

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

of

HOMESTEAD CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 11-12, 2013

CMA STAFF

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CAP Assessment of Homestead Correctional Institution

I. Overview

On December 11-12, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Homestead Correctional Institution (HOMCI). The survey report was distributed on January 6, 2014. In February of 2014, HOMCI 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 2013 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. On May 6, 2014, 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 off-site CAP assessment on May 27, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that all physical health findings and all mental health findings would remain open due to insufficient monitoring. On August 18, 2014, CMA staff again 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 September 17, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff to address 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 sufficient evidence to determine that 19 of the 20 physical health findings were corrected. One physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 7 records, the baseline history was incomplete or missing.</p> <p>(b) In all records, the baseline physical examination was incomplete or missing.</p>	<p>PH-1(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, the baseline history was incomplete or missing.</p> <p>(b) In all records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 3 of 7 applicable records, there was no evidence of ACE or ARB therapy or contraindication.</p> <p>(d) In 3 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-2(a)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(a)-(d).</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(b) In 4 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 6 of 13 applicable records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-3(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3(a)-(c).</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-4: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(b) In 14 records, the baseline physical examination was incomplete or missing.</p>	<p>PH-4(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-5: In 3 of 6 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-6: In 7 of 15 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>PH-7: In 3 of 4 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 3 of 13 applicable records, there was no evidence the Chief Health Officer or designee approved the consultation request by signing the Consultation Request/Consultant's Report, DC4-702.</p> <p>(b) In 7 of 7 applicable records, the new diagnosis was not reflected on the problem list.</p> <p>(c) In 3 records, the Consultation Appointment Log did not accurately reflect the completion of the consultation.</p>	<p>PH-8(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(a)-(c).</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-9: In 4 of 12 records reviewed, the medication administration record (MAR) did not accurately reflect allergies.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>PHARMACY SERVICES REVIEW</u></p> <p>PH-10: A tour of the pharmacy revealed the following:</p> <p>(a) There was no documentation that the discarded stock medication was witnessed by the HSA or pharmacy staff at the time of discard.</p> <p>(b) There were space and storage issues in the pharmacy that necessitated keeping medications in boxes on the floor.</p>	<p>PH-10(a) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of the documentation indicated that an acceptable level of compliance had not been reached. PH-10(a) will remain open.</p> <p>PH-10(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10(b).</p>

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES RECORD REVIEW</u></p> <p>MH-1: In 5 of 13 records reviewed, the psychological emergency was not responded to within 1 hour.</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 MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>MH-2: In 5 of 15 records reviewed, the Health Information Arrival/Transfer Summary lacked the required information or was not completed within 24 hours of arrival.</p>	<p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p>

IV. Conclusion

PH-10(a) remains open and all other physical health portions will close. All mental health portions will close. Until such time as appropriate corrective actions are undertaken by HOMCI 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.