

**FIRST CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**SOUTH BAY CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey  
Conducted April 17-18, 2024

**CMA STAFF**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW  
Monica Dodrill, RN

**CLINICAL SURVEYORS**

Gina Siggia, APRN  
Heather Warren, APRN  
Pat Meeker, RN  
Jason Axford, LMHC

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**I. Overview**

On April 17-18, 2024, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Bay Correctional Facility (SOBCF). The survey report was distributed on June 4, 2024. In June 2024, SOBCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the SOBCF 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 South Bay Correctional Facility**

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	12/10/2024	75	24	51

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 22 of the 42 physical health findings were corrected. Twenty 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
<p><b><u>Cardiovascular Chronic Illness Clinic:</u></b>  <b>Screen 8:</b> Patients are referred to a specialist for more in-depth treatment as indicated</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>Endocrine Clinic Chronic Illness Clinic:</u></b>  <b>Screen 6:</b> A dilated fundoscopic examination is completed yearly for diabetic inmates</p>		X			
<p><b>Screen 7:</b> Inmates with HgbA1c over 8% are seen at least every 90 days</p>	X				
<p><b>Screen 11:</b> Patients are receiving insulin as prescribed</p>		X			
<p><b>Screen 12:</b> Patients are referred to a specialist for more in-depth treatment as indicated</p>		X			
<p><b><u>Gastrointestinal Chronic Illness Clinic:</u></b>  <b>Screen 7:</b> There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection</p>		X			
<p><b>Screen 10:</b> Patients are referred to a specialist for more in-depth treatment as indicated</p>		X			
<p><b><u>Immunity Chronic Illness Clinic:</u></b>  <b>Screen 8:</b> The inmate receives HIV medication(s) as prescribed</p>	X				
<p><b>Screen 10:</b> There is evidence of hepatitis B vaccination for inmates with no evidence of past infection</p>	X				

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<p><b><u>Miscellaneous Chronic Illness Clinic:</u></b>  <b>Screen 6:</b> Patients are referred to a specialist for more in-depth treatment as indicated</p>		X			
<p><b><u>Oncology Chronic Illness Clinic:</u></b>  <b>Screen 2:</b> There is evidence of an appropriate physical examination</p>	X				
<p><b>Screen 6:</b> At each visit there is an evaluation of the control of the disease and the status of the patient</p>	X				
<p><b>Screen 8:</b> Oncological treatments are received as prescribed</p>			X		
<p><b>Screen 9:</b> Patients are referred to a specialist for more in-depth treatment as indicated</p>	X				
<p><b><u>Emergency Services:</u></b>  <b>Screen 3:</b> Vital signs including weight are documented</p>	X				
<p><b>Screen 5:</b> Findings requiring clinician notification are made in accordance with protocols</p>		X			
<p><b><u>Outpatient Infirmary Care:</u></b>  <b>Screen 2:</b> All orders are received and implemented</p>		X			
<p><b>Screen 4:</b> Patient evaluations are documented at least once every eight hours</p>		X			

<b>Finding</b>	<b>Closed</b>	<b>Open: Evaluation of records indicated an acceptable level of compliance was not met</b>	<b>Open: No episodes were available for review</b>	<b>Open: Institutional monitoring was inadequate</b>	<b>Open: Institutional monitoring indicated compliance was not met</b>
<b>Screen 5:</b> Weekend and holiday clinician phone rounds are completed and documented as required	X				
<b><u>Inpatient Infirmary Care:</u></b> <b>Screen 2:</b> All orders are received and implemented		X			
<b>Screen 3:</b> A thorough nursing assessment is completed within two hours of admission	X				
<b>Screen 4:</b> A Morse Fall Scale is completed at the required intervals	X				
<b>Screen 5:</b> Nursing assessments are completed at the required intervals		X			
<b>Screen 6:</b> Clinician rounds are completed and documented as required	X				
<b>Screen 7:</b> Weekend and holiday clinician phone rounds are completed and documented as required	X				
<b>Screen 8:</b> A discharge note containing all of the required information is completed as required	X				
<b>Screen 9:</b> A discharge summary is completed by the clinician within 72 hours of discharge	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>Sick Call Services:</u></b>  <b>Screen 8:</b> Clinician orders from the follow-up visit are completed as required</p>	X				
<p><b><u>Consultations:</u></b>  <b>Screen 2:</b> The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate</p>	X				
<p><b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate</p>		X			
<p><b>Screen 6:</b> All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations</p>		X			
<p><b><u>Medication And Vaccination Administration:</u></b>  <b>Screen 1:</b> The inmate receives medications as prescribed</p>		X			
<p><b>Screen 3:</b> If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance</p>		X			

