

**SECOND OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

CROSS CITY CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 7-8, 2013

CMA STAFF

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CAP Assessment of Cross City Correctional Institution

I. Overview

On August 7-8, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Cross City Correctional Institution (CROCI). The survey report was distributed on August 27, 2013. On January 21, 2014, CMA staff conducted an off-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the August 2013 survey. The CAP closure files revealed sufficient evidence to determine that 10 of 11 physical health findings and 4 of 5 mental health findings were corrected. On May 15, 2014, CMA staff conducted a second off-site CAP assessment of the remaining findings. 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

The CAP closure files revealed evidence to determine that the remaining physical health finding was corrected.

Finding	CAP Evaluation Outcome
<u>ONCOLOGY CLINIC RECORD REVIEW</u> PH-2(b): In 1 of 3 applicable records, the baseline history was incomplete or missing.	PH-2(b) CLOSED Adequate evidence of in-service training and documentation of correction were provided, therefore PH-2(b) will close.

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that one of two mental health findings was not corrected. One mental health finding will remain open due to insufficient monitoring.

Finding	CAP Evaluation Outcome
<u>SELF-HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u> MH-1(b): In 1 of 2 applicable SHOS admissions (7 reviewed), there was no evidence an evaluation was conducted to determine if crisis stabilization care was needed.	MH-1(b) OPEN Adequate evidence of in-service training was provided, however, a review of the documentation provided indicated that an acceptable level of compliance had not been reached.

IV. Conclusion

All physical health portions will close. MH-1(b) will remain open and all other mental health portions will close. Until such time as appropriate corrective actions are undertaken by CROCI 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 visit, but the option remains open to conduct an on-site evaluation.