

**FIFTH 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 3, 2015

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 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, all 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. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 5 of 12 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 3 of 11 physical health findings and 9 of 14 mental health findings could be closed on the Annex. Lastly, one physical health CAP finding was added for monitoring and corrective action.

On November 19, 2014 CMA conducted a third on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 2 of 7 mental health items were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 1 of 9 physical health findings and 5 of 5 mental health findings were corrected on the Annex.

On April 22, 2015 CMA staff conducted a fourth on-site assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 2 of 5 mental health findings on the Main Unit and 7 of 8 physical health findings on the Annex and were corrected.

On July 29, 2015 CMA staff conducted a fifth on-site 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 0 of the 1 physical health findings were corrected. One physical health findings will remain open.

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.</p>	<p>CF-1 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; therefore CF-1 will remain open.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of 3 mental health findings were corrected. One mental health finding will remain open and 2 findings will be added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></p> <p>MH-1(c): In 7 of 19 records reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1(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. MH-1(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATIONS PRACTICES</u></p> <p>MH-3(e): In 2 of 6 applicable records (10 reviewed), follow-up lab tests were not completed as required.</p>	<p>MH-3(e) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(e).</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-4(b): In 8 of 13 inpatient records reviewed, inmates were not offered the required hours of planned structured therapeutic services.</p>	<p>MH-4(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(b).</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>CF-2: In 4 of 5 records reviewed, there was no weekly SOAP note contained in the medical record which reflected the patient's participation in group activities.</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 (10) 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>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>CF-3: In 4 of 5 records reviewed, there was no SOAP note written by the Mental Health Professional (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 (10) 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-3: *These notes should contain a summary of participation in activities, a clear description of the services provided, as well as the inmate's progress in meeting the goals outlined in the treatment plan. In all of the records identified above, at least one weekly note was missing and could not be located by institutional staff. Additionally, many of the SOAP notes contained in the medical record were missing key information that made it difficult to assess the inmate's mental status and participation in treatment activities.*

B. Annex

All mental health findings were closed on the third on-site CAP assessment.

IV. Conclusion

Physical Health-Main Unit

All physical health portions are closed.

Physical Health-Annex

One physical health finding will remain open.

Mental Health-Main Unit

MH-3(e) and MH-4(b) will close and all other mental health findings will remain open. CF-2 and CF-3 have been added for in-service training, monitoring, and corrective action.

Mental Health-Annex

All mental health portions are closed.

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.