

**SECOND ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SUWANNEE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 28-29, 2013

CMA STAFF

Lynne Babchuck, LCSW
Matthew Byrge, LCSW

CAP Assessment Distributed on August 6, 2014

CAP Assessment of SUWANNEE Correctional Institution

I. Overview

On August 28-29, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Suwannee Correctional Institution (SUWCI). The survey report was distributed on September 23, 2013. In November of 2013, SUWCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the August 2013 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. On March 27, 2014, CMA staff conducted an on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the August 2013 survey. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 7 of 7 physical health findings and 7 of 19 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 14 of 25 physical health findings and 5 of 19 mental health findings could be closed on the Annex. On July 31, 2014 CMA staff conducted a second on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. 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

A. Main Unit

All physical health findings were closed during the first on-site CAP assessment.

B. Annex

The CAP closure files revealed sufficient evidence to determine that 3 of the 11 physical health findings were corrected. Eight physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-1: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(b) In 6 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 3 records, there was no evidence of appropriate physical examination to include an assessment of the feet.</p>	<p>PH-1(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1(b).</p> <p>PH-1(c)(d) & (f) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached. PH-1(c),(d) & (f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(d) In 3 of 11 applicable records, there was no evidence of the yearly required fundoscopic examination.</p> <p>(f) In 4 of 9 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline history was incomplete or missing.</p> <p>(b) In 3 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 4 records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 7 records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-2(a) 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-2(a) will remain open.</p> <p>PH-2(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(b).</p> <p>PH-2(c) 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-2(c) will remain open.</p> <p>PH-2(d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached. PH-2(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-3(a): In 8 of 13 applicable records (14 reviewed), there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-3(a) 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-3(a) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-5(b): In 4 of 12 records reviewed, the baseline physical examination was incomplete or missing.</p>	<p>PH-5(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5(b).</p>

Finding	CAP Evaluation Outcome
<p><u>PREVENTIVE CARE RECORD REVIEW</u></p> <p>PH-9(a): In 3 of 14 records reviewed, there was no evidence that the screening included all necessary components.</p>	<p>PH-9(a) 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-9(a) will remain open.</p>

C. CAP finding

Finding	Suggested Corrective Action
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>CF-1: In 8 of 22 records reviewed, follow-up chronic illness clinic visits were not completed as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-1: A review of the documentation provided during the CAP assessment revealed an additional clinical concern that was not present at the time of the CMA audit. It was noted that there were numerous instances in which chronic illness clinic (CIC) visits were delayed or rescheduled in a manner inconsistent with Departmental policy. This led to long intervals between CIC visits. Department policy states that “inmates shall be seen as often as the clinician determines necessary at intervals not to exceed 365 days” (Health Services Bulletin 15.03.05). There were multiple instances in which the clinician requested follow-up that did not occur in the specified time frame (e.g. an inmate was seen in the Gastrointestinal Clinic in December of 2013 and the clinician requested the inmate be returned for further examination in 90 days; the inmate had not been seen at the time of the CAP assessment). Examples of CIC intervals greater than 365 days were also observed (e.g. an inmate in the Neurology Clinic was last seen in June of 2013). The examples identified above and the others noted during the CMA review were brought to the attention of health services staff who indicated they were aware of the issue. Institutional staff indicated that there had not been consistent clinical coverage since the time of the last CMA review secondary to frequent changes in staffing. Due to the fact that long wait times and missed follow-up opportunities are an important access to care issue, SUWCI staff will be required to amend the CAP to include this finding and monitor compliance with CIC appointment intervals.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of 12 mental health findings were corrected. Seven mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 19 Self Harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>(a) In 7 of 18 applicable records, an emergency evaluation was not completed prior to an SHOS admission by mental health or nursing staff.</p> <p>(c) In 7 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>(f) In 4 of 15 applicable records, there was no evidence the inmate was seen by mental health staff for post-discharge follow-up.</p>	<p>MH-1(a)(c) & (f) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-1(a) (c) & (f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATIONS PRACTICES</u></p> <p>MH-3: A comprehensive review of 10 inpatient records revealed the following deficiencies:</p> <p>(a) In 3 records, the psychiatric evaluation did not address all issues.</p>	<p>MH-3(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p>(b) In 2 records, initial lab tests were not completed as required.</p> <p>(d) In 2 records, informed consents signed by the inmate for each class of medication prescribed were not present.</p> <p>(e) In 2 of 6 applicable records, follow-up lab tests were not completed as required.</p> <p>(f) In 3 of 7 applicable records, the rationale for giving an Emergency Treatment Order (ETO) was not documented.</p>	<p>MH-3(d) & (e) 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-3(d) & (e) will remain open.</p> <p>MH-3(f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(f).</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-4: A comprehensive review of 13 inpatient records revealed the following deficiencies:</p> <p>(a) In 2 of 10 applicable records, there was no documentation that the inmate was oriented to the unit within 4 hours of admission.</p> <p>(b) In 8 records, inmates were not offered the required hours of planned structured therapeutic services.</p>	<p>MH-4(a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-4(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATIONS PRACTICES</u></p> <p>MH-5: A comprehensive review of 15 outpatient (S2/S3) records revealed the following deficiencies:</p> <p>(a) In 2 of 5 applicable records, abnormal lab tests were not followed- up as required.</p> <p>(b) In 5 of 9 applicable records, follow-up lab tests were not completed as required.</p>	<p>MH-5(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(a) & (b).</p>

