

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

GADSDEN CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted August 1-3, 2017

CMA STAFF

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CAP Assessment of Gadsden Correctional Facility

I. Overview

On August 1-3, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Gadsden Correctional Facility (GCF). The survey report was distributed on September 6, 2017. In October 2017, GCF 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 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 ninety days.

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 24, 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

The CAP closure files revealed sufficient evidence to determine that 10 of the 12 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1: In 1 of 2 applicable records (17 reviewed), there was no evidence of a referral to a specialist when indicated.</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>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: In 1 of 5 applicable records (16 reviewed), there was no evidence of ACE or ARB therapy for diabetic inmates who were hypertensive.</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 RECORD REVIEW</u></p> <p>PH-3: In 6 of 13 applicable records (14 reviewed), there was no evidence that seizures were classified as primary generalized (tonic-clonic, gran mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</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>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-4: In 5 of 15 applicable records, reactive airway disease was not classified as mild, moderate, or severe.</p> <p>PH-5: In 6 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p> <p>PH-5 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. PH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-6: In 4 records, there was no evidence of a corresponding note in the medical record by the provider.</p> <p>PH-7: In 4 records, the allergies listed on the order and the MAR did not match.</p>	<p>PH-6, PH-7, & PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6, PH-7, & PH-8.</p>

Finding	CAP Evaluation Outcome
<p>PH-8: In 1 of 2 applicable records, there was no evidence that the inmate was provided counseling for missed doses.</p>	

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-9: In 5 of 13 records reviewed, there was no evidence that all diagnostic tests were completed as required.</p>	<p>PH-9 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. PH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS REVIEW</u></p> <p>PH-10: There was no evidence that necessary equipment was available and in working order.</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 CLINIC RECORD REVIEW</u></p> <p>PH-11: In 4 of 18 records reviewed, there was not an adequate number of appropriately mounted and identified radiographs.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-12: There were expired supplies in the medical unit.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 14 of 20 mental health findings were corrected. Six mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 3 records, admission orders did not specify the frequency of observations.</p> <p>MH-2: In 2 records, the “Infirmary/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of admission.</p> <p>MH-3: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-4: In 2 records, daily rounds were not conducted by the attending clinician.</p> <p>MH-5: In 2 records, daily counseling by mental health staff did not occur.</p>	<p>MH-1, MH-2, MH-3, MH-4 & MH-5 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-1, MH-2, MH-3, MH-4, & MH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCY</u></p> <p>MH-6: In 2 of 5 applicable records (14 reviewed), follow-up after an emergency did not occur as intended.</p>	<p>MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS RECORD REVIEW</u></p> <p>MH-7: In 3 of 12 applicable records (13 reviewed), the interview or referral did not occur as intended after an inmate request.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient mental health records revealed the following deficiencies:</p> <p>MH-8: In 2 of 10 applicable records, the Individualized Service Plan (ISP) was not reviewed or revised within 30 days of receiving S2 or S3 grade.</p> <p>MH-9: In 4 of 17 applicable records, ISP interventions were not specific to frequency and staff responsibility.</p> <p>MH-10: In 4 of 17 applicable records, the ISP was not signed by all relevant parties.</p> <p>MH-11: In 2 of 10 applicable records, the ISP was not reviewed or revised at least every 180 days.</p>	<p>MH-8, MH-9, MH-10, MH-11, & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8, MH-9, MH-10, MH-11, & MH-12.</p>

Finding	CAP Evaluation Outcome
<p>MH-12: In 4 records, identified mental health problems were not on the problem list.</p>	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 16 outpatient psychotropic medication records revealed the following deficiencies:</p> <p>MH-13: In 1 of 3 applicable records, a medical health appraisal was not conducted within 2 weeks of initiating psychotropic medications when indicated.</p> <p>MH-14: In 5 of 9 applicable records, initial labs were not completed prior to initiating psychotropic medication.</p> <p>MH-15: In 5 of 11 applicable records, follow-up labs were not ordered or conducted as required.</p> <p>MH-16: In 5 of 12 applicable records, prescribed medication administration times were not clinically appropriate.</p> <p>MH-17: In 6 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>	<p>MH-13, MH-14, MH-15 & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13, MH-14, MH-15 & MH-16.</p> <p>MH-17 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance has not been met. MH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 16 records of S3 inmates within 180 days of expiration of sentence (EOS) revealed the following deficiencies:</p>	<p>MH-18 & MH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18 & MH-19.</p>

Finding	CAP Evaluation Outcome
<p>MH-18: In 5 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-19: In 3 of 15 applicable records, consent to release information for continuity of care was missing or incomplete.</p>	

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-20: There were safety concerns in the cells used for SHOS.</p>	<p>MH-20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-20.</p>

IV. Conclusion

Two physical health findings remain open and all other portions will close. Six mental health findings will remain open and all other portions will close.

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 on-site evaluation.