

**OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**GADSDEN RE-ENTRY CENTER**

for the

Physical and Mental Health Survey  
Conducted July 6-8, 2021

**CMA STAFF**

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**I. Overview**

On July 6-8, 2021, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Gadsden Re-Entry Center (GADRE). The survey report was distributed on August 2, 2021. In September 2021, GADRE submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the GADRE 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 Gadsden Re-Entry Center**

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/2/22	3/10/22	Off-site	10	0	10

**II. Physical Health Assessment Summary**

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	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><u>CARDIOVASCULAR CLINIC</u></b> PH-1: In 8 of 16 records reviewed, there was no evidence that low dose aspirin was prescribed	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>NEUROLOGY CLINIC</u></b> PH-2: In 2 of 2 records reviewed, there was no evidence of a complete neurological evaluation.	<b>X</b>				
<b><u>CONSULTATIONS</u></b> PH-3: In 3 of 3 records reviewed, there was no evidence the consultation log was complete and/or accurate.	<b>X</b>				
<b><u>INSTITUTIONAL TOUR</u></b> PH-4: There was no evidence that dorm first aid kits were inspected monthly.	<b>X</b>				

### III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that six of the six mental health findings were corrected. All mental health findings will close.

<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
<p align="center"><b><u>OUTPATIENT MENTAL HEALTH</u></b></p> <p>MH-1: In 1 of 1 applicable record, abnormal labs were not followed up as required</p>	<b>X</b>				
<p>MH-2: In 2 records, clinician orders were not signed, dated, stamped and/or timed</p>	<b>X</b>				
<p>MH-3: In 2 records, follow-up psychiatry sessions were not completed as required</p>	<b>X</b>				
<p>MH-4: In 2 records, follow-up psychiatric evaluations did not include the necessary components</p>	<b>X</b>				
<p>MH-5: In 2 of 4 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required</p>	<b>X</b>				
<p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p>MH-6: Therapeutic groups were not offered to meet the needs of the inmate population</p>	<b>X</b>				

## **IV. Conclusion**

### **Physical Health**

All physical health findings will close.

### **Mental Health**

All mental health findings will close.

All findings as a result of the July 2021 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.