: In 6 records, the inpatient file (blue folder) did not contain all required items.</p> <p>PH-31: In 4 records, the care orders were incomplete.</p> <p>PH-32: In 7 records, there was no evidence of a completed discharge summary by the discharge nurse.</p>	<p>PH-30, PH-31, & PH-32 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-30, PH-31, & PH-32.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-33: In 11 of 12 applicable records, there was no evidence of the new diagnosis on the problem list.</p> <p>PH-34: In 2 of 2 applicable records, there was no alternative treatment plan suggested by Utilization Management after a deferred consultation.</p>	<p>PH-33 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-33 will remain open.</p> <p>PH-34 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-34.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-35: In 3 of 12 records reviewed, all medication orders were not signed, dated, and/or timed by appropriate staff</p>	<p>PH-35 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-35 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENING RECORD REVIEW</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-36: In 15 records, the periodic screening was incomplete.</p> <p>PH-37: In 3 of 13 applicable records, all required diagnostic tests were not completed prior to the periodic screening encounter.</p>	<p>PH-36 & PH-37 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-36 & PH-37.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-38: The procedures to access medical, dental, and mental health services were not posted in the housing areas.</p>	<p>PH-38 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-38.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 17 of 19 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions records revealed the following deficiencies:</p> <p>MH-1: In 2 records, admission orders were not signed/countersigned and/or not dated/timed.</p> <p>MH-2: In 2 records, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS.</p> <p>MH-3: In 1 of 4 applicable records, the inmate was not seen for post-discharge follow-up.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-2 will remain open.</p> <p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE RECORD REVIEW</u></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>MH-4: In 4 records, the post use of force physical exam was not completed in its entirety.</p> <p>MH-5: In 4 records, a written referral to mental health by physical health staff was not completed or not present in the medical record.</p>	<p>MH-4, MH-5, & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4, MH-5, & MH-6.</p>

Finding	CAP Evaluation Outcome
<p>MH-6: In 3 records, there was no indication mental health staff interviewed the inmate by the next working day to determine if a higher level of mental health care was indicated.</p>	

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-7: In 3 of 13 records, the psychological emergency was not responded to within 1 hour.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING RECORD REVIEW</u></p> <p>MH-8: In 1 of 3 applicable records (11 reviewed), the psychotropic medication ordered was not continued as directed while the inmate was held in special housing.</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 5 of 7 applicable records, abnormal lab tests were not followed- up as required.</p>	<p>MH-9 & MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 & MH-10.</p>

Finding	CAP Evaluation Outcome
MH-10: In 5 of 12 applicable records, follow-up lab tests were not completed.	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-11: In 1 of 5 applicable records, the biopsychosocial (BPSA) was not approved by the multidisciplinary service team (MDST) within 30 days of initiation of services.</p> <p>MH-12: In 11 records, the individualized service plan (ISP) lacked the appropriate frequency of the intervention.</p> <p>MH-13: In 6 records, identified problems were not listed on the problem list.</p> <p>MH-14: In 3 of 13 applicable records, counseling was not provided at least once every 90 days.</p> <p>MH-15: In 1 of 4 applicable records, counseling was not provided for inmates with the diagnosis of a psychotic disorder every 30 days.</p> <p>MH-16: In 5 of 16 applicable records, case management was not conducted at least every 90 days.</p>	<p>MH-11 & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 & MH-12.</p> <p>MH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-13 will remain open.</p> <p>MH-14, MH-15, & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14, MH-15, & MH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING RECORD REVIEW</u></p> <p>MH-17: In 3 of 7 records reviewed to evaluate the effectiveness of aftercare planning, the Summary of Outpatient Mental Health Care (DC4-661) was not completed within 30 days of end of sentence (EOS).</p>	<p>MH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-18: A tour of the facility revealed that paint was peeling from the walls of Self-harm Observation Status (SHOS) cells.</p> <p>MH-19: Inmates held in special housing were not offered an opportunity to speak out of cell to mental health staff during therapeutic contacts.</p>	<p>MH-18 & MH-19 CLOSED</p> <p>Adequate evidence of correction was provided to close MH-18 & MH-19.</p>

IV. Conclusion

PH-1, PH-15, PH-17, PH-24, PH-27, PH-28, PH-29, PH-33, and PH-35 will remain open and all other physical health portions will close. MH-3 and MH-13 will remain open and all other mental health portions will close. Until such time as appropriate corrective actions are undertaken by GCF 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 on-site visit.