

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

GRACEVILLE CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted July 16-18, 2019

CMA STAFF

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I. Overview

On July 16-18, 2019, 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 August 7, 2019. In September 2019, 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 GRACF 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 Graceville Correctional Facility

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	2/2/20	2/26/20	On-site	27	7	20

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 15 of the 21 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
Endocrine Clinic PH-1: In 4 records, there was no evidence of an appropriate examination for the diagnosis.	X				
Endocrine Clinic PH-2: In 3 of 15 applicable records, laboratory tests 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
<p><u>Endocrine Clinic</u> PH-3: In 2 of 9 applicable records, there was no evidence of an annual fundoscopic examination.</p>	X				
<p><u>Endocrine Clinic</u> PH-4: In 2 of 9 applicable records, there was no evidence that inmates with HgbA1c over 8% were seen at least every three months.</p>	X				
<p><u>Endocrine Clinic</u> PH-5: In 2 of 9 applicable records, inmates with diabetes and hypertension were not prescribed an angiotensin converting enzyme (ACE) or angiotensin receptor blocker (ARB) when indicated.</p>	X				
<p><u>Gastrointestinal Clinic</u> PH-6: In 3 of 15 applicable records (16 reviewed), there was no evidence of influenza vaccination or refusal.</p>					X
<p><u>Immunity Clinic</u> PH-7: In 7 of 14 records reviewed, CD4 and HIV viral load were not completed as required.</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
<p><u>Miscellaneous Clinic</u> PH-8: In 2 records, there was no evidence of the control of the disease and/or status of the patient.</p>		X			
<p><u>Miscellaneous Clinic</u> PH-9: In 1 of 4 applicable records, there was no evidence abnormal labs were addressed in a timely manner.</p>	X				
<p><u>Miscellaneous Clinic</u> PH-10: In 2 of 9 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><u>Neurology Clinic</u> PH-11: In 4 of 13 applicable records (15 reviewed), there was no evidence that seizures were classified.</p>	X				
<p><u>Oncology Clinic</u> PH-12: In 2 records, there was no evidence of the control of the disease and/or status of the patient.</p>		X			
<p><u>Oncology Clinic</u> PH-13: In 2 records, there was no evidence of pneumococcal vaccination or refusal.</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
<p><u>Respiratory Clinic</u> PH-14: In 1 of 3 applicable records, an inmate with moderate to severe reactive airway disease was not started on an anti-inflammatory medication.</p>	X				
<p><u>Respiratory Clinic</u> PH-15: In 5 records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><u>Sick Call</u> PH-16: In 2 of 8 applicable records (18 reviewed), there was no evidence of timely follow-up by the clinician.</p>	X				
<p><u>Periodic Screening</u> PH-17: In 11 of 16 records reviewed, the periodic screening was incomplete.</p>	X				
<p><u>Consultations</u> PH-18: In 6 of 17 records reviewed, the diagnosis was not recorded on the problem list.</p>		X			
<p><u>Medication Administration</u> PH-19: In 1 of 3 applicable records (18 reviewed), there was no documentation of nursing education.</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
<p><u>Dental Care</u> PH-20: In 5 records, the diagnosis was not based on a complete dental examination.</p>	X				
<p><u>Dental Care</u> PH-21: In 4 records, there was no evidence of radiographs to aid in diagnosis.</p>	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 6 mental health findings were corrected. One mental health finding 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>Outpatient Medication Practices</u> MH-1: In 1 of 2 applicable records, an abnormal lab test was not followed up as required .</p>			X		
<p><u>Outpatient Medication Practices</u> MH-2: In 7 records, the inmate did not receive the medications as prescribed and documentation of refusal was not present in the medical record.</p>	X				
<p><u>Outpatient Medication Practices</u> MH-3: In 4 of 7 applicable records, there was no evidence the inmate was provided education by nursing after refusing two consecutive doses of medication.</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
<p><u>Outpatient Medication Practices</u> MH-4: In 4 of 6 applicable records, there was no documentation that after 3 consecutive or 5 refusals in a month, a refusal was signed, and the record was forwarded to the clinician.</p>	X				
<p><u>Outpatient Medication Practices</u> MH-5: In 13 records, documentation of follow-up psychiatric contacts did not contain the required information.</p>	X				
<p><u>Mental Health Systems</u> MH-6: Two Isolation Management Rooms had safety concerns.</p>	X				

IV. Conclusion

Physical Health

The following physical health findings will remain open: PH-6, PH-7, PH-8, PH-12, PH-13, & PH-18. All other physical health findings will close.

Mental Health

The following mental health finding will remain open: MH-1. All other mental health findings close.

Until appropriate corrective actions are undertaken by GRACF 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.