

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Audits and Evaluations

**Policy Number:** 507.01.13

**Effective Date:** 1/20/2022

**Page Number:** 1 of 4

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

**I. Introduction and Summary:**

The Office of Health Services will maintain the responsibility for auditing or evaluating health care delivery in all Georgia Department of Corrections (GDC) facilities. This procedure is applicable to facilities that house state offenders to include private and county prisons.

**II. Authority:**

- A. Ga. Comp. R. & Regs. 125-1-2-.10;
- B. GDC Standard Operating Procedure (SOP): 507.01.12 Continuous Quality Improvement;
- C. NCCHC 2018 Adult Standards; and
- D. ACA Standards: 5-ACI-6D-02, 5-ACI-6D-09, 5-ACI-6D-10, 4-ALDF-4D-24, and 4-ALDF-7D-02.

**III. Definitions: None.**

**IV. Statement of Policy and Applicable Procedures:**

- A. The Office of Health Services (OHS) will:
  - 1. Establish a schedule to ensure the periodic inspection or evaluation of health care delivery in all correctional facilities; and
  - 2. Findings and recommendations of such inspections or evaluation will be furnished in writing both to facility Warden/Superintendents, and other divisional managers, as appropriate, and health services contract/vendor management.

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B. Audits or inspections of health care delivery:

1. Audits or inspections will encompass compliance with:
  - a. American Correctional Association (ACA) Standards;
  - b. National Commission on Correctional Health Care (NCCHC) Standards;  
and
  - d. GDC Office of Health Services Standard Operating Procedures (SOPs).
2. Monitoring service delivery requirements and performance standards as stated in the Vendor Contracts for the Delivery of Comprehensive Health Services;
3. Monitoring compliance with contemporary medical, dental, nursing, and ancillary practices in the community; and
4. Facilities Division Auditors will review areas with a medical/security interface.

C. The Health Services Director or Designee will determine the frequency of clinical audits:

1. Audit Tools, which are developed and revised by the Office of Health Services will be used to document findings from the clinical audits;
2. The completed tools will be maintained for a period of two (2) years in OHS;
3. A written Audit Deficiency Report will be sent to the Warden/Superintendent within twenty-one (21) to thirty (30) calendar days from the audit; and
4. The Audit Deficiency Report may be sent electronically to the Warden/Superintendent.

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D. Corrective Action Plans (CAPs):

1. The Responsible Health Authority, or designee, at the facility will be responsible for writing a Corrective Action Plan (CAP) that addresses all findings in the report that are non-compliant;
2. Site management must periodically monitor findings that are non-compliant to ensure continued compliance at a high level;
3. Each facility will have a CAP binder;
4. All corrective actions requiring training may have this documentation listed in the “Supporting Documentation” section, which details:
  - a. The Date;
  - b. Instructor;
  - c. Participants; and
  - d. Topic of the training.
5. All corrective actions or monitoring requiring CQI Studies may be listed in the “Supporting Documentation” section, which details:
  - a. The Date;
  - b. Reviewer;
  - c. Topic; and
  - d. The Specific Monitoring Being Done.

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6. The CAP is to be considered an evolving, working document and plan for improvement of health services;
7. Some corrective actions may have dates of completion noted at the time the plan is submitted to OHS;
8. All “Specific Patient Findings” will be addressed in the CAP with corrective or follow up actions;
9. The CAP must be completed and sent by regular or electronic mail to OHS forty-five (45) calendar days after receipt of the Audit Deficiency Report, unless OHS specifically requests that a CAP be submitted sooner due to findings;
10. If there are extenuating circumstances and a time extension is needed by the HSA to complete the CAP, contact the Statewide Clinical Services Supervisor in OHS;
11. The CAP will be reviewed at the OHS Audit Team meeting;
12. OHS may contact the facility for more information; and
13. Monitoring of corrective action plans and continuous compliance readiness are responsibilities of the contract vendor.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.