

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

APALACHEE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted May 17-19, 2016

CMA STAFF

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CAP Assessment of Apalachee Correctional Institution

I. Overview

On May 17-19, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Apalachee Correctional Institution (ACI). The survey report was distributed on June 8, 2016. In July 2016, ACI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the May 2016 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 October 25, 2016, 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 22, 2016 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. East Unit

The CAP closure files revealed sufficient evidence to determine that 15 of the 19 physical health findings were corrected. Four physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-1: In 5 of 14 records reviewed, inmates were not seen timely according to their M-grade status.</p>	<p>PH-1 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-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-2: In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-3: In 1 of 3 applicable records, an inmate with HgbA1c over 8.0 was not seen every three months as required.</p> <p>PH-4: In 5 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit.</p>	<p>PH-2, PH-3, & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2, PH-3, & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-5: In 3 of 14 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-6: In 6 of 13 records reviewed, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-7: In 3 of 14 applicable records (15 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-8: In 5 of 8 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-9: In 4 records, the nursing assessment was incomplete.</p> <p>PH-10: In 4 records, there was no evidence of complete vital signs.</p>	<p>PH-9 & PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9 & PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENING</u></p> <p>PH-11: In 4 of 12 records reviewed, all required diagnostic tests were not completed.</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>DENTAL SYSTEMS</u></p> <p>PH-12: There was no evidence that necessary equipment was available and in working order.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-13: In 3 of 15 applicable records, there was no evidence of complete and accurate charting of dental findings.</p> <p>PH-14: In 6 records, there was no evidence of an accurate diagnosis and appropriate treatment plan.</p>	<p>PH-13 & 14 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was insufficient therefore the level of compliance could not be determined. PH-13 & PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PHARMACY SERVICES</u></p> <p>PH-15: A random selection of 10 drug items revealed 3 expired medications.</p>	<p>PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-16: There were multiple supplies in the medical treatment areas that were expired.</p> <p>PH-17: The refrigerator log on the specimen refrigerator was incomplete.</p> <p>PH-18: Over-the-counter medications were not readily available in all inmate housing areas.</p> <p>PH-19: There was no evidence that dorm first aid kits were inspected monthly.</p>	<p>PH-16 & PH-17 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-16 & PH-17.</p> <p>PH-18 OPEN:</p> <p>Adequate documentation of correction was not provided. PH-18 will remain open.</p> <p>PH-19 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-19.</p>

B. West Unit

The CAP closure files revealed sufficient evidence to determine that 21 of 21 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-1: In 13 of 17 records reviewed, inmates were not seen timely according to their M-grade status.</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>CARDIOVASCULAR CLINIC</u></p> <p>PH-2: In 3 of 11 applicable records (17 reviewed), there was no evidence of pneumococcal vaccination or refusal.</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>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-3: In 4 of 9 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-4: In 1 of 4 applicable records, aspirin therapy was not initiated for inmates with vascular disease or other risk factors.</p>	<p>PH-3 & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-5: In 2 of 7 applicable records (12 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-6: In 4 of 8 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-7: In 4 of 8 applicable records, there was no evidence that abnormal labs were addressed timely.</p> <p>PH-8: In 2 of 10 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-7 & PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7 & PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-9: In 2 records reviewed, there was no evidence peak flow readings were recorded at each visit.</p> <p>PH-10: In 5 of 7 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-9 & PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9 & PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-11: In 1 of 4 records reviewed, the diagnosis was not recorded on the problem list.</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>CONSULTATIONS</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-12: In 1 of 5 applicable records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</p> <p>PH-13: In 4 records reviewed, the diagnosis was not reflected on the problem list.</p> <p>PH-14: In 4 records reviewed, the Consultation Appointment Log was incomplete.</p> <p>PH-15: In 1 of 4 applicable records, there was no evidence that the alternate treatment plan (ATP) was documented in the medical record.</p> <p>PH-16: In 2 of 4 applicable records, there was no evidence that the ATP was implemented.</p>	<p>PH-12, PH-13, PH-14, PH-15, & PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12, PH-13, PH-14, PH-15, & PH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-17: In 3 of 10 applicable records (18 reviewed), there was no evidence that an interview/appointment/test indicated in the response occurred as intended.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-18: There was no evidence that all necessary equipment was working and available.</p>	<p>PH-18 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC</u></p> <p>PH-19: In 7 of 17 applicable records (18 reviewed), there was no evidence of an accurate diagnosis and appropriate treatment plan.</p>	<p>PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-20: There was no evidence that protective equipment for universal precautions was readily available.</p> <p>PH-21: There was no evidence that sinks and toilets are clean and operational.</p>	<p>PH-20 & PH-21 CLOSED</p> <p>Adequate evidence of correction was provided to close PH-20 & PH-21.</p>

