

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
SUWANNEE CORRECTIONAL INSTITUTION
for the
Physical and Mental Health Survey
Conducted February 7-9, 2017

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CAP Assessment of Suwannee Correctional Institution

I. Overview

On February 7-9, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Suwannee Correctional Institution (SUWCI). The survey report was distributed on March 8, 2017. In April 2017, SUWCI 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 2017 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 October 9, 2017, 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 October 27, 2017 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

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 10 of the 20 physical health findings were corrected. Ten physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u> PH-1: In 7 of 15 records reviewed, the baseline information was incomplete or missing.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<u>IMMUNITY CLINIC RECORD REVIEW</u> PH-2: In 4 of 9 records reviewed, there was no evidence of hepatitis B vaccination or refusal.	PH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-2.

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-3: In 2 of 10 applicable records, annual labs were not completed as required.</p> <p>PH-4: In 1 of 2 applicable records, there was no evidence that abnormal labs were addressed timely.</p>	<p>PH-3 & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-5: In 6 of 14 records reviewed, reactive airway disease was not classified as mild, moderate, or severe.</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>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>PH-6: In 3 of 12 records reviewed, laboratory testing was not completed as ordered by the clinician.</p>	<p>PH- 6 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 met. PH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY RECORD REVIEW</u></p> <p>PH-7: In 4 inpatient and outpatient records, the clinician's orders were incomplete.</p> <p>PH-8: In 4 inpatient and outpatient records, there was no evidence that all orders were implemented.</p> <p>PH-9: In 3 of 10 applicable inpatient and outpatient records, there was no evidence the discharge note was completed in its entirety.</p> <p>PH-10: In 2 of 2 applicable outpatient records, there was no evidence of weekend or holiday phone rounds.</p> <p>PH-11: In 2 of 5 applicable inpatient records, there was no evidence that the inmate was evaluated within the required time frame.</p> <p>PH-12: In 2 of 3 applicable inpatient records, there was no evidence of weekend or holiday phone rounds.</p> <p>PH-13: In 1 of 3 applicable inpatient records, the discharge summary was not completed.</p>	<p>PH-7 & PH-8 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 met. PH-7 & PH-8 will remain open.</p> <p>PH-9 & PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-9 & PH-10 will remain open.</p> <p>PH-11 & PH-12 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 met. PH-11 & PH-12 will remain open.</p> <p>PH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-13 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-14: In 6 of 13 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-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 met. PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFER RECORD REVIEW</u></p> <p>PH-15: In 6 of 16 records reviewed, there was no evidence the clinician reviewed the health record within 7 days.</p>	<p>PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-16: In 4 of 12 records reviewed, there was no note corresponding to the medication order written by the prescriber.</p>	<p>PH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-17: In 6 of 15 records reviewed, diagnostic and laboratory testing was incomplete or not completed within the required time frame.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC RECORD REVIEW</u></p> <p>PH-18: In 5 of 6 applicable records, consultation or specialty services were not completed timely.</p>	<p>PH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-19: The prosthodontics tracking mechanism was inadequate.</p> <p>PH-20: Medications were dispensed inadequately.</p>	<p>PH-19 & PH-20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19 & PH-20.</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 11 of the 17 physical health findings were corrected. Six physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-1: In 4 records, there was no evidence that annual laboratory work was completed as required.</p> <p>PH-2: In 4 records, there was no evidence that appropriate medications were prescribed and reevaluated at each clinic visit.</p>	<p>PH-1 & PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1 & PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDROCRINE CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-3: In 2 of 8 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-4: In 2 of 8 applicable records, there was no evidence of ACE or ARB therapy for diabetics when indicated.</p> <p>PH-5: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-3, PH-4, & PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3, PH-4, & PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-6: In 3 of 11 applicable records, there was no evidence of hepatitis B vaccination or refusal.</p> <p>PH-7: In 9 records, there was no evidence of influenza vaccination or refusal.</p>	<p>PH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-6 will remain open.</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>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-8: In 4 of 10 applicable records (13 reviewed), there was no evidence of influenza vaccination or refusal.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-9: In 9 of 11 applicable records, reactive airway disease was not classified as mild, moderate, or severe.</p> <p>PH-10: In 7 of 14 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-11: In 3 records, there was no evidence of influenza vaccination or refusal.</p>	<p>PH-9 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 met. PH-9 will remain open.</p> <p>PH-10 & PH-11 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-10 & PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL RECORDS REVIEW</u></p> <p>PH-12: In 4 of 9 applicable records (17 reviewed), there was no evidence that the follow-up assessment was complete, timely, and/or addressed the condition.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY RECORD REVIEW</u></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-13: In 8 inpatient and outpatient records, there was no evidence that all orders were implemented.