

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
OKALOOSA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted February 16 - 18, 2016

CMA STAFF

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CAP Assessment Distributed on August 31, 2016

CAP Assessment of Okaloosa Correctional Institution

I. Overview

On February 16-18, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Okaloosa Correctional Institution (OKACI). The survey report was distributed on March 8, 2016. In March 2016, OKACI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the February 2016 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 July 27, 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 August 26, 2016 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

The CAP closure files revealed sufficient evidence to determine that 8 of the 8 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-1: In 2 of 6 applicable records (15 reviewed) there was no evidence of an annual fundoscopic examination.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-2: In 1 of 4 applicable records (15 reviewed), there was no evidence that possible opportunistic infection was addressed.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-3: In 1 of 2 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>PH-4: In 7 of 15 records reviewed, the nursing discharge note did not include all necessary components.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-5: In 6 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>PH-6: In 5 of 18 records reviewed, allergy information was not documented on the outside of the record jacket and/or did not correspond to the dental health questionnaire.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>PILL LINE</u></p> <p>PH-7: A review of pill line administration revealed there was no evidence that an oral cavity check was completed for each inmate.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-8: A tour of the facility revealed there were expired supplies in the medical treatment area.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 8 of 20 mental health findings were corrected. Twelve mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 9 outpatient records revealed the following deficiencies:</p> <p>MH-1: In 4 of 6 applicable records, the mental health screening evaluation was incomplete.</p> <p>MH-2: In 1 of 3 applicable records, the sex offender screening was not completed.</p> <p>MH-3: In 2 records, the Individualized Service Plan (ISP) was not individualized.</p> <p>MH-4: In 3 records, ISP goals were not objective and measurable.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided; however, a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-1 will remain open.</p> <p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p> <p>MH-3, MH-4, MH-5, & MH-6 OPEN</p>

Finding	CAP Evaluation Outcome
<p>MH-5: In 2 records, the ISP was not signed by the inmate and there was no documentation of a refusal.</p> <p>MH-6: In 2 of 7 applicable records, the ISP was not revised at the 180 day interval.</p> <p>MH-7: In 5 records, problems were not listed on the problem list.</p> <p>MH-8: In 3 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p> <p>MH-9: In 7 records, counseling was not provided as required.</p> <p>MH-10: In 8 records, progress notes were not sufficient to follow the course of treatment.</p>	<p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-3, MH-4, MH-5, & MH-6 will remain open.</p> <p>MH-7, MH-8, MH-9, & MH-10 OPEN</p> <p>Adequate evidence of in-service training was provided; however, a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-7, MH-8, MH-9, & MH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 6 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-11: In 2 of 4 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-12: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-13: In 2 records, daily rounds by the attending clinician did not occur as required.</p>	<p>MH-11, MH-12, & MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11, MH-12, & MH-13.</p> <p>MH-14 OPEN</p> <p>Adequate evidence of in-service training was provided; however, a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-14.</p>

Finding	CAP Evaluation Outcome
<p>MH-14: In 3 records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-15: In 5 of 11 records reviewed, the initial mental status exam was not completed within the required time frame.</p>	<p>MH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-16: In all 3 records reviewed, a referral was indicated in the request response but did not occur.</p>	<p>MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>A comprehensive review of 9 psychological emergencies revealed the following deficiencies:</p> <p>MH-17: In 2 records, the inmate's mental health history was not documented.</p> <p>MH-18: In 2 records, the assessment was incomplete.</p>	<p>MH-17 & MH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17 & MH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-19: There was no documentation indicating clinical staff were receiving weekly clinical supervision.</p> <p>MH-20: Multi-disciplinary Service Team meetings were not conducted as required.</p>	<p>MH-19 & MH-20 OPEN</p> <p>Adequate evidence of in-service training was provided; however, a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-19 & MH-20.</p>

IV. Conclusion

All physical health findings are closed. The following mental health findings will close: MH-2, MH-11, MH-12, MH-13, MH-15, MH-16, MH-17, & MH-18. All other mental health findings remain open.

Until such time as appropriate corrective actions are undertaken by 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 visit, but the option remains open to conduct an off-site evaluation.