

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

of

JEFFERSON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted July 10-11, 2013

CMA STAFF

Kathy McLaughlin, BS
Matthew Byrge, LCSW

CLINICAL SURVEYORS

Mandy Petroski-Moore, LCSW
Steve Tomicich, ARNP
Kathy Louvaris, ARNP

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CAP Assessment of Jefferson Correctional Institution

I. Overview

On July 10-11, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Jefferson Correctional Institution (JEFCI). The survey report was distributed on August 9, 2013. In September of 2013, JEFCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 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 February 18, 2014, CMA staff conducted an on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the July 2013 survey. The CAP closure files revealed sufficient evidence to determine that 18 physical health and 23 mental health findings remained open. CMA staff conducted a second on-site CAP assessment on June 26, 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 and record reviews revealed sufficient evidence to determine that 14 of the 18 physical health findings were corrected. The remaining 4 physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1(c): In 5 of 16 applicable records (17 reviewed), there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-1(c) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-1(c).</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline history was incomplete or missing.</p>	<p>PH-2(a) - (c) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-2(a) - (c).</p>

Finding	CAP Evaluation Outcome
<p>(b) In 6 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 6 records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 4 of 4 applicable records, inmates with HgbA1c over 8.0 were not seen every 4 months and there was no documentation of the clinical justification with respect to frequency of clinic visits.</p> <p>(e) In 1 of 4 applicable records, there was no evidence of appropriate efforts made to reduce HgbA1c over 7.0.</p>	<p>PH-2(d) & (e) 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 therefore PH-2(d) & (e) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 8 inmate records revealed the following deficiencies:</p> <p>(b) In 3 records, the baseline history was incomplete or missing.</p> <p>(c) In 3 records, the baseline physical examination was incomplete or missing.</p> <p>(d) In 3 records, the baseline laboratory work was incomplete or missing.</p>	<p>PH-3(b) - (d) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-3(b) - (d).</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-4(b): In 5 of 6 applicable records (10 reviewed), there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-4(b) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-4(b).</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 7 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the diagnosis was not appropriately documented.</p> <p>(d) In 3 records, education did not include counseling regarding treatment compliance and risk factor reduction.</p>	<p>PH-5(a) & (d) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-5(a) & (d).</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(b) In 3 of 15 records reviewed, the baseline physical examination was incomplete or missing.</p>	<p>PH-6(b) 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 therefore PH-6(b) will remain open.</p>

Finding	CAP Evaluation Outcome
(d) In 1 of 2 applicable records, there was no evidence that a medication taper was discussed after two years without seizures.	PH-6(d) CLOSED Adequate evidence of in-service training and monitoring efforts were provided to close PH-6(d).

Finding	CAP Evaluation Outcome
<u>RESPIRATORY CLINIC RECORD REVIEW</u> PH-8(b): In 3 of 13 records reviewed, the severity of reactive airway diseases was not documented.	PH-8(b) CLOSED Adequate evidence of in-service training and monitoring efforts were provided to close PH-8(b).

Finding	CAP Evaluation Outcome
<u>TUBERCULOSIS CLINIC RECORD REVIEW</u> PH-9(h): In 1 of 5 records reviewed, the inmate was not referred to the clinician for the final chronic illness clinic visit.	PH-9(h) CLOSED Adequate evidence of in-service training and monitoring efforts were provided to close PH-9(h).

Finding	CAP Evaluation Outcome
<u>EMERGENCY CARE RECORD REVIEW</u> PH-10(a): In 5 of 15 records reviewed, evidence of patient education applicable to the presenting complaint was missing.	PH-10(a) CLOSED Adequate evidence of in-service training and monitoring efforts were provided to close PH-10(a).

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-12(a): In 7 of 8 applicable records (14 reviewed), the new diagnosis was not reflected on the problem list.</p>	<p>PH-12(a) 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 therefore PH-12(a) will remain open.</p>