</p> <p>PH-14: In 7 of 9 inpatient and outpatient applicable records, there was no evidence that the nursing discharge note was completed in its entirety.</p>	<p>PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p> <p>PH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-15: In 9 of 16 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-16: In 4 of 15 records reviewed, the diagnostic and laboratory testing was incomplete.</p>	<p>PH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC REVIEW</u></p> <p>PH-17: In 6 of 10 applicable records (18 reviewed), there was no evidence that consultation or specialty services were completed timely.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 23 of 39 mental health findings were corrected. Sixteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 16 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 8 records, the inmate was not observed at the frequency ordered by the clinician.</p> <p>MH-2: In 4 records, the nursing evaluation was not completed each shift.</p>	<p>MH-1 & MH-2 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 met. MH-1 & MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 9 use of force episodes revealed the following deficiencies:</p> <p>MH-3: In 3 records, the post use of force exam not present in the medical record.</p> <p>MH-4: In 1 of 5 applicable records, the post use of force exam was not completed in its entirety to assess for injuries.</p> <p>MH-5: In 2 records, there was no evidence of a written referral by physical health staff to mental health.</p> <p>MH-6: In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>MH-3 & MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3 & MH-4.</p> <p>MH-5 & MH-6 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 met. MH-5 & MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 15 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-7: In 3 of 9 applicable records, the "Special Housing Health Appraisal" (DC4-769) was incomplete or missing.</p> <p>MH-8: In 3 records, entries were not dated, timed, stamped and/or signed.</p>	<p>MH-7 & MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7 & MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-9: In 2 of 7 applicable records, initial lab tests were not completed as required.</p> <p>MH-10: In 10 of 13 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-11: In 3 of 6 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-12: In 3 of 6 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-13: In 4 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-14: In 2 of 2 applicable records, Emergency Treatment Orders (ETO) were documented incorrectly.</p>	<p>MH-9, MH-10, MH-11, MH-12, MH-13, & MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9, MH-10, MH-11, MH-12, MH-13, & MH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-15: In 8 of 8 applicable records, there was no documentation of a service planning interview.</p> <p>MH-16: In 14 records, a risk assessment for violence was not completed as required.</p> <p>MH-17: In 3 records, the Individualized Service Plan (ISP) was not completed as required.</p> <p>MH-18: In 13 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-19: In 9 records, weekly documentation of the inmate's participation in group activities and progress towards treatment goals was not present in the medical record.</p> <p>MH-20: In 10 records, nursing evaluations were not documented or completed as required.</p> <p>MH-21: In 3 records, vital signs were not documented at the required intervals.</p> <p>MH-22: In 6 records, weight was not recorded weekly as required.</p> <p>MH-23: In 7 records, behavioral level assessments were missing or not reviewed 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> <p>MH-16, MH-17, MH-18, MH-19, MH-20, & MH-21 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 met. MH-16, MH-17, MH-18, MH-19, MH-20, MH-21 will remain open.</p> <p>MH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22.</p> <p>MH-23 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 met. MH-23 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-24: In 3 of 8 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-25: In 7 records, physician's orders were not timed, dated, and/or signed.</p> <p>MH-26: In 1 of 1 applicable record, an approved Drug Exception Request (DER) was not completed.</p> <p>MH-27: In 7 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-28: In 5 records, informed consents for medications were not present or complete.</p> <p>MH-29: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-30: In 2 of 4 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required.</p>	<p>MH-24 & MH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-24 & MH-25.</p> <p>MH-26 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-26 will remain open.</p> <p>MH-27, MH-28, MH-29, & MH-30 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-27, MH-28, MH-29, & MH-30.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-31: In 1 of 3 applicable records, the bio-psychosocial assessment (BPSA) was not approved by the multidisciplinary services team within 30 days.</p> <p>MH-32: In 1 of 2 applicable records, the Individualized Service Plan (ISP) was not completed timely.</p> <p>MH-33: In 6 records, the ISP was not signed by all relevant parties.</p> <p>MH-34: In 6 records, problems were not listed on the Problem List.</p> <p>MH-35: In 2 of 10 applicable records, the ISP was not updated within 14 days of close management (CM) placement or transfer.</p> <p>MH-36: In 3 of 12 applicable records, inmates on CM status did not receive at least 1 hour of group or individual counseling each week.</p>	<p>MH-31 & MH-32 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-31 & MH-32 will remain open.</p> <p>MH-33, MH-34, & MH-35 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-33, MH-34, & MH-35.</p> <p>MH-36 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 met. MH-36 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 9 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-37: In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-38: In 4 of 8 applicable records, consent to release information for continuity of care was missing or incomplete.</p> <p>MH-39: In 1 of 2 applicable records, the Summary of Mental Health Care was not completed for inmates within 30 days EOS.</p>	<p>MH-37 & MH-38 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-37 & MH-38.</p> <p>MH-39 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 met. MH-39 will remain open.</p>

