

**THIRD ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SUWANNEE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted February 7-9, 2017

CMA STAFF

Monica Dodrill, RN
Jane Wynn, LCSW

CAP Assessment Distributed on November 8, 2018

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 90 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. The CAP closure files revealed sufficient evidence to determine that 10 of 20 physical health findings and 23 of 39 mental health findings were corrected on the Main Unit. Additionally, 11 of 17 physical health findings and 8 of 9 mental health findings were corrected on the Annex Unit.

On March 23, 2018, 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 April 25, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 10 physical health findings and 5 of 16 mental health findings were corrected on the Main Unit. Additionally, 3 of 6 physical health findings and 0 of 1 mental health findings were corrected on the Annex Unit.

On October 16, 2018, 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 November 2, 2018 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 4 of 5 physical health findings were corrected. One physical health finding will remain open.

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-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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7 & PH-8.</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-12 & PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12 & PH-13.</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 2 of 3 physical health findings were corrected. One physical health finding will remain open.

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-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY RECORD REVIEW</u></p> <p>PH-14: In 7 of 9 inpatient and outpatient applicable records (14 reviewed), there was no evidence that the nursing discharge note was completed in its entirety.</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>PERIODIC SCREENINGS</u></p> <p>PH-16: In 4 of 15 records reviewed, the diagnostic and laboratory testing was incomplete.</p>	<p>PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of 11 mental health findings were corrected. Six 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 CLOSED</p> <p>Adequate evidence of in-service training and documentation were provided to close MH-1 & MH-2.</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-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-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>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-16: In 14 records, a risk assessment for violence 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-20: In 10 records, nursing evaluations were not documented or completed 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-16 & MH-18 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-16 & MH-18 will remain open.</p> <p>MH-20 & MH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation were provided to close MH-20 & MH-23.</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-32: In 1 of 2 applicable records, the Individualized Service Plan (ISP) was not completed timely.</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-32 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-32 will remain open.</p> <p>MH-36 CLOSED</p> <p>Adequate evidence of in-service training and documentation were provided to close MH-36.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>MH-39: In 1 of 2 applicable records (9 reviewed), the Summary of Mental Health Care was not completed for inmates within 30 days EOS.</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 1 of 1 mental health findings were corrected. One mental health finding will close.

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 CLOSED</p> <p>Adequate evidence of in-service training and documentation were provided to close MH-1.</p>

IV. Conclusion

Physical Health – Main Unit

The following physical health finding will remain open: PH-9. All other physical health findings will close.

Physical Health – Annex

The following physical health finding will remain open: PH-14. All other physical health findings will close.

Mental Health – Main Unit

The following mental health findings will remain open: MH-5, MH-6, MH-16, MH-18, MH-32 & MH-39. All other mental health findings will close.

Mental Health – Annex

All mental health findings will close.

Until appropriate corrective actions are undertaken by SUWCI staff and the results of those corrections are 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.