

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

of

SUWANNEE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted February 7-9, 2017

CMA STAFF

Lynne Babchuck, LCSW
Jane Holmes-Cain, LCSW

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CAP Assessment of Suwannee Correctional Institution

I. Overview

On February 7-9, 2017, 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 March 8, 2017. In April 2017, 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 February 2017 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 October 9, 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 October 27, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 10 of 20 physical health findings and 23 of 39 mental health findings were corrected on the Main Unit. Additionally, 11 of 17 physical health findings and 8 of 9 mental health findings were corrected on the Annex Unit.

On March 23, 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 April 25, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 10 physical health findings and 5 of 16 mental health findings were corrected on the Main Unit. Additionally, 3 of 6 physical health findings and 0 of 1 mental health findings were corrected on the Annex Unit.

On October 16, 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 November 2, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 4 of 5 physical health findings and 5 of 11 mental health findings were corrected on the Main Unit. Additionally, 2 of 3 physical health findings and 1 of 1 mental health findings were corrected on the Annex Unit.

On May 10, 2019, 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 May 24, 2019 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that the remaining physical health finding and 2 of 6 mental health findings were corrected on the Main Unit. Additionally, the remaining physical health finding was corrected. Mental health findings on the Annex Unit were closed at the last CAP assessment.

On November 19, 2019, 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 January 9, 2020 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

A. Main Unit

All physical health findings are closed.

B. Annex

All physical health findings are closed.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of 4 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-16: In 14 records, a risk assessment for violence was not completed as required.</p> <p>MH-18: In 13 records, the required hours of planned structured therapeutic services were not provided.</p>	<p>MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16.</p> <p>MH-18 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-18 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-32: In 1 of 2 applicable records, the Individualized Service Plan (ISP) was not completed timely.</p>	<p>MH-32 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-32 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>MH-39: In 1 of 2 applicable records (9 reviewed), the Summary of Mental Health Care was not completed for inmates within 30 days EOS.</p>	<p>MH-39 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-39.</p>

B. Annex

All mental health findings were closed at the third CAP assessment.

IV. Conclusion

Physical Health – Main Unit

All physical health findings are closed.

Physical Health – Annex

All physical health findings are closed.

Mental Health – Main Unit

The following mental health findings will close: MH-16 & MH-39. All other mental health findings remain open.

Mental Health – Annex

All mental health findings will close.

Until appropriate corrective actions are undertaken by SUWCI 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 on-site evaluation.