

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SUWANNEE CORRECTIONAL INSTITUTION

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 10-12, 2023, 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 February 27, 2023. In April 2023, 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 SUWCI 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 Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	11/1/23	49	19	30

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 11 of the 23 physical health findings were corrected. Twelve 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
<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>Neurology Chronic Illness Clinic:</u> Screen 4: Abnormal labs are reviewed and addressed in a timely manner</p>		X			
<p><u>Emergency Services:</u> Screen 3: Vital signs including weight are documented</p>	X				
<p>Screen 8: Appropriate documentation is completed for patient's requiring transport to a local emergency room</p>	X				
<p>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 7: A discharge note containing all of the required information is completed as required</p>		X			
<p><u>Inpatient Infirmary Care:</u> Screen 2: All orders are received and implemented</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 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>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				

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>Medication And Vaccination Administration:</u> Screen 1: The inmate receives medications as prescribed	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 2: All components of the screening are completed and documented as required		X			
<u>PREA Medical Review:</u> Screen 8: The inmate is evaluated by mental health by the next working day		X			
<u>Dental Systems:</u> Screen 2: Appropriate personal protective equipment is available to staff and worn during treatment	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 19 of the 26 mental health findings were corrected. Seven 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 2: The nursing evaluation is completed within 2 hours of admission	X				
Screen 3: Guidelines for SHOS management are observed		X			
Screen 4: The inmate is observed at the frequency ordered by the clinician		X			
Screen 5: Nursing evaluations are completed once per shift	X				
Screen 7: There is evidence of daily counseling provided by mental health staff	X				
Screen 9: There is evidence of adequate post-discharge follow-up by mental health staff	X				
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days 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
<u>Use of Force:</u> Screen 3: There is evidence physical health staff completed a referral to mental health staff	X				
<u>Special Housing:</u> Screen 1: The pre-confinement examination is completed prior to placement in special housing	X				
Screen 3: A mental status examination (MSE) is completed in the required time frame		X			
Screen 4: Follow-up MSEs are completed in the required time frame		X			
<u>Inpatient Mental Health Services:</u> Screen 2: Admissions documentation is provided within four hours of admission	X				
Screen 4: Nursing assessment is completed within four hours of admission	X				
Screen 7: The Bio-psychosocial Assessment (BPSA) is present in the record and completed within 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 10: There is documentation on DC6-2087 Risk Assessment for Inpatient Treatment of an individualized determination of the need for correctional restraints.	X				
<u>Inpatient Psychotropic Medication Practices:</u> Screen 1: The psychiatric evaluation is present in the record and conducted within 3 days of admission	X				
Screen 8: The inmate receives medication(s) as prescribed	X				
Screen 9: The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	X				
Screen 10: The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	X				
Screen 13: A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF		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>Outpatient Mental Health Services:</u> Screen 1: A consent for treatment is signed prior to treatment and/or renewed annually	X				
Screen 9: The Bio-psychosocial (BPSA) is present in the record		X			
Screen 17: The ISP is reviewed and revised at least every 180 days	X				
<u>Outpatient Psychotropic Medication Practices:</u> Screen 3: Appropriate initial laboratory tests are ordered.	X				
Screen 5: Appropriate follow-up laboratory studies are ordered and conducted as required.	X				
Screen 8: The inmate receives medication(s) as prescribed	X				

IV. Conclusion

Until 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 off-site evaluation.