III. Mental Health Assessment Summary

On the same timetable as described above, corrective actions related to the mental health findings identified during the July 2013 survey were evaluated. The results of the assessment are listed below. The CAP closure files and record reviews revealed evidence to determine that 8 of the remaining 23 mental health findings were corrected. The remaining 15 mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 11 SHOS admissions revealed the following deficiencies:</p> <p>(a) In 8 records, admission orders were not signed/countersigned and/or not dated/timed.</p> <p>(b) In 6 records, documentation does not indicate that the inmate was observed at the frequency ordered by the clinician.</p> <p>(c) In 3 records, the daily nursing evaluations were not completed once per shift.</p> <p>(d) In 3 of 10 applicable records, the daily rounds by the clinician were not documented.</p>	<p>MH-1 (a)-(d) 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, therefore MH-1(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE RECORD REVIEW</u></p> <p>MH-2: A comprehensive review of 12 use of force incidents revealed the following deficiencies:</p> <p>(a) In 10 records, a written referral to mental health by physical health staff was not completed or not present in the medical record.</p> <p>(b) In 9 records, indication that mental health staff interviewed the inmate no later than the next working day was not present in the medical record.</p>	<p>MH-2 (a) & (b) 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, therefore MH-2 (a) & (b) will remain open (see discussion).</p>

***Discussion MH-2 & MH-3:** The narrative for the post use of force and special housing mental health contact notes were identical in all of the records reviewed, including the inmate's statement "ok". The only changes noted were the date and time. Additionally the mental health staff signature and title were in the same location giving the appearance that the documentation was a photocopy. This issue was brought to the attention of the Senior Mental Health Clinician and the Health Services Administrator.*

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUEST RECORD REVIEW</u></p> <p>MH-3: In 5 of 16 records, a copy of the inmate request form was not present.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING RECORD REVIEW</u></p> <p>MH-4: A comprehensive review of 15 records revealed the following deficiencies:</p> <p>(a) In 4 records, the mental status exam (MSE) was not completed within the required time frame.</p> <p>(b) In 6 of 13 applicable records, follow-up MSEs were not completed within the required time frame.</p> <p>(c) In 9 of 13 applicable records, outpatient treatment (psychiatry, case management and individual therapy) was not continued as indicated on the ISP.</p>	<p>MH-4 (a)-(c) 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, therefore MH-4 (a)-(c) will remain open (see discussion for MH-2.)</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION RECORD REVIEW</u></p> <p>MH-5: A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>(b) In all records, the physician orders were not dated and/or timed.</p> <p>(c) In 4 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>(d) In 4 of 6 applicable records, a signed Refusal of Health Care Services (DC4-711A) was not present in the medical record after three consecutive or five medication refusals in one month.</p> <p>(e) In 5 of 9 applicable records, follow-up lab tests were not completed as required.</p>	<p>MH-5 (b)-(c) 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, therefore MH-5 (b)-(c) will remain open.</p> <p>MH-5 (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 (d).</p> <p>MH-5 (e)-(f) 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, therefore MH-5 (e)-(f) will remain open.</p>

Finding	CAP Evaluation Outcome
(f) In 10 records, follow-up sessions were not conducted at appropriate intervals.	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>MH-6: A comprehensive review of 36 outpatient (S2 & S3) records revealed the following deficiencies:</p> <p>(a) In 8 of 23 applicable records, a case manager was not assigned within three working days of arrival.</p> <p>(e) In 3 of 4 applicable records, the consent to sex offender treatment was not present.</p> <p>(f) In 1 of 2 applicable records, a refusal form (DC4-711A) for sex offender treatment was not present.</p> <p>(g) In 4 of 7 applicable records, the biopsychosocial (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</p> <p>(h) In 4 of 8 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p> <p>(i) In 16 of 30 applicable records, the ISP was not signed by members of the MDST and/or inmate and there was no documented refusal.</p> <p>(j) In 13 of 23 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p>	<p>MH-6 (a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 (a).</p> <p>MH-6 (e)-(f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 (e)-(f).</p> <p>MH-6 (g) 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, therefore MH-6 (g) will remain open.</p> <p>MH-6 (h)-(j) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 (h)-(j).</p> <p>MH-6 (k) 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, therefore MH-6 (k) will remain open.</p>

Finding	CAP Evaluation Outcome
(k) In 9 records, mental health problems were not documented on the problem list.	

IV. Conclusion

PH1(c), PH-2(a)-(c), PH-3(b)-(d), PH-4(b), PH-5(a) & (d), PH-6(d), PH-8(b), PH-9(h), and PH-10(a) will close and all other physical health portions remain open. MH-3, MH-5(d), MH-6(a), MH-6(e), MH-6(f), and MH-6(h)-(j) will close and all other mental health findings will remain open. Until such time as appropriate corrective actions are undertaken by JEFCl 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 four months. Follow-up assessment by the CMA will most likely take place through an on-site visit.