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<b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal		<b>X</b>			
<b>Screen 5:</b> There is evidence of influenza vaccination or refusal	<b>X</b>				
<b><u>Intra-System Transfers:</u></b> <b>Screen 3:</b> The inmate's medications reflect continuity of care	<b>X</b>				
<b>Screen 7:</b> A clinician reviews the health record and DC4-760A within seven (7) days of arrival	<b>X</b>				
<b><u>Periodic Screenings:</u></b> <b>Screen 1:</b> The periodic screening encounter is completed within one month of the due date		<b>X</b>			
<b>Screen 2:</b> All components of the screening are completed and documented as required		<b>X</b>			
<b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter	<b>X</b>				
<b>Screen 4:</b> Referral to a clinician occurs if indicated	<b>X</b>				
<b>Screen 5:</b> All applicable health education is provided	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 29 of the 33 mental health findings were corrected. Four 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</u></b>  <b>Review:</b>  <b>Screen 1:</b> A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)</p>	X				
<p><b>Screen 4:</b> The inmate is observed at the frequency ordered by the clinician</p>	X				
<p><b>Screen 5:</b> Nursing evaluations are completed once per shift</p>	X				
<p><b>Screen 6:</b> There is evidence of daily rounds by the attending clinician</p>	X				
<p><b>Screen 9:</b> There is evidence of adequate post-discharge follow-up by mental health staff</p>	X				
<p><b>Screen 10:</b> The Individualized Services Plan (ISP) is revised within 14 days of discharge</p>	X				
<p><b><u>Psychological Emergencies:</u></b>  <b>Screen 8:</b> There was evidence of appropriate follow-up</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>Use of Force:</u></b>  <b>Screen 1:</b> A post use-of-force physical examination is present in the record</p>	X				
<p><b>Screen 2:</b> The post use-of-force physical examination is completed in its entirety</p>	X				
<p><b>Screen 3:</b> There is evidence physical health staff completed a referral to mental health staff</p>	X				
<p><b>Screen 4:</b> Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed</p>	X				
<p><b><u>Outpatient Psychotropic Medication Practices:</u></b>  <b>Screen 4:</b> Abnormal lab results required for mental health medications are followed up with appropriate treatment</p>	X				
<p><b>Screen 5:</b> Appropriate follow-up laboratory studies are ordered and conducted as required</p>	X				
<p><b>Screen 8:</b> The inmate receives medication(s) as prescribed</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
<b>Screen 9:</b> The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed		<b>X</b>			
<b>Screen 10:</b> The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month		<b>X</b>			
<b>Screen 12:</b> Informed consents are signed for each medication prescribed	<b>X</b>				
<b>Screen 13:</b> Follow-up sessions are conducted at appropriate intervals	<b>X</b>				
<b>Screen 14:</b> Documentation of psychiatric encounters is complete and accurate	<b>X</b>				
<b>Screen 15:</b> Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	<b>X</b>				
<b><u>Mental Health Inmate Request:</u></b> <b>Screen 5:</b> Consent for treatment is obtained prior to conducting an interview	<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><b><u>Special Housing:</u></b>  <b>Screen 2:</b> Psychotropic medications continue as ordered while inmates are held in special housing</p>		X			
<p><b><u>Outpatient Mental Health Services:</u></b>  <b>Screen 12:</b> The ISP is individualized and addresses all required components</p>	X				
<p><b>Screen 13:</b> ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations</p>	X				
<p><b>Screen 16:</b> The ISP is signed by the inmate and all members of the treatment team</p>	X				
<p><b>Screen 17:</b> The ISP is reviewed and revised at least every 180 days</p>	X				
<p><b>Screen 20:</b> There is evidence the inmate received the mental health services described in the ISP</p>	X				
<p><b>Screen 21:</b> Counseling is offered at least once every 60 days</p>	X				
<p><b>Screen 23:</b> Case management is provided at least every 60 days for inmates without psychotic disorders</p>	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
<b>Screen 30:</b> The frequency of clinical contacts is sufficient	<b>X</b>				
<b>Aftercare Planning:</b> <b>Screen 1:</b> Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	<b>X</b>				
<b>Screen 2:</b> The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	<b>X</b>				
<b>Screen 3:</b> Staff assisted with applying for social security benefits prior to discharge.	<b>X</b>				

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by SOBCF 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.