

**THIRD CORRECTIVE ACTION PLAN
ASSESSMENT**
of

SUWANNEE CORRECTIONAL INSTITUTION - ANNEX

for the

Physical and Mental Health Survey
Conducted January 10-12, 2023

CMA STAFF

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I. Overview

On January 10-2, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Suwannee Correctional Institution - Annex (SUWAN). The survey report was distributed on February 27, 2023. In March 2023, SUWAN submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the SUWAN 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 Suwannee Annex

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	11/1/23	44	17	27
2	2/26/24	17	14	3
3	6/18/24	14	6	8

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 6 of the 10 physical health findings were corrected. Four 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
<u>Endocrine Clinic Chronic Illness Clinic:</u> Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates		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
<u>General Chronic Illness Clinic:</u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician					X
<u>Outpatient Infirmary Care:</u> Screen 4: Patient evaluations are documented at least once every eight hours	X				
<u>Inpatient Infirmary Care:</u> Screen 2: All orders are received and implemented					X
Screen 4: A Morse Fall Scale is completed at the required intervals	X				
<u>Intra-System Transfers:</u> Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival		X			
<u>Periodic Screenings:</u> Screen 1: The periodic screening encounter is completed within one month of the due date	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
Screen 2: All components of the screening are completed and documented as required	X				
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter	X				
<u>PREA Medical Review:</u> Screen 8: The inmate is evaluated by mental health by the next working day	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 4 mental health findings were corrected. Two 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><u>Self-Injury and Suicide Prevention Review:</u> Screen 4: The inmate is observed at the frequency ordered by the clinician</p>	X				
<p><u>Outpatient Mental Health Services:</u> Screen 16: The ISP is signed by the inmate and all members of the treatment team</p>					X
<p>Screen 17: The ISP is reviewed and revised at least every 180 days</p>					X
<p><u>Outpatient Psychotropic Medication Practices:</u> Screen 12: Follow-up sessions are completed at the required intervals</p>	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by SUWAN 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.