

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

WAKULLA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 10 – 11, 2014

CMA STAFF

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CAP Assessment of Wakulla Correctional Institution

I. Overview

On December 10 - 11, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Wakulla Correctional Institution (WAKCI). The survey report was distributed on January 6, 2015. In February of 2015, WAKCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the December 2014 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. In May 2015, 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 May 28 - 29, 2015 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 19 of the 27 physical health findings were corrected. Eight physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CARDIOVASCULAR CLINIC</u> PH-1: In 9 of 17 records reviewed, there was no evidence of pneumococcal vaccine or refusal.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<u>ENDOCRINE CLINIC</u> A comprehensive review of 13 inmate records revealed the following deficiencies: PH-2: In 12 records, the physical examination was incomplete.	PH-2 OPEN Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-2 will remain open.

Finding	CAP Evaluation Outcome
<p>PH-3: In 8 records, the annual laboratory work was incomplete.</p> <p>PH-4: In 3 of 12 applicable records, inmates with vascular disease were not prescribed aspirin and/or there was no contraindication in the medical record.</p> <p>PH-5: In 9 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-6: In 6 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-3, PH-4, PH-5, & PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3, PH-4, PH-5, & PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-7: In 6 records, the physical examination was incomplete.</p> <p>PH-8: In 3 of 9 applicable records, there was no evidence that hepatitis A & B vaccine were given to inmates with hepatitis C infection and no prior history of A & B infection.</p> <p>PH-9: In 2 of 8 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-7, PH-8, & PH-9 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-7, PH-8, & PH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-10: In 8 of 10 records reviewed, there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-11: In 2 of 8 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-12: In 2 of 7 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-11 & PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11 & PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-13: In 3 of 10 applicable records, seizures were not classified.</p> <p>PH-14: In 3 records, there was no evidence of AST/ALT testing.</p>	<p>PH-13, PH-14, PH-15, & PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13, PH-14, PH-15, & PH-16.</p>

Finding	CAP Evaluation Outcome
<p>PH-15: In 3 records, the control of the disease and/or patient status were improperly documented.</p> <p>PH-16: In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</p>	

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-17: In 4 of 5 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</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>RESPIRATORY CLINIC</u></p> <p>PH-18: In 3 of 8 applicable records (14 reviewed); there was no evidence of influenza vaccine or refusal.</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>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 4 inmate records revealed the following deficiencies:</p> <p>PH-19: In 4 records, the baseline information was incomplete or missing.</p>	<p>PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

Finding	CAP Evaluation Outcome
<p>PH-20: In 3 records, there was no evidence of monthly nursing follow-up.</p> <p>PH-21: In 1 record, there was no evidence of ALT/AST testing.</p> <p>PH-22: In 1 of 3 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-20 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-20 will remain open</p> <p>PH-21 & PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21 & 22.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-23: In 1 of 5 applicable records, the inmate was not discharged, transferred, or admitted into the infirmary after 23 hours of observation.</p> <p>PH-24: In 1 of 4 applicable records, there was no evidence that a discharge summary was completed by the clinician within 72 hours.</p>	<p>PH-23 & PH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-23 & 24.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-25: In 6 of 11 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-25 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-26: A tour of the dental clinic revealed that necessary equipment was not in proper working order.</p>	<p>PH-26 OPEN</p> <p>The necessary repairs are still in progress; therefore PH-26 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-27: A tour of the facility revealed that first-aid kits in the dormitories were not inspected monthly.</p>	<p>PH-27 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27.</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 27 of the 30 physical health findings were corrected. Three physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u> PH-1: In 4 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>CARDIOVASCULAR CLINIC</u> A comprehensive review of 17 inmate records revealed the following deficiencies: PH-2: In 5 records, there was no evidence of the control of the disease or the status of the patient documented at each chronic illness clinic (CIC) visit. PH-3: In 4 of 16 applicable records, there was no evidence of pneumococcal vaccine or refusal. PH-4: In 5 records, there was no evidence of influenza vaccine or refusal.	PH-2, PH-3, & PH-4 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-2, PH-3, & PH-4.

Finding	CAP Evaluation Outcome
<u>ENDOCRINE CLINIC</u> A comprehensive review of 17 inmate records revealed the following deficiencies:	PH-5 & PH-6 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-5 & PH-6.

Finding	CAP Evaluation Outcome
<p>PH-5: In 8 records, there was no evidence of the control of the disease or the status of the patient documented at each CIC visit.</p> <p>PH-6: In 6 of 16 applicable records, there was no evidence of influenza vaccine or refusal.</p>	

