

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT
of
APALACHEE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted November, 12-14, 2019

CMA STAFF

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I. Overview

On November 12-14, 2019, 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 December 11, 2019. In January 2020, 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 ACI 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. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

Summary of CAP Assessments for Polk Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	8/31/20	9/25/20	Off-site	46	17	29

II. Physical Health Assessment Summary

East Unit: The CAP closure files revealed sufficient evidence to determine that 13 of the 17 physical health findings were corrected. Four physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Chronic Illness Clinic</u> PH-1: In 8 of 15 records reviewed, inmates were not seen according to their M-grade status.		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Endocrine Clinic</u> PH-2: In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.	X				
<u>Endocrine Clinic</u> PH-3: In 2 of 9 applicable records, there was no evidence that inmates with HgbA1c over 8% were seen every 3 months as required.	X				
<u>Endocrine Clinic</u> PH-4: In 1 of 4 applicable records, there was no evidence of a referral to a specialist when indicated.			X		
<u>Immunity Clinic</u> PH-5: In 2 of 9 applicable records, there was no evidence of hepatitis B vaccination or refusal.	X				
<u>Immunity Clinic</u> PH-6: In 3 records, there was no evidence of pneumococcal vaccination or refusal.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Miscellaneous Clinic</u> PH-7: In 2 of 7 applicable records, there was no evidence the examination was appropriate for the diagnosis.	X				
<u>Miscellaneous Clinic</u> PH-8: In 2 records, there was no evidence appropriate medication regimens were prescribed and re-evaluated at each visit.	X				
<u>Neurology Clinic</u> PH-9: In 7 of 13 records reviewed, there was no evidence that seizures were classified.	X				
<u>Respiratory Clinic</u> PH-10: In 6 records, there was no evidence reactive airway disease was classified as mild, moderate, or severe.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Respiratory Clinic</u> PH-11: In 1 of 1 applicable record, there was no evidence the patient with moderate to severe reactive airway disease was started on anti-inflammatory medication.	X				
<u>Dental Systems</u> PH-12: All necessary equipment was not available and/or in working order.	X				
<u>Dental Care</u> PH-13: In 4 of 17 applicable records, there was no evidence of an adequate number of appropriately mounted and identified radiographs.			X		
<u>Dental Care</u> PH-14: In 2 of 2 applicable records, there was no evidence that consultation/specialty services were performed in a timely manner.			X		

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Institutional Tour</u> PH-15: Infirmary beds were not within sight or sound of the nurse's station.	X				
<u>Institutional Tour</u> PH-16: Procedures to access medical and dental sick call were not posted in the dorms.	X				
<u>Institutional Tour</u> PH-17: There was no evidence that dorm first aid kits were inspected monthly as required.	X				

West Unit: The CAP closure files revealed sufficient evidence to determine that 12 of the 18 physical health findings were corrected. Six physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Chronic Illness Clinic</u> PH-1: In 5 of 18 records reviewed, inmates were not seen according to their M-grade status.		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Endocrine Clinic</u> PH-2: In 1 of 3 applicable records, inmates with HgbA1c over 8% were not seen every three months as required.	X				
<u>Endocrine Clinic</u> PH-3: In 3 of 6 applicable records, there was no indication that low dose aspirin was prescribed.	X				
<u>Gastrointestinal Clinic</u> PH-4: In 3 records, there was no evidence of hepatitis A and/or B vaccination or refusal.		X			
<u>Gastrointestinal Clinic</u> PH-5: In 3 records, there was no evidence of pneumococcal vaccination or refusal.	X				
<u>Neurology Clinic</u> PH-6: In 2 records, there was no evidence that seizures were classified.	X				
<u>Neurology Clinic</u> PH-7: In 2 records, laboratory studies were not completed as required.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Oncology Clinic</u> PH-8: In 1 record, there was no evidence of an appropriate exam for the diagnosis.	X				
<u>Oncology Clinic</u> PH-9: In 1 record, marker studies and/or radiological studies were not performed at appropriate intervals.	X				
<u>Respiratory Clinic</u> PH-10: In 9 of 12 applicable records, (13 reviewed) there was no evidence that reactive airway disease was classified as mild, moderate, or severe.	X				
<u>Consultations</u> PH-11: In 3 of 8 records reviewed, the diagnosis was not recorded on the problem list.	X				
<u>Dental Care</u> PH-12: In 7 records, there was no evidence of an accurate diagnosis based on a complete dental exam.			X		

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Dental Care</u> PH-13: In 4 records, there was no evidence of complete and accurate charting of dental findings.			X		
<u>Dental Systems</u> PH-14: There was no evidence that the dental program was under the direction and supervision of a licensed dentist.	X				
<u>Dental Systems</u> PH-15: There was no evidence that dental exams occurred within one month of the due date.			X		
<u>Dental Systems</u> PH-16: There was no evidence of a tracking mechanism for prosthodontics.			X		
<u>Dental Systems</u> PH-17: Emergency dental medications kit was not checked on a monthly basis.	X				
<u>Institutional Tour</u> PH-18: The medical isolation room was not in working order.	X				

III. Mental Health Assessment Summary

East Unit: The CAP closure files revealed sufficient evidence to determine that 4 of the 9 mental health findings were corrected. Five mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>SHOS</u> MH-1: In 1 of 2 applicable records (8 reviewed), the guidelines for SHOS management were not observed.	X				
<u>Use of Force</u> MH-2: In 4 of 16 applicable records (17 reviewed), mental health staff did not interview the inmate no later than the next working day to determine whether a higher level of care was indicated.					X
<u>Inmate Requests</u> MH-3: In 2 of 10 records reviewed, the interview or referral indicated in the response, did not occur as intended.		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Special Housing</u> MH-4: In 3 of 11 applicable records (13 reviewed), the initial mental status exam was not completed in the required time frame.	X				
<u>Outpatient Medication Practices</u> MH-5: In 2 of 7 applicable records, appropriate initial lab studies were not ordered and/or conducted.				X	
<u>Outpatient Medication Practices</u> MH-6: In 4 records, the inmate did not receive medication as prescribed or documentation of refusal was not found in the record.		X			
<u>Outpatient Medication Practices</u> MH-7: 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.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Mental Health Systems</u> MH-8: Therapeutic groups were not offered to meet the needs of the inmate population.			X		
<u>Mental Health Systems</u> MH-9: Safety concerns were noted in isolation management rooms.	X				

West Unit: The CAP closure files revealed sufficient evidence to determine that 0 of the 2 mental health findings were corrected. Two mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Outpatient Mental Health</u> MH-1: In 1 of 1 applicable record, (13 reviewed) sex offender screening was not completed within 60 days of arrival.			X		

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Mental Health Systems</u> MH-2: Therapeutic groups were not offered to meet the needs of the inmate population.			X		

IV. Conclusion

Physical Health-East Unit

The following physical health findings will remain open: PH-1, PH-4, PH-13, & PH-14. All other physical health findings are closed.

Physical Health-West Unit

The following physical health findings will remain open: PH-1, PH-4, PH-12, PH-13, PH-15, & PH-16. All other physical health findings are closed.

Mental Health-East Unit

The following mental health findings will remain open: MH-2, MH-3, MH-5, MH-6, & MH-8. All other mental health findings are closed.

Mental Health-West Unit

All mental health findings remain open.

Until appropriate corrective actions are undertaken by ACI 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.