THIRD ON-SITE CORRECTIVE ACTION PLAN ASSESSMENT of

WAKULLA CORRECTIONAL INSTITUTION

for the

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

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CAP Assessment Distributed on August 16, 2019

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. The CAP closure files revealed sufficient evidence to determine that 6 of 6 physical health findings and 0 of 1 mental health findings were corrected at the Main Unit. Additionally, 3 of 3 physical health findings and 4 of 7 mental health findings were corrected at the Annex.

On July 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, the CMA conducted an on-site CAP assessment on August 16, 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

All physical health findings are closed.

B. Annex Unit

All physical health findings are closed.

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
SELF-HARM OBSERVATION STATUS (SHOS)	MH-2 OPEN Adequate evidence of in-service
A comprehensive review of 6 records revealed the following deficiencies:	training was provided, however a review of randomly selected records indicated an acceptable level of
MH-2: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the physician.	compliance had not been met. MH-2 will remain open.

B. Annex Unit

The CAP closure files revealed evidence to determine that 2 of 3 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES	MH-14 OPEN
A comprehensive review of 16 outpatient records revealed the following deficiencies:	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-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.	will remain open. MH-15 & MH-16 CLOSED Adequate evidence of in-service
MH-15: In 4 of 7 applicable records, nursing education was not provided after 2 consecutive days of medication refusals.	training and documentation of correction were provided to close MH-15 and MH-16.
MH-16: In 4 of 8 applicable records, a medication refusal form was not signed after 3 consecutive refusals or 5 in one month.	

IV. Conclusion

Physical Health-Main Unit

All physical health findings are closed.

Physical Health-Annex Unit

All physical health findings are closed.

Mental Health-Main Unit

MH-2 will remain open.

Mental Health-Annex Unit

The following mental health findings will close: MH-15 and MH-16. MH-14 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.