

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SUWANNEE CORRECTIONAL INSTITUTION - ANNEX

for the

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

CMA STAFF

Lynne Babchuck, LCSW

CLINICAL SURVEYORS

Kathy Louvaris, APRN

Steve Tomicich, APRN

Aimee Castro, RN

Blair Jett, RN

Mandy Petroski-Moore, LCSW

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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	43	18	25

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 15 of the 29 physical health findings were corrected. Fourteen 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			
Screen 11: Patients are receiving insulin as prescribed	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><u>Gastrointestinal Chronic Illness Clinic:</u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection</p>		X			
<p><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</p>		X			
<p><u>Immunity Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination.</p>	X				
<p>Screen 3: Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals</p>	X				
<p><u>Respiratory Chronic Illness Clinic:</u> Screen 4: A peak flow reading is recorded at each visit</p>	X				
<p><u>Emergency Services:</u> Screen 9: Inmates returning from an outside hospital are evaluated by the clinician within one business day</p>		X			
<p><u>Outpatient Infirmary Care:</u> Screen 4: Patient evaluations are documented at least once every eight hours</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
Screen 7: A discharge note containing all of the required information is completed as required	X				
<u>Inpatient Infirmiry Care:</u> Screen 2: All orders are received and implemented		X			
Screen 4: A Morse Fall Scale is completed at the required intervals		X			
Screen 5: Nursing assessments are completed at the required intervals	X				
Screen 6: Clinician rounds are completed and documented as required	X				
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required	X				
Screen 8: A discharge note containing all of the required information is completed as required	X				
Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge		X			
<u>Sick Call Services:</u> Screen 7: Follow-up visits are completed in a timely manner	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>Consultations:</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	X				
Screen 5: The consultant's treatment recommendations are incorporated into the treatment plan	X				
<u>Medication And Vaccination Administration:</u> Screen 4: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	X				
Screen 5: There is evidence of pneumococcal vaccination or refusal	X				
Screen 6: There is evidence of influenza vaccination or refusal	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 7: A mental health referral is submitted following the completion of the medical screening		X			
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 10 of the 14 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
<u>Self-Injury and Suicide Prevention</u> <u>Review:</u> Screen 4: The inmate is observed at the frequency ordered by the clinician		X			
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge		X			
<u>Use of Force:</u> Screen 3: There is evidence physical health staff completed a referral to mental health staff	X				
<u>Outpatient Mental Health Services:</u> Screen 9: The Bio-psychosocial (BPSA) is present in the record	X				
Screen 12: The ISP is individualized and addresses all required components	X				
Screen 16: The ISP is signed by the inmate and all members of the treatment team		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 17: The ISP is reviewed and revised at least every 180 days		X			
<u>Outpatient Psychotropic Medication Practices:</u> Screen 5: Appropriate follow-up laboratory studies are ordered and conducted as required.	X				
Screen 8: The inmate receives medication(s) as prescribed	X				
Screen 9: The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	X				
Screen 10: The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	X				
<u>Special Housing:</u> Screen 2: Psychotropic medications continue as ordered while inmates are held in special housing	X				
Screen 3: A mental status examination (MSE) is completed in the required time frame	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 8: The inmate receives medication(s) as prescribed	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.