

**CORRECTIVE ACTION PLAN
ASSESSMENT
of
GRACEVILLE CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey
Conducted December 12-14, 2023

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I. Overview

On December 12-14, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Graceville Correctional Facility (GRCF). The survey report was distributed on February 5, 2024. On March 19, 2024, GRCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the GRCF survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 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 Graceville Correctional Facility

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	10/9/2024	105	59	46

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 28 of the 52 physical health findings were corrected. Twenty-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>Gastrointestinal Chronic Illness</u> <u>Clinic:</u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	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>General Chronic Illness Clinic:</u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	X				
<u>Immunity Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination		X			
Screen 4: Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	X				
Screen 10: There is evidence of hepatitis B vaccination for inmates with no evidence of past infection		X			
<u>Miscellaneous Chronic Illness Clinic:</u> Screen 5: Abnormal labs are reviewed and addressed in a timely manner	X				
<u>Neurology Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination	X				
<u>Oncology Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination	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
Screen 9: Patients are referred to a specialist for more in-depth treatment as indicated		X			
Emergency Services: Screen 3: Vital signs including weight are documented		X			
Screen 8: Appropriate documentation is completed for patient's requiring transport to a local emergency room	X				
Outpatient Infirmiry Care: Screen 2: All orders are received and implemented	X				
Screen 3: The inmate is evaluated within one hour of being placed on observation status		X			
Screen 4: Patient evaluations are documented at least once every eight hours		X			
Screen 7: A discharge note containing all of the required information is completed as required		X			
Inpatient Infirmiry Care: Screen 2: All orders are received and implemented		X			
Screen 4: A Morse Fall Scale is completed at the required intervals	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
Screen 6: Clinician rounds are completed and documented as required	X				
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required		X			
Screen 8: A discharge note containing all of the required information is completed as required		X			
Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge		X			
Sick Call Services: Screen 7: Follow-up visits are completed in a timely manner	X				
Screen 8: Clinician orders from the follow-up visit are completed as required	X				
Confinement Medical Review: Screen 3: The inmate is seen in chronic illness clinic as regularly scheduled	X				
Screen 4: All emergencies are responded to within the required time frame	X				
Screen 5: The response to the emergency is appropriate	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
Screen 6: All sick call appointments are triaged and responded to within the required time frame	X				
Screen 7: New or pending consultations progress as clinically required		X			
Screen 8: All mental health and/or physical health inmate requests are responded to within the required time frame		X			
Consultations: Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
Screen 5: The consultant's treatment recommendations are incorporated into the treatment plan		X			
Screen 6: All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations		X			
Medical Inmate Requests: Screen 4: The follow-up to the request occurs 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>Medication And Vaccination Administration:</u> Screen 1: The inmate receives medications as prescribed		X			
Screen 3: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance		X			
Screen 4: There is evidence of pneumococcal vaccination or refusal	X				
<u>Intra-System Transfers:</u> Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival	X				
<u>Periodic Screenings:</u> Screen 1: The periodic screening encounter is completed within one month of the due date	X				
Screen 2: All components of the screening are completed and documented as required		X			
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter		X			
Screen 5: All applicable health education is provided	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
PREA Medical Review: Screen 3: There is documentation that the alleged victim was provided education on STIs		X			
Screen 4: Prophylactic treatment and follow-up care for STIs are given as indicated	X				
Screen 6: Repeat STI testing is completed as required		X			
Screen 7: A mental health referral is submitted following the completion of the medical screening	X				
Screen 8: The inmate is evaluated by mental health by the next working day		X			
Screen 9: The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated		X			
Dental Care: Screen 8: Dental findings are accurately documented	X				
Dental Systems: Screen 13: Necessary equipment is available, adequate and in working order	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 - Administrative Issues Physical Health Care:</u> Screen 1: Pill line administration times were inappropriate	X				