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>PH-7: In 9 records, there was no evidence that hepatitis A & B vaccinations were given to inmates with hepatitis C and no prior history of A & B infection.</p> <p>PH-8: In 5 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-9: In 7 of 12 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-7 will remain open.</p> <p>PH-8 & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 & PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-10: In 4 of 11 applicable records (14 reviewed) there was no evidence of hepatitis B vaccination or refusal.</p>	<p>PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-11: In 4 records, there was no evidence of the control of the disease or the status of the patient documented at each CIC visit.</p> <p>PH-12: In 3 of 6 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-13: In 2 of 4 applicable records, there was no evidence of influenza vaccine or refusal</p>	<p>PH-11, PH-12, & PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11, PH-12, & PH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-14: In 4 records, there was no evidence that seizures were classified.</p> <p>PH-15: In 3 records, there was no evidence of the control of the disease or the status of the patient documented at each CIC visit.</p>	<p>PH-14 & PH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14 & PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-16: In 1 of 3 records reviewed, there was no evidence of a complete and/or appropriate physical evaluation.</p>	<p>PH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-17: In 6 of 13 applicable records, there was no evidence that reactive airway disease was classified.</p> <p>PH-18: In 1 of 2 applicable records, there was no evidence that an inmate with moderate reactive airway disease was started on anti-inflammatory medication.</p>	<p>PH-17 & PH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17 & PH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-19: In 1 of 4 applicable records (6 reviewed); there was no evidence that the inmate was seen by the clinician for the final chronic illness clinic visit.</p>	<p>PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-20: In 4 records, there was no evidence of a completed assessment appropriate to the complaint/condition.</p> <p>PH-21: In 3 of 5 applicable records, there was no evidence of timely referral or follow-up by a higher level clinician.</p> <p>PH-22: In 1 of 3 applicable records, the follow-up assessment did not address the complaint.</p>	<p>PH-20, PH-21, & PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20, PH-21, & PH-22.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-23: In 3 of 15 applicable records (16 reviewed); there was no evidence of appropriate patient education.</p>	<p>PH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-23.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-24: In 5 of 11 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-24.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-25: In 9 of 16 records reviewed, there was no evidence that the clinician reviewed the health record and the DC4-760A “Health Information Transfer/Arrival Summary” within 7 days of arrival.</p>	<p>PH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-26: In 1 of 3 applicable records (11 reviewed); there was no evidence of timely counseling after medication non-compliance.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-27: In 4 records, there was no evidence that the screening included all the required elements.</p> <p>PH-28: In 7 records, there was no evidence or appropriate health education.</p>	<p>PH-27 & 28 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27 & 28.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-29: A tour of the dental clinic revealed that necessary equipment was not appropriate and/or accessible.</p>	<p>PH-29 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-29.</p>

Finding	CAP Evaluation Outcome
<p><u>PHARMACY SERVICES</u></p> <p>PH-30: A random review of drug items in the pharmacy revealed an expired antibiotic medication.</p>	<p>PH-30 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-30.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 11 of 16 mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 10 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, the inmate did not receive a thorough clinical assessment prior to placement in SHOS.</p> <p>MH-2: In 8 records, the clinician's orders for admission were not written at the time of admission or a verbal order was not countersigned by the clinician by the next working day.</p>	<p>MH-1, MH-2, & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, & MH-3.</p> <p>MH-4 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-3: In 4 records, clinician's orders did not specify observations at least every 15 minutes.</p> <p>MH-4: In 2 records, the DC4-732 "Infirmity/Hospital Admission Nursing Evaluation" was not completed within 2 hours of an SHOS admission</p> <p>MH-5: In 1 of 5 applicable records, the length of stay for inmates placed in observation cells exceeded 72 hours (see discussion).</p> <p>MH-6: In 6 of 6 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-7: In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-8: In 9 records, daily rounds were not conducted by the attending clinician.</p> <p>MH-9: In 2 records, daily counseling by mental health staff did not occur.</p> <p>MH-10: In 6 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> <p>MH-11: In 5 of 9 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p> <p>MH-12: In 8 records entries were not consistently signed, dated, timed, and/or stamped.</p>	<p>MH-5 & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 & MH-6.</p> <p>MH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-7 will remain open.</p> <p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p> <p>MH-9 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-9 will remain open.</p> <p>MH-10, MH-11, & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10, MH-11, & MH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-13: In 8 of 8 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>MH-14: In 2 of 2 applicable records, the sex offender screening was not completed.</p> <p>MH-15: In 8 records, the Individual Service Plan (ISP) was not signed by the inmate or a refusal was not documented on form DC4-711A.</p> <p>MH-16: In 7 records, mental health problems were not recorded on the problem list.</p>	<p>MH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-13 will remain open.</p> <p>MH-14 & MH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14 & MH-15.</p> <p>MH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-16 will remain open.</p>

B. Annex

The CAP closure files revealed evidence to determine that 9 of 11 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-1: In 3 of 7 records reviewed, there was no documentation of appropriate follow-up when indicated in the psychological emergency response.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-2: In 14 records, physician's orders were not signed, dated, and/or timed.</p> <p>MH-3: In 1 of 2 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-4: In 1 of 3 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-5: In 4 of 15 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-6: In 1 of 5 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p> <p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-3 will remain open.</p> <p>MH-4, MH-5, & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4, MH-5, & MH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-7: In 10 of 14 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</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>MH-8: In 9 records, the ISP was not signed by a member or members of the multidisciplinary service team (MDST) and/or inmate or a refusal was not documented on form DC4-711A.</p> <p>MH-9: In 5 of 13 records, the ISP was not revised within 180 days.</p> <p>MH-10: In 6 records, there was no documentation the inmate received all services listed on the ISP.</p> <p>MH-11: In 1 of 2 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p>	<p>MH-9 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-9 will remain open.</p> <p>MH-10 & MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 & MH-11.</p>

IV. Conclusion

Physical Health-Main Unit

PH-2, PH-7, PH-8, PH-9, PH-10, PH-20, PH-25, & PH-26 will remain open and all other physical health findings will close.

Physical Health-Annex

PH-7, PH-10, & PH-16 will remain open and all other physical health findings will close.

Mental Health-Main Unit

MH-4, MH-7, MH-9, MH-13, & MH-16 will remain open and all other mental health findings will close.

Mental Health-Annex

MH-3 & MH-9 will remain open and all other mental health findings will close.

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