

**SECOND OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**DESOTO ANNEX CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted Month July 12-14, 2022

**CMA STAFF**

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Report Distributed: October 24, 2023

**I. Overview**

On July 10-12, 2022, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Desoto Annex Correctional Institution (DESAN). The survey report was distributed on August 31, 2022. In October 2022, DESAN submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the DESAN 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.

**CAP Assessment Summary:**

CAP #	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	2/22/2023	Off-site	66	22	44
2	10/20/23	Off-site	22	10	12

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 9 of the 16 physical health findings were corrected. Seven physical 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
<b>General Chronic Illness Clinic</b> There was no evidence of appropriate patient education.	X				
There inmate was not seen at the required intervals.		X			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
Laboratory testing was not available prior to the clinic visit.	<b>X</b>				
<b><u>Miscellaneous Clinic</u></b> There was no evidence that patients were referred to a specialist for more in-depth treatment as indicated.		<b>X</b>			

<b><u>Outpatient Infirmary Care</u></b> Clinician orders did not specify admission status or were not appropriate for the presenting complaint/condition.	<b>X</b>				
There was no evidence that all orders were received and implemented.		<b>X</b>			
Weekend and/or holiday phone rounds were not documented as required.	<b>X</b>				
A complete discharge note containing the required information was not documented.		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
Weekend and/or holiday phone rounds were not documented as required.	X				
A complete discharge note containing the required information was not documented.		X			
<b><u>Consultations</u></b> The clinical documentation was insufficient to obtain the needed consult.	X				
The consultation was not completed within the required time frame.		X			
<b><u>Medication and Vaccine Administration</u></b> The inmate did not receive medications as prescribed.	X				
There was no evidence of counseling for medication noncompliance.	X				
<b><u>Intra-system Transfers</u></b> There was no evidence that the clinician reviewed the health record within seven days.	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Period Screenings</u></b> Diagnostic testing was not completed prior to the screening encounter.		<b>X</b>			

### III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 3 of the 6 mental health findings were corrected. Three mental health findings will remain open.

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>SHOS</u></b> The inmate was not observed at the frequency ordered by the clinician.	<b>X</b>				
There was no evidence of a face-to-face evaluation by the clinician on the day of discharge.	<b>X</b>				
The ISP was not updated within 14 days of discharge.	<b>X</b>				
<b><u>Use-of Force</u></b> There was no evidence physical health staff completed a referral to mental health staff.		<b>X</b>			

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
Documentation did not indicate that mental health staff interviewed the inmate the next working day to determine if a higher level of mental health care was needed.		X			
<b><u>Special Housing</u></b> The mental status examination was not completed in the required time frame.		X			

#### IV. Conclusion

Until appropriate corrective actions are undertaken by DESAN 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 off-site evaluation.