<u>Institutional Tour - Inmate Housing Areas:</u> Screen 1: Living areas, corridors, day rooms and general areas are clean and organized	X				
Screen 5: Procedures to assess medical and dental sick call are posted in a conspicuous place	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 18 of the 53 mental health findings were corrected. Thirty-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
<p><u>Self-Injury and Suicide Prevention Review:</u> Screen 2: The nursing evaluation is completed within 2 hours of admission</p>	X				
<p>Screen 3: Guidelines for SHOS management are observed</p>	X				
<p>Screen 4: The inmate is observed at the frequency ordered by the clinician</p>	X				
<p>Screen 5: Nursing evaluations are completed once per shift</p>	X				
<p>Screen 6: There is evidence of daily rounds by the attending clinician</p>	X				
<p>Screen 7: There is evidence of daily counseling provided by mental health staff</p>	X				
<p>Screen 8: There is evidence of a face-to-face evaluation by the clinician prior to discharge</p>	X				
<p>Screen 9: There is evidence of adequate post-discharge follow-up by mental health staff</p>	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
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge	X				
Use of Force: Screen 2: The post use-of-force physical examination is completed in its entirety	X				
Screen 4: Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed		X			
Psychological Emergency: Screen 1: There is documentation in the medical record indicating the inmate has declared a mental health emergency		X			
Screen 3: Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts		X			
Screen 4: Documentation indicates the clinician fully assessed suicide risk		X			
Screen 6: Appropriate interventions are made		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
Screen 7: The disposition is clinically appropriate		X			
Screen 8: There is appropriate follow-up as indicated in response to the emergency		X			
<u>Mental Health Inmate Request:</u> Screen 1: A copy of the inmate request form is present in the electronic health record	X				
Screen 4: The follow-up to the request occurs as intended		X			
Screen 5: Consent for treatment is obtained prior to conducting an interview		X			
<u>Aftercare Planning:</u> Screen 1: Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)		X			
Screen 2: The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan		X			
Screen 3: Appropriate patient care summaries are completed within 30 days of EOS		X			
Screen 4: Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS		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
<p><u>Special Housing:</u> Screen 1: The pre-confinement examination is completed prior to placement in special housing</p>		X			
<p>Screen 3: A mental status examination (MSE) is completed in the required time frame</p>		X			
<p><u>Outpatient Psychotropic Medication Practices:</u> Screen 2: If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication</p>			X		
<p>Screen 4: Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner</p>			X		
<p>Screen 5: Appropriate follow-up laboratory studies are ordered and conducted as required.</p>		X			
<p>Screen 8: The inmate receives medication(s) as prescribed</p>		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
Screen 9: The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed		X			
Screen 10: The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.		X			
Screen 11: Prescribed medication administration times are appropriate	X				
Screen 12: Informed consents are signed for each medication prescribed		X			
Screen 13: Follow-up sessions are conducted at appropriate intervals		X			
Screen 14: Documentation of psychiatric encounters is complete and accurate		X			
Screen 15: Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals		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>Outpatient Mental Health Services:</u> Screen 1: A consent for treatment is signed prior to treatment and/or renewed annually		X			
Screen 2: The inmate is interviewed by mental health staff within 14 days of arrival		X			
Screen 3: Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update		X			
Screen 9: The Bio-psychosocial (BPSA) is present in the record	X				
Screen 12: The ISP is individualized and addresses all required components	X				
Screen 16: The ISP is signed by the inmate and all members of the treatment team	X				
Screen 17: The ISP is reviewed and revised at least every 180 days		X			
Screen 21: Counseling is offered at least once every 60 days		X			
Screen 22: Case management is provided every 30 days to S3 inmates with psychotic disorders	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
Screen 23: Case management is provided at least every 60 days for inmates without psychotic disorders		X			
Screen 29: Progress notes are of sufficient detail to follow the course of treatment		X			
Screen 30: The frequency of clinical contacts is sufficient		X			
<u>Institutional Tour - Administrative Issues Mental Health Care:</u> Screen 1: Pill line administration times were inappropriate	X				
Screen 2: Multi-disciplinary Services Team (MDST) meetings were not conducted	X				
<u>Institutional Tour - Self-Injury/Suicide Prevention:</u> Screen 1: The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe		X			
<u>Institutional Tour – Mental Health Services:</u> Screen 3: Outpatient group therapy is offered		X			

IV. Conclusion

Until appropriate corrective actions are undertaken by GRCF 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.