

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

GRACEVILLE CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted December 9 -10, 2015

CMA STAFF

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CAP Assessment of Graceville Correctional Facility

I. Overview

On December 9-10, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Graceville Correctional Facility (GRACF). The survey report was distributed on January 4, 2016. In February 2016, GRACF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the December 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 June 24, 2016, 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 21, 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 14 of the 14 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-1: In 3 of 15 records reviewed, patient education was incomplete or missing.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>PH-2: In 5 of 17 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-3: In 3 of 14 records reviewed, there was no evidence that medications were received as prescribed.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-4: In 4 of 7 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</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>INFIRMARY</u></p> <p>PH-5: In 2 of 6 applicable records (10 reviewed) there was no evidence of daily nursing notes for acute inpatients.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-6: In 1 of 5 applicable records (18 reviewed) there was no evidence of a timely follow-up by the clinician.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-7: In 3 records, the DC4-702 “Consultation Request/Consultants Report” was not located in the chart.</p> <p>PH-8: In 6 of 11 applicable records, the diagnosis was not recorded on the problem list.</p> <p>PH-9: In 4 of 11 applicable records, the consultation log was not complete and/or accurate for this incident.</p>	<p>PH-7, PH-8, & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7, PH-8, & PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-10: In 4 of 13 applicable records (18 reviewed), there was no evidence that the response occurred as intended.</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>DENTAL SYSTEMS</u></p> <p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-11: There was no evidence that all necessary equipment was available.</p> <p>PH-12: There was not sufficient space allocated for dental services</p>	<p>PH-11 & PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11 & PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-13: There were expired medications in the clinician exam rooms and in the sick call cart.</p> <p>PH-14: There was no evidence that the first aid kits in C & D dorms were inspected in November or December.</p>	<p>PH-13 & PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 & PH-14.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 8 of 16 mental health findings were corrected. Eight mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 5 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-2: In 1 record, clinician’s orders did not specify 15 minute observations.</p> <p>MH-3: In 1 record, the DC4-732 “Infirmary/Hospital Admission Nursing Evaluation” was not completed.</p> <p>MH-4: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-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 met. MH-1 will remain open.</p> <p>MH-2 & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2 & MH-3.</p> <p>MH-4 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 met. MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 8 use of force episodes revealed the following deficiencies:</p> <p>MH-5: In 5 records, a written referral to mental health by physical health staff was not present.</p> <p>MH-6: In 6 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>MH-5 & MH-6 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 met. MH-5 & MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies</p> <p>MH-7: In 5 of 8 applicable records, psychotropic medications ordered were not continued as directed while the patient was held in special housing.</p> <p>MH-8: In 2 of 10 applicable records, follow-up mental status exams were not conducted within the required time frame.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p> <p>MH-8 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 met. MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 4 of 5 applicable records, there was no evidence that abnormal lab results were addressed.</p> <p>MH-10: In 3 of 15 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-11: In 1 of 5 applicable records, there was no DC4-711A “Refusal of Health Care Services” after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-12: In 5 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>	<p>MH-9 & MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 & MH-10.</p> <p>MH-11 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 met. MH-11 will remain open.</p> <p>MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-13: In 5 records, the Individualized Service Plan (ISP) was not signed by the inmate and a refusal was not documented.</p> <p>MH-14: In 3 of 13 applicable records, the ISP was not revised within 180 days.</p> <p>MH-15: In 4 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p>	<p>MH-13 & 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 met. MH-13 & MH-14 will remain open.</p> <p>MH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-16: Caulking was removed around the sinks and toilets in the Isolation Management Rooms (IMR).</p>	<p>MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16.</p>

IV. Conclusion

All physical health portions will close. The following mental health findings will close: MH-2, MH-3, MH-7, MH-9, MH-10, MH-12, MH-15, & MH-16, 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.