

**SIXTH ON-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 August 9, 2018

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 90 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. The CAP closure files revealed sufficient evidence to determine that 6 of 15 physical health findings and 1 of 21 mental health findings were corrected.

On February 3, 2017, 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 February 22, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 8 of 9 physical health findings and 14 of 20 mental health findings were corrected.

On May 15, 2017, 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 off-site CAP assessment on June 11, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 1 physical health findings and 1 of 6 mental health findings were corrected.

On September 27, 2017, 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 off-site CAP assessment on November 6, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 1 of 1 physical health findings and 0 of 5 mental health findings were corrected.

On February 26, 2018, 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 March 27, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 5 mental health findings were corrected.

On June 20, 2018, 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 July 26, 2018 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

All physical health findings are closed.

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 0 of 5 mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-3: In 6 of 15 records reviewed, 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 records provided by the institution 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>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-13: In 1 of 2 applicable records (10 reviewed), there was no evidence that abnormal lab tests were followed-up.</p>	<p>MH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-13 will remain open.</p>

IV. Conclusion

All physical health findings are closed. Mental health findings MH-3, MH-4, MH-5, MH-6, & MH-13 will remain open and all other mental health findings will close.

Until appropriate corrective actions are undertaken by staff and the results of those corrections are 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 evaluation, but the option remains open to conduct an on-site assessment.