

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

of

**JEFFERSON CORRECTIONAL INSTITUTION**

for the

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

**CMA STAFF**

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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. The CAP closure files revealed sufficient evidence to determine that four physical health and 15 mental health findings remained open. On October 17, 2014 CMA staff conducted a third on-site CAP assessment 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 four of four physical health findings were corrected. All physical health findings will close.

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p><b>PH-2: A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>(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.</b></p> <p><b>(e) In 1 of 4 applicable records, there was no evidence of appropriate efforts made to reduce HgbA1c over 7.0.</b></p>	<p><b>PH-2(d) &amp; (e) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2 (d) &amp; (e).</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-6(b): In 3 of 15 records reviewed, the baseline physical examination was incomplete or missing.</b></p>	<p><b>PH-6(b) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 (b).</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS RECORD REVIEW</u></b></p> <p><b>PH-12(a): In 7 of 8 applicable records (14 reviewed), the new diagnosis was not reflected on the problem list.</b></p>	<p><b>PH-12(a) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12 (a).</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 13 of the 15 mental health findings were corrected. Two mental health findings remain open. An additional corrective action item was noted during the assessment that will also require monitoring (see CF-1).

Finding	CAP Evaluation Outcome
<p><b><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></b></p> <p><b>MH-1: A comprehensive review of 11 SHOS admissions revealed the following deficiencies:</b></p> <p><b>(a) In 8 records, admission orders were not signed/countersigned and/or not dated/timed.</b></p> <p><b>(b) In 6 records, documentation does not indicate that the inmate was observed at</b></p>	<p><b>MH-1 (a) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 (a).</p> <p><b>MH-1 (b) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance</p>

Finding	CAP Evaluation Outcome
<p><b>the frequency ordered by the clinician.</b></p> <p><b>(c) In 3 records, the daily nursing evaluations were not completed once per shift.</b></p> <p><b>(d) In 3 of 10 applicable records, the daily rounds by the clinician were not documented.</b></p>	<p>had not been reached, therefore MH-1 (b) will remain open.</p> <p><b>MH-1 (c) &amp; (d) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 (c) &amp; (d).</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE RECORD REVIEW</u></b></p> <p><b>MH-2: A comprehensive review of 12 use of force incidents revealed the following deficiencies:</b></p> <p><b>(a) In 10 records, a written referral to mental health by physical health staff was not completed or not present in the medical record.</b></p> <p><b>(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.</b></p>	<p><b>MH-2 (a) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2 (a).</p> <p><b>MH-2 (b) OPEN</b></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 (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING RECORD REVIEW</u></b></p> <p><b>MH-4: A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the mental status exam (MSE) was not completed within the</b></p>	<p><b>MH-4 (a)-(c) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 (a)-(c).</p>

Finding	CAP Evaluation Outcome
<p>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>	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION RECORD REVIEW</u></b></p> <p><b>MH-5: A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></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>(e) In 5 of 9 applicable records, follow-up lab tests were not completed as required.</p> <p>(f) In 10 records, follow-up sessions were not conducted at appropriate intervals.</p>	<p><b>MH-5 (b) &amp; (c) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 (b) &amp; (c).</p> <p><b>MH-5 (e) &amp; (f) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 (e) &amp; (f).</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></b></p> <p><b>MH-6: A comprehensive review of 36 outpatient (S2 &amp; S3) records revealed the</b></p>	<p><b>MH-6 (g) &amp; (k) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close</p>

Finding	CAP Evaluation Outcome
<p>following deficiencies:</p> <p><b>(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.</b></p> <p><b>(k) In 9 records, mental health problems were not documented on the problem list.</b></p>	<p>MH-6 (g) &amp; (k).</p>

**C. CAP finding**

Finding	Suggested Corrective Action
<p><b><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></b></p> <p><b>CF-1: In 3 of 3 records, the inmate was not evaluated by the 4<sup>th</sup> day of admission to determine the need for a transfer to a Crisis Stabilization Unit (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-1:** A review of the open SHOS CAP findings revealed an additional clinical concern that was not present at the time of the CMA audit. It was noted that there were instances in which inmates placed on SHOS remained on that status for longer than four days. While this alone is not specifically problematic, there are additional clinical requirements for inmates who remain on SHOS for four or more days. The Department’s Health Service Bulletin (HSB) states that during the fourth day of SHOS, the attending clinician will personally evaluate the inmate and determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the applicable three records, there was no indication that this evaluation had been performed.

#### **IV. Conclusion**

All physical health findings will close. MH-1(b) and MH-2(b) will remain open and all other mental health findings will close. In addition, CF-1 is now open and will require monitoring. 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.