

**FIRST OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

DADE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted November 18 - 19, 2015

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

CAP Assessment Distributed on July 25, 2016

CAP Assessment of Dade Correctional Institution

I. Overview

On November 18-19, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Dade Correctional Institution (DADCI). The survey report was distributed on December 14, 2015. In February 2016, DADCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 2015 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 April 12, 2016, CMA staff made an on-site visit to assess the institution's initial efforts in addressing the issues outlined in the CAP. On May 26, 2016, CMA staff requested access to monitoring documents and pertinent portions of inmate medical records. Based on the documents provided, CMA staff conducted an off-site CAP assessment on July 11, 2016 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 6 of the 15 physical health findings were corrected. Nine physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-1: In 4 of 16 records reviewed, inmates were not seen according to their M-grade status.</p>	<p>PH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. PH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-2: In 2 of 10 applicable records (16 reviewed), there was no evidence that hypertensive diabetic inmates were prescribed ACE or ARB therapy.</p>	<p>PH-2 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. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-3: In 5 of 14 applicable records (17 reviewed), there was no evidence of hepatitis A & B vaccination or refusal for inmates with hepatitis C.</p>	<p>PH-3 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. PH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-4: In 3 of 13 applicable records (14 reviewed), there was no evidence of a referral to a specialist when indicated.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-5: In 4 records, there was no evidence of marker or radiological studies at appropriate intervals.</p> <p>PH-6: In 2 of 5 applicable records, there was no evidence of a referral to a specialist when indicated.</p>	<p>PH-5 & PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5 & PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-7: In 13 records, reactive airway diseases were not classified as mild, moderate, or severe.</p> <p>PH-8: In 1 of 2 applicable records, there was no evidence that an inmate with moderate to severe airway disease was on anti-inflammatory medication.</p> <p>PH-9: In 1 of 1 applicable record, there was no evidence of a referral to a specialist when indicated.</p>	<p>PH-7 & PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7 & PH-8.</p> <p>PH-9 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>PH-10: In 3 of 10 applicable inpatient records (14 reviewed), clinician rounds were not documented as required.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-11: In 3 of 14 applicable records, the diagnosis was not recorded on the problem list.</p> <p>PH-12: In 1 of 1 applicable record, there was no evidence that the alternative treatment plan was documented.</p>	<p>PH-11 & PH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. PH-11 & PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION</u></p> <p>PH-13: In 1 of 4 applicable records (13 reviewed), there was no evidence of counseling after 5 missed doses or more over the course of one month.</p>	<p>PH-13 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. PH-13 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-14: In 12 of 17 records reviewed, there was no evidence that all required diagnostic tests were completed.</p>	<p>PH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-15: In 11 of 18 records reviewed, the inmate request form was not present in the chart and could not be located by staff.</p>	<p>PH-15 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. PH-15 will remain open.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 1 of 21 mental health findings were corrected. Twenty mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 15 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 of 6 applicable records, the clinical assessment prior to SHOS admission was incomplete or missing.</p>	<p>MH-1 & MH-2 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 & MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-2: In 6 records, the clinician's orders did not specify that observations should be conducted at 15 minute intervals.</p> <p>MH-3: In 6 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHIATRIC RESTRAINTS</u></p> <p>A comprehensive review of 3 psychiatric restraint episodes revealed the following deficiencies:</p> <p>MH-4: In 3 records, there was no documentation of less restrictive means of behavioral control.</p> <p>MH-5: In 2 records, vital signs were not taken when the inmate was released from restraints.</p> <p>MH-6: In 3 records, the inmate was not referred to the Multi-Disciplinary Services Team (MDST).</p>	<p>MH-4, MH-5, & MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-4, MH-5, & MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-7: In 4 of 6 records reviewed, the post use of force examination was incomplete.</p>	<p>MH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>A comprehensive review of 8 psychological emergencies revealed the following deficiencies:</p> <p>MH-8: In 2 records, documentation of the inmate's past mental health history was incomplete.</p> <p>MH-9: In 2 records, the mental status examination was incomplete.</p> <p>MH-10: In 3 records, there was no evidence of appropriate intervention.</p> <p>MH-11: In 1 of 5 applicable records, the disposition was not appropriate.</p>	<p>MH-8, MH-9, MH-10, & MH-11 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-8, MH-9, MH-10, & MH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-12: In 3 of 15 records, the "Special Housing Health Appraisal" (DC4-769) was incomplete or missing.</p>	<p>MH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 10 inpatient records revealed the following deficiencies:</p> <p>MH-13: In 1 of 2 applicable records, there was no evidence that abnormal lab tests were followed-up.</p> <p>MH-14: In 2 records, medications were not given as prescribed and there was no documented refusal.</p> <p>MH-15: In 1 of 3 applicable records, the use of an emergency treatment order (ETO) was not specified.</p>	<p>MH-13 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-13 will remain open.</p> <p>MH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-14 will remain open.</p> <p>MH-15 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-15 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 inpatient records revealed the following deficiencies:</p> <p>MH-16: In 10 records, the Individualized Service Plans (ISP) did not contain the required information.</p> <p>MH-17: In 18 records, the required hours of planned structured therapeutic services were not clinically appropriate.</p>	<p>MH-16, MH-17, MH-18 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-16, MH-17, & MH-18 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-18: In 18 records, there was no documentation that behavioral levels were reviewed by the MDST.</p>	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-19: In 3 of 13 records reviewed, the inmate did not receive the medication as prescribed and there was no documented refusal.</p>	<p>MH-19 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-19 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-20: In 2 of 6 applicable records (18 reviewed), psychotropic medications were not continued until the inmate saw the psychiatrist at the receiving institution.</p>	<p>MH-20 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-20 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-21: A written description of mental health services was not available in Spanish.</p>	<p>MH-21 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21.</p>

IV. Conclusion

The following physical health findings will close: PH-4, PH-5, PH-6, PH-7, PH-8, & PH-10. All other physical health portions will remain open. Mental health finding MH-21 will close, and all other mental health portions will remain open. Until such time as appropriate corrective actions are undertaken by 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 off-site visit, but the option remains open to conduct an on-site evaluation.