

**SECOND 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. The CAP closure files revealed sufficient evidence to determine that 15 of 19 physical health findings and 15 of 23 mental health findings were corrected on the East Unit. Additionally, 21 of 21 physical health findings and 8 of 12 mental health findings were corrected on the West Unit.

On February 28, 2017, 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 March 27, 2017 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 4 of the 4 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 5 of 14 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>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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 & PH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-18: Over-the-counter medications were not readily available in all inmate housing areas.</p>	<p>PH-18 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-18.</p>

B. West Unit

All physical health findings were closed on the first CAP assessment.

III. Mental Health Assessment Summary

A. East Unit

The CAP closure files revealed sufficient evidence to determine that 6 of the 8 mental health findings were corrected. Two 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-2: In 4 records, the DC4-732 “Infirmary/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-2, MH-3, & MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2, MH-3, & MH-4.</p> <p>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-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></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-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-17: In 2 of 2 applicable records (17 reviewed), Emergency Treatment Orders were not signed, dated or timed.</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 had not been met. MH-17 will remain open.</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-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-19 & MH-20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19 & MH-20.</p>

B. West Unit

The CAP closure files revealed evidence to determine that 4 of 4 mental health findings were corrected. All mental health findings are closed.

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-2 & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2 & MH-3.</p>

Finding	CAP Evaluation Outcome
<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>	

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-9: In 3 records, the Individualized Service Plan (ISP) was not individualized or did not contain all of the required components.</p> <p>MH-11: In 5 records, there was no documentation that the inmate received the services listed in the ISP.</p>	<p>MH-9 & MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 & MH-11.</p>

IV. Conclusion

Physical Health East Unit

All findings are closed.

Physical Health West Unit

All findings are closed.

Mental Health East Unit

MH-5 & MH-17 will remain open and all other mental health portions will close.

Mental Health West Unit

All findings are closed.

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 off-site evaluation.