B. Annex

The CAP closure files revealed evidence to determine that 9 of 14 mental health findings were corrected. Five mental health findings will remain open

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING RECORD REVIEW</u></p> <p>MH-3: A comprehensive review of 16 records revealed the following deficiencies:</p> <p>(a) In 6 records, the mental status exam (MSE) was not in the medical record or not completed within the required time frame.</p> <p>(b) In 4 of 13 applicable records, follow-up MSEs were not in the medical record or not completed within the required time frame.</p> <p>(c) In 3 of 3 applicable records, there was no documentation to indicate that mental health staff responded appropriately to problems in adjustment.</p>	<p>MH-3(a) & (b) 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-3(a) & (b) will remain open.</p> <p>MH-3(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(c).</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION RECORD REVIEW</u></p> <p>MH-4: A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>(c) In 3 of 12 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>(e) In 6 of 14 applicable records, follow-up lab tests were not completed as required.</p> <p>(f) In 3 of 7 applicable records, Abnormal Involuntary Movement Scale (AIMS) were not administered within the appropriate time frame.</p>	<p>MH-4(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(c).</p> <p>MH-4(e) & (f) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-4(e) & (f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>MH-5: A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>(a) In 6 of 13 applicable records, there was no indication that instruction for accessing mental health care was provided.</p> <p>(b) In 5 of 13 applicable records, a case manager was not assigned within three working days of arrival.</p>	<p>MH-5(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(a)-(c).</p> <p>MH-5(d) 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-5(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(c) In 2 of 10 applicable records, the biopsychosocial (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</p> <p>(d) In 3 of 9 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p> <p>(e) In 5 of 18 applicable records, the ISP was not signed by a member or members of the MDST and/or inmate, or a refusal was not documented on form DC4-711A.</p> <p>(f) In 3 of 11 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p>	<p>MH-5(e)-(f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(e)-(f).</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING REVIEW</u></p> <p>MH-6: A comprehensive review of 13 records evaluating the effectiveness of aftercare planning revealed the following deficiencies:</p> <p>(a) In 4 records, the aftercare plan was not addressed in the ISP.</p> <p>(b) In 4 of 7 applicable records, the Summary of Outpatient MH Care (DC4-661) was not completed within 30 days of End of Sentence (EOS).</p>	<p>MH-6(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6(a) & (b).</p>

IV. Conclusion

Physical Health-Main Unit

All physical health portions closed during the first on-site CAP assessment.

Physical Health-Annex

PH-1(b), PH-2(b) and PH-5(b) will close and all other physical health findings will remain open. CF-1 will require monitoring and will be assessed at the next visit.

Mental Health-Main Unit

MH-3(a), (b), & (f), and MH-5(a) & (b) will close and all other mental health findings will remain open.

Mental Health-Annex

MH-3(c), MH-4(c), MH-5(a)-(c) & (e)-(f), and MH-6(a) & (b) will close and all other mental health findings will remain open

Until such time as appropriate corrective actions are undertaken by SUWCI 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 evaluation.