

**SECOND 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, 2020, 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	2/20/20	2/26/20	On-site	27	6	20
2	9/15/20	10/22/20	On-site	7	1	6

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 5 of the 6 physical health findings were corrected. One 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 Clinic</u> PH-6: In 3 of 15 applicable records (16 reviewed), there was no evidence of influenza vaccination or refusal.		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>Immunity Clinic</u> PH-7: In 7 of 14 records reviewed, CD4 and HIV viral load were not completed as required.	X				
<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.	X				
<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.	X				
<u>Oncology Clinic</u> PH-13: In 2 records, there was no evidence of pneumococcal vaccination or refusal.	X				
<u>Consultations</u> PH-18: In 6 of 17 records reviewed, the diagnosis was not recorded on the problem list.	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 mental health findings were corrected. All mental 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
<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				

IV. Conclusion

Physical Health-Main Unit

PH-6 will remain open and all other physical health findings are closed.

Mental Health-Main Unit

All mental health findings are closed.

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 off-site evaluation.