III. Mental Health Assessment Summary

A. East Unit

The CAP closure files revealed sufficient evidence to determine that 15 of the 23 mental health findings were corrected. Eight mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>MH-1: In 3 records, verbal orders were not signed on the next working day.</p> <p>MH-2: In 4 records, the DC4-732 “Infirmarary/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</p> <p>MH-3: In 3 of 4 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-4: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-5: In 9 record, daily rounds by the attending clinician did not occur as required or were not in SOAP format.</p> <p>MH-6: In 3 of 14 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p> <p>MH-7: In 6 records reviewed, not all entries were dated, timed, signed and/or stamped.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-2, MH-3, MH-4 & MH-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. MH-2, MH-3, MH-4, & MH-5 will remain open.</p> <p>MH-6 & MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 & MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>MH-8: In 4 of 9 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing.</p> <p>MH-9: In 4 of 14 applicable records (16 reviewed), the mental status exam (MSE) was not completed within the required time frame.</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p> <p>MH-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. MH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-10: In 5 of 10 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p>MH-11: In 4 of 17 applicable records, physician's orders were not dated, timed, and/or stamped.</p> <p>MH-12: In 5 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-13: In 3 of 5 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p>	<p>MH-10, MH-11, MH-12, 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-10, MH-11, MH-12, MH-13, MH-14, MH-15 & MH-16.</p> <p>MH-17: OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes for available for review. MH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-14: In 3 of 4 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-15: In 4 of 15 applicable records, informed consents were not present or appropriate for the medication prescribed.</p> <p>MH-16: In 5 of 17 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-17: In 2 of 2 applicable records, Emergency Treatment Orders were not signed, dated or timed.</p>	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 20 records revealed the following deficiencies:</p> <p>MH-18: In 2 of 8 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</p> <p>MH-19: In 1 of 2 applicable records, the biopsychosocial assessment (BPSA) was not approved by the Multi-Disciplinary Service Team (MDST) within 30 days.</p> <p>MH-20: In 1 of 2 applicable records, the Individualized Service Plan (ISP) was not completed within 30 days after assignment of S2 or S3 grade.</p> <p>MH-21: In 5 records, the ISP was not signed by all members of the MDST.</p>	<p>MH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18.</p> <p>MH-19 & MH-20 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-19 & MH-20 will remain open.</p> <p>MH-21 & MH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21 and MH-22.</p>

Finding	CAP Evaluation Outcome
MH-22: In 5 records, there was no documentation that the inmate received the services listed in the ISP.	

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-23: Two Isolation Management Rooms had safety concerns.</p>	<p>MH-23: CLOSED</p> <p>Adequate documentation of correction was provided to close MH-23.</p>

B. West Unit

The CAP closure files revealed evidence to determine that 8 of 12 mental health findings were corrected. Four mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 5 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 4 applicable records, the clinician's orders did not specify that observations should be conducted at 15 minute intervals.</p> <p>MH-2: In 1 of 1 applicable record, the guidelines for SHOS management were not observed.</p> <p>MH-3: In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-4: In 1 record, daily rounds by the clinician did not occur or were not documented.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-2 & MH-3 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. MH-2 & MH-3 will remain open.</p> <p>MH-4 & MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 & MH-5.</p>

Finding	CAP Evaluation Outcome
<p>MH-5: In 1 of 4 applicable records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p>	

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-6: In 2 of 10 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</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>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-7: In 2 of 5 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-8: In 2 of 2 applicable records, the biopsychosocial assessment (BPSA) was not approved by the Multi-Disciplinary Service Team (MDST) within 30 days.</p> <p>MH-9: In 3 records, the Individualized Service Plan (ISP) was not individualized or did not contain all of the required components.</p> <p>MH-10: In 2 of 7 applicable records, the ISP was not reviewed and revised at the 180 day interval.</p> <p>MH-11: In 5 records, there was no documentation that the inmate received the services listed in the ISP.</p>	<p>MH-7 & MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7 & MH-8.</p> <p>MH-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. MH-9 will remain open.</p> <p>MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p>

Finding	CAP Evaluation Outcome
	<p>MH-11 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. MH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-12: The required number of restraints were not available.</p>	<p>MH-12: CLOSED</p> <p>Adequate documentation of correction was provided to close MH-12.</p>

IV. Conclusion

Physical Health East Unit

PH-1, PH-13, PH-14, and PH-18 will remain open and all other physical health portions will close.

Physical Health West Unit

All findings will close.

Mental Health East Unit

MH-2, MH-3, MH-4, MH-5, MH-9, MH-17, MH-19, and MH-20 will remain open and all other mental health portions will close.

Mental Health West Unit

MH-2, MH-3, MH-9, and MH-11 will remain open and all other mental health 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 likely be completed as an on-site evaluation.