

**SECOND 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 Distributed on October 4, 2018

## 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 90 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. The CAP closure files revealed sufficient evidence to determine that 10 of 12 physical health findings and 14 of 20 mental health findings were corrected.

On September 4, 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 September 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

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-5: In 6 of 16 records reviewed, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit.</b></p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-9: In 5 of 13 records reviewed, there was no evidence that all diagnostic tests were completed as required.</b></p>	<p><b>PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 4 of 6 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 3 records, admission orders did not specify the frequency of observations.</b></p> <p><b>MH-2: In 2 records, the “Infirmary/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of admission.</b></p> <p><b>MH-3: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-4: In 2 records, daily rounds were not conducted by the attending clinician.</b></p> <p><b>MH-5: In 2 records, daily counseling by mental health staff did not occur.</b></p>	<p><b>MH-1 &amp; MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p><b>MH-3 OPEN</b></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-3 will remain open.</p> <p><b>MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p> <p><b>MH-5 OPEN</b></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 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-17: In 6 of 16 records reviewed, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p>	<p><b>MH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17.</p>

#### **IV. Conclusion**

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

Until 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.