# THIRD OFF-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 Distributed on July 25, 2017

### **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 inservice 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. The CAP closure files revealed sufficient evidence to determine that 4 of 4 physical health findings and 6 of 8 mental health findings were closed on the East Unit. Additionally, 4 of 4 mental health findings were closed on the West Unit.

On July 7, 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 off-site CAP assessment on July 19, 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

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

#### 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 1 of 2 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
SELF-HARM OBSERVATION STATUS (SHOS)  MH-5: In 9 of 15 records reviewed, daily rounds by the attending clinician did not occur as required or were not in SOAP format.	MH-5 CLOSED  Adequate evidence of in-service training and documentation of correction were provided to close MH-5.

Finding	CAP Evaluation Outcome
OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES  MH-17: In 2 of 2 applicable records (17 reviewed), Emergency Treatment Orders were not signed, dated or timed.	MH-17 OPEN  Adequate evidence of in-service training was provided, however a review of the information supplied by the institution indicated an acceptable level of compliance had not been met. MH-17 will remain open.

## B. West Unit

All mental health findings were closed on the second CAP assessment.

# **IV. Conclusion**

# **Physical Health East Unit**

All findings are closed.

# **Physical Health West Unit**

All findings are closed.

## **Mental Health East Unit**

Mental health finding 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.