

**OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**GADSDEN CORRECTIONAL FACILITY**

for the

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

**CMA STAFF**

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Report Distributed March 22, 2022

**I. Overview**

On July 6-8, 2021, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Gadsden Correctional Facility (GCF). The survey report was distributed on August 3, 2021. In September 2021, GCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the GCF 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 Correctional Facility**

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/2/22	3/22/22	Off-site	26	14	12

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 3 of the 4 physical health findings were corrected. One physical health finding remains 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
<b><u>RESPIRATORY CLINIC</u></b>  PH- 1: In 4 of 11 records reviewed, there was no evidence a peak flow reading was performed.	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
<p><b><u>INFIRMARY</u></b></p> <p>PH-2: In 4 of 16 records reviewed, there was no evidence the clinician's care orders were complete.</p>		<b>X</b>			
<p><b><u>CONSULTATIONS</u></b></p> <p>PH-3: In 4 of 14 records, the diagnosis was not reflected on the problem list.</p>	<b>X</b>				
<p><b><u>PHARMACY SERVICES</u></b></p> <p>PH- 4: There was no evidence that out-of-date controlled substances were segregated.</p>	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 9 of the 22 mental health findings were corrected. Thirteen 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><b><u>SELF-INJURY AND SUICIDE PREVENTION (SHOS)</u></b></p> <p>MH-1: In one record, the patient was not observed at the frequency ordered by the clinician.</p>		X			
<p>MH-2: In one record, mental health staff did not provide post discharge follow-up as required.</p>		X			
<p>MH-3: In one record, the Individualized Service Plan (ISP) was not revised within 14 days of discharge.</p>		X			
<p><b><u>USE OF FORCE</u></b></p> <p>MH-4: In one record, mental health staff did not interview the inmate by the next working day to evaluate level of care.</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><b><u>INMATE REQUESTS</u></b></p> <p>MH-5: In 6 records, a copy of the inmate request form was not present in the record.</p>	X				
<p>MH-6: In 4 of 8 applicable records, an interview or referral did not occur as intended in response to an inmate request.</p>		X			
<p><b><u>SPECIAL HOUSING</u></b></p> <p>MH-7: In 3 records, the initial mental status examination (MSE) was not completed as required.</p>	X				
<p>MH-8: In 3 of 6 applicable records, the follow-up MSE was not completed as required.</p>	X				
<p><b><u>OUTPATIENT MENTAL HEALTH</u></b></p> <p>MH-9: In 2 of 9 applicable records, the inmate was not interviewed by mental health within 14 days of arrival.</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
MH-10: In 1 of 3 applicable records, the Individualized Service Plan (ISP) was not updated within 30 days of receiving S-2 or S-3 grade at this institution.		<b>X</b>			
MH-11: In 4 of 15 applicable records, the ISP was not signed by all relevant parties		<b>X</b>			
MH-12: In 4 of 12 applicable records, the ISP was not reviewed/revised timely.		<b>X</b>			
MH-13: In 1 of 3 applicable records, case management was not provided every 30 days to S-3 inmates with a diagnosis of a psychotic disorder.		<b>X</b>			
MH-14: In 5 records, the frequency of clinical contacts was insufficient.		<b>X</b>			

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 align="center"><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>MH-15: In 12 of 15 applicable records, initial laboratory studies were not completed as required.</p>	<b>X</b>				
<p>MH-16: In 3 of 11 applicable records, abnormal lab results did not receive appropriate follow-up.</p>	<b>X</b>				
<p>MH-17: In 2 of 10 applicable records, follow-up laboratory studies were not conducted as required.</p>	<b>X</b>				
<p>MH-18: In 1 of 5 applicable records, there was no evidence the inmate signed a refusal after 3 consecutive missed medication doses or 5 missed in a month.</p>		<b>X</b>			

MH-19: In 2 of 4 applicable records, Abnormal Involuntary Movement Scale (AIMS) was not completed at required intervals.	X				
<b><u>AFTERCARE PLANNING</u></b> MH-20: In 4 records, aftercare plans were not addressed on the ISP for inmates within 180 days of end of sentence.		X			
<b><u>MENTAL HEALTH SYSTEMS</u></b> MH-21: Outpatient therapeutic groups were not provided to meet the needs of the inmate population.		X			
MH-22: There was no evidence of an adequate system for timely filing of pertinent medical information.	X				



## **IV. Conclusion**

### **Physical Health-Main Unit**

The following physical health findings will close: PH-1, PH-3, and PH-4. One physical health finding will remain open.

### **Mental Health-Main Unit**

The following mental health findings will close: MH-4, MH-5, MH-7, MH-8, MH-15, MH-16, MH-17, MH-19, and MH-22. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by GCF 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.