

**THIRD ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

GRACEVILLE CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted December 9 -10, 2015

CMA STAFF

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CAP Assessment of Graceville Correctional Facility

I. Overview

On December 9-10, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Graceville Correctional Facility (GRACF). The survey report was distributed on January 4, 2016. In February 2016, GRACF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the December 2015 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.

On June 24, 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 July 21, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 14 of 14 physical health findings and 8 of 16 mental health findings were corrected.

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 December 20, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 8 mental health findings were corrected.

On May 15, 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 June 13, 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

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

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 6 of 6 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-4: In 3 of 5 records reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 8 use of force episodes revealed the following deficiencies:</p> <p>MH-5: In 5 records, a written referral to mental health by physical health staff was not present.</p> <p>MH-6: In 6 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>MH-5 & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 & MH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-11: In 1 of 5 applicable records (18 reviewed), there was no DC4-711A “Refusal of Health Care Services” after 3 consecutive medication refusals or 5 in one month.</p>	<p>MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-13: In 5 records, the Individualized Service Plan (ISP) was not signed by the inmate and a refusal was not documented.</p> <p>MH-14: In 3 of 13 applicable records, the ISP was not revised within 180 days.</p>	<p>MH-13 & MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13 & MH-14.</p>

IV. Conclusion

All findings as a result of the December 2015 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.