

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

of

**WAKULLA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted April 10-12, 2018

**CMA STAFF**

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## **CAP Assessment of Wakulla Correctional Institution**

### **I. Overview**

On April 10-12, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Wakulla Correctional Institution (WAKCI). The survey report was distributed on May 7, 2018. In June 2018, WAKCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the WAKCI 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 September 25, 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, the CMA conducted an on-site CAP assessment on November 28-29, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 21 of 27 physical health findings and 5 of 6 mental health findings were corrected at the Main Unit. Additionally, 10 of 13 physical health findings and 13 of 20 mental health findings were corrected at the Annex.

On February 14, 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, the CMA conducted an on-site CAP assessment on April 5, 2019 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**

The CAP closure files revealed sufficient evidence to determine that 6 of the 6 physical health findings were corrected. All physical health findings are closed.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b> <b>PH-1: In 9 of 18 records reviewed, baseline information was incomplete or missing.</b>	<b>PH-1 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p><b>PH-2:</b> In 6 records, there was no evidence that the control of the disease was evaluated at the CIC.</p> <p><b>PH-3:</b> In 1 of 5 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p>	<p><b>PH-2 &amp; PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2 and PH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></b></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p><b>PH-6:</b> In 6 records, there was no evidence that the control of the disease was evaluated at the CIC visit.</p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC RECORD REVIEW</u></b></p> <p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p><b>PH-8:</b> In 7 records, there was evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</p> <p><b>PH-9:</b> In 4 records, there was no evidence that the control of the disease was evaluated at the CIC visit.</p>	<p><b>PH-8 &amp; PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 and PH-9.</p>

**B. Annex Unit**

The CAP closure files revealed sufficient evidence to determine that 3 of 3 of the physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>ONCOLOGY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-2: In 1 of 2 records reviewed, there was no evidence of control of the disease and/or status of the patient.</b></p>	<p><b>PH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CARE RECORD REVIEW</u></b></p> <p><b>PH-4: In 4 of 17 records reviewed, there was no evidence of complete vital signs.</b></p>	<p><b>PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS RECORD REVIEW</u></b></p> <p><b>PH-7: In 5 of 16 records reviewed, the “Health Information Transfer Arrival Summary” (DC4-760A) was incomplete.</b></p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed evidence to determine that 0 of 1 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 6 records revealed the following deficiencies:</b></p> <p><b>MH-2: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the physician.</b></p>	<p><b>MH-2 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-2 will remain open.</p>

#### B. Annex Unit

The CAP closure files revealed evidence to determine that 4 of 7 mental health findings were corrected. Three mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-9: In 1 of 2 applicable records, the sex offender screening was not completed.</b></p> <p><b>MH-10: In 8 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.</b></p> <p><b>MH-11: In 6 of 17 applicable records, the ISP was not reviewed or revised timely.</b></p>	<p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p> <p><b>MH-10 &amp; MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 and MH-11.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-14: In 4 of 13 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-15: In 4 of 7 applicable records, nursing education was not provided after 2 consecutive days of medication refusals.</b></p> <p><b>MH-16: In 4 of 8 applicable records, a medication refusal form was not signed after 3 consecutive refusals or 5 in one month.</b></p> <p><b>MH-17: In 5 of 13 applicable records, the prescribed medication times were not clinically appropriate or did not provide rationale in the documentation.</b></p>	<p><b>MH-14, MH-15, &amp; MH-16 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-14, MH-15, and MH-16 will remain open.</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

##### **Physical Health-Main Unit**

The following physical health findings will close: PH-1, PH-2, PH-3, PH-6, PH-8, and PH-9. All physical health findings are closed.

##### **Physical Health-Annex Unit**

The following physical health findings will close: PH-2, PH-4, and PH-7. All physical health findings are closed.

##### **Mental Health-Main Unit**

All mental health findings will remain open.

##### **Mental Health-Annex Unit**

The following mental health findings will close: MH-9, MH-10, MH-11, and MH-17. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by WAKCI 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.