B. Annex

The CAP closure files revealed evidence to determine that 8 of 9 mental health findings were corrected. One mental health finding will remain open

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 3 of 8 records reviewed, the inmate was not observed at the frequency ordered by the clinician.</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 met. MH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 4 use of force episodes revealed the following deficiencies:</p> <p>MH-2: In 1 record, the post use of force exam not completed in its entirety to assess for injuries.</p> <p>MH-3: In 2 records, a written referral to mental health by physical health staff was not present.</p>	<p>MH-2 & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2 & MH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-4: In 2 of 10 records reviewed, the referral or interview did not occur as intended in response to an inmate request.</p>	<p>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-5: In 1 of 3 applicable records (16 reviewed), the Abnormal Involuntary Movement Scale (AIMS) was not completed as required.</p>	<p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 11 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-6: In 2 of 4 applicable records, the Summary of Mental Health Care (DC4661) was not completed for inmates within 30 days EOS.</p> <p>MH-7: In 3 records, consent to release information for continuity of care was missing or not completed within 30 days EOS.</p> <p>MH-8: In 4 of 6 applicable records, assistance with Social Security benefits was not provided for inmates who meet the criteria.</p>	<p>MH-6, MH-7, & MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6, MH-7, & MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-9: There was not sufficient restraint or self-harm prevention equipment for the inmate population.</p>	<p>MH-9 CLOSED</p> <p>Adequate documentation of correction was provided to close MH-9.</p>

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-5, PH-15, PH-17, PH-18, PH-19, & PH-20. All other physical health findings will remain open.

Physical Health-Annex

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-5, PH-7, PH-8, PH-12, PH-13, PH-15, & PH-17. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-3, MH-4, MH-7, MH8, MH-9, MH-10, MH-11, MH-12, MH-13, MH-14, MH-15, MH-22, MH-24, MH-25, MH-27, MH-28, MH-29, MH-30, MH-33, MH-34, MH-35, MH-37, & MH-38. All other mental health findings will remain open.

Mental Health-Annex

The following mental health findings will close: MH-2, MH-3, MH-4, MH-5, MH-6, MH-7, MH-8, & MH-9. All other mental health findings will remain open.

Until such time as appropriate corrective actions are undertaken by SUWCI 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.