

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

of

SUWANNEE CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

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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. The CAP closure files revealed sufficient evidence to determine that 2 of 3 mental health findings on the Main Unit and 0 of 1 physical health findings on the Annex were corrected. Lastly, two mental health findings were added for in-service training, monitoring, and corrective action.

On December 3, 2015 CMA staff conducted a sixth 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	CAP Evaluation Outcome
<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 a review of randomly selected records 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 1 of 3 mental health findings were corrected. Two mental health findings will remain open and 3 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 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>CF-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. CF-2 will remain open.</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.</p>	<p>CF-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-3.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>CF-4: In 6 of 6 inpatient records reviewed, there was no indication that the Multi-Disciplinary Service Team (MDST) met and reviewed behavioral levels 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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-4: Department policy requires the MDST to meet at specific intervals to review behavioral levels to ensure that inmates are progressing through the level system. The MDST is required to meet every seven days for inmates at the first level and every 14 days for the second through fifth levels. In all records, there was no documentation in the medical record that the MDST met at the required intervals. Additionally, in several records notes were present indicating the MDST met on

occasion, however the notes were incomplete and there was no documentation that behavioral levels were addressed.

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>CF-5: In 6 of 6 inpatient records reviewed, the Risk Assessment for Violence (RAT) was not completed at the required intervals (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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-5: Department policy requires the RAT to be completed within 72 hours of admission, within 14 days of the first assessment, and every 90 days thereafter. Four records did not contain any risk assessments and two records had only one risk assessment.

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>CF-6: In 4 of 6 inpatient records reviewed, daily nursing assessments were not completed according to protocol (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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-6: In the records above, some daily nursing assessments (mainly night shift) were completed utilizing photocopied assessment forms. In all the photocopied forms, the subjective complaint and the mental status exam were identical. If the form is photocopied and the information does not vary, it is difficult to assess whether the inmate was offered the ability to participate in the assessment.

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

CF-3 will close and all other mental health findings will remain open. CF-4, CF-5, and CF-6 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.