

**OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**MARTIN CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted November 13-14, 2013

**CMA STAFF**

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## CAP Assessment of Martin Correctional Institution

### I. Overview

On November 13 -14, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Martin Correctional Institution (MATCI). The survey report was distributed on December 16, 2013. In February of 2014, MATCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 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 20, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. 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 that all but one physical health finding will remain open due to insufficient evidence of monitoring.

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 2 of 5 applicable records (19 reviewed), there was no evidence of influenza vaccine or refusal.</b></p> | <p><b>PH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only two weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-1 will remain open.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p><b>PH-2: A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 5 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 5 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 6 of 9 applicable records, there was</b></p> | <p><b>PH-2(a) – (d) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-2(a) – (d) will remain open.</p> |

| Finding  | CAP Evaluation Outcome |
|--|------------------------|
| <p>no evidence of an annual dilated fundoscopic examination.</p> <p>(d) In 2 of 9 applicable records, there was no evidence of ACE or ARB therapy or contraindication noted in the record.</p> |                        |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></b></p> <p><b>PH-3: A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 of 13 applicable records, there was no evidence of influenza vaccine or refusal.</b></p> <p><b>(b) In 8 of 14 applicable records, hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B.</b></p> | <p><b>PH-3(a) &amp; (b) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-3(a) &amp; (b) will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>IMMUNITY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-4: A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 8 records, the baseline physical examination or form, “Communicable Diseases Record” (DC4-710) was incomplete or missing.</b></p> <p><b>(b) In 4 of 4 applicable records, there was no evidence of hepatitis B vaccine or refusal.</b></p> <p><b>(c) In 5 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> | <p><b>PH-4(a) &amp; (b) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only two weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-4(a) &amp; (b) will remain open.</p> <p><b>PH-4(c) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however no evidence of monitoring was documented, therefore an adequate level of compliance could not be determined. PH-4(c) will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
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| <p><b><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-5: In 1 of 2 applicable records (13 reviewed) there was no evidence of a referral to a specialist when indicated.</b></p> | <p><b>PH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-5 will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>RESPIRATORY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-6: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 6 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> | <p><b>PH-6(a) &amp; (b) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-6(a) &amp; (b) will remain open.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-7: A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the “monthly nursing follow-up” form DC4-719 was incomplete.</b></p> <p><b>(b) In 2 records, there was no evidence that AST and ALT tests were repeated as ordered.</b></p> <p><b>(c) In 1 of 3 applicable records, there was no evidence that an inmate with elevated AST/ALT or other adverse reactions had the tuberculosis medication discontinued.</b></p> | <p><b>PH-7(a) – (e) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-7(a) - (e) will remain open.</p> <p><b>PH-7(f) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however no evidence of monitoring was documented, therefore an adequate level of compliance could not be determined. PH-7(f) will remain open.</p> |

| Finding   | CAP Evaluation Outcome |
|---|------------------------|
| <p>(d) In 1 of 1 applicable record, there was no evidence that at the completion of therapy the inmate was referred to the clinician for a chronic illness visit.</p> <p>(e) In 2 records, there was no evidence that labs were available prior to the clinic visit and reviewed or addressed in a timely manner.</p> <p>(f) In 1 of 1 applicable record, there was no evidence of pneumococcal vaccine or refusal.</p> |                        |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>EMERGENCY CARE RECORD REVIEW</u></b></p> <p><b>PH-8: In 3 of 13 records reviewed, there was no evidence of the documentation of complete vital signs</b></p> | <p><b>PH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only two weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-8 will remain open.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>INFIRMARY CARE RECORD REVIEW</u></b></p> <p><b>PH-9: A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 6 records, there was no evidence that health care personnel made rounds at least every 2 hours.</b></p> <p><b>(b) In 3 records, the inpatient file was incomplete and did not contain all the minimum requirements.</b></p> | <p><b>PH-9(a) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only two weeks of records were monitored and there was no indication of the monitoring outcome, therefore an adequate level of compliance could not be determined. MH-9(a) will remain open.</p> <p><b>PH-9(b) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only</p> |

| Finding | CAP Evaluation Outcome  |
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|         | three weeks of records were monitored, therefore an adequate level of compliance could not be determined. MH-9(b) will remain open. |

| Finding  | CAP Evaluation Outcome  |
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| <p><b><u>SICK CALL RECORD REVIEW</u></b></p> <p><b>PH-10: In 4 of 18 records reviewed, the nursing assessment forms or the SOAPE notes were incomplete and did not adequately describe the problem, assessment, or plan of action.</b></p> | <p><b>PH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-10 will remain open.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>CONSULTATIONS RECORD REVIEW</u></b></p> <p><b>PH-11: A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 of 8 applicable records, the new diagnosis was not reflected on the problem list.</b></p> <p><b>(b) In 3 of 11 applicable records, the consultation log did not accurately reflect the completion of the consultation.</b></p> <p><b>(c) In 1 of 2 applicable records, the referring clinician did not document a new plan of care following a denial by the Utilization Management Department.</b></p> | <p><b>PH-11(a)-(c) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-11(a)-(c) will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></b></p> <p><b>PH-12: A comprehensive review of 7 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the medication orders were not signed, dated, and/or timed.</b></p> <p><b>(b) In 3 records, the medication administration record (MAR) was not completed, signed, and/or initialed.</b></p> <p><b>(c) In 1 of 1 applicable record, there was no evidence of appropriate counseling after non-compliance.</b></p> <p><b>(d) In 2 of 4 applicable records, the review of the MAR revealed lapses in medication administration.</b></p> | <p><b>PH-12(a)-(d) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-12(a)-(d) will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>PERIODIC SCREENING RECORD REVIEW</u></b></p> <p><b>PH-13: A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the periodic screening was incomplete.</b></p> <p><b>(b) In 1 of 3 applicable records there was no evidence a referral to a clinician was completed.</b></p> | <p><b>PH-13(a) &amp; (b) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. PH-13(a) &amp; (b) will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>PH-14: A tour of the facility revealed the following deficiencies:</b></p> | <p><b>PH-14(a) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only</p> |

| Finding  | CAP Evaluation Outcome   |
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| <p><b>Sick call/exam rooms:</b></p> <p><b>(a) Medical areas were unorganized with medications not properly or securely stored.</b></p> <p><b>(b) Hand washing stations were inadequately maintained.</b></p> <p><b>(c) The sharps container for biohazardous waste was present but not in proper range of use.</b></p> <p><b>Infirmiry Area:</b></p> <p><b>(d) Adequate hand washing facilities were not provided.</b></p> <p><b>(e) Inmates were not within sight or sound of nurse's station.</b></p> <p><b>(f) Personal protective equipment for universal precautions was not available in the infirmiry.</b></p> <p><b>(g) The medical isolation room was not being checked daily when in use and the log documenting that the air was properly exhausted was not found.</b></p> <p><b>Inmate Housing areas:</b></p> <p><b>(h) The hot or cold faucet was not working in D Dorm.</b></p> <p><b>(i) Procedures to access medical, dental, and mental health services were not posted in A, B, or D dorms.</b></p> <p><b>Pill Distribution:</b></p> <p><b>(j) An oral cavity check was not conducted by staff to ensure medications were swallowed.</b></p> | <p>three weeks of monitoring was provided, therefore an adequate level of compliance could not be determined. PH-14(a) will remain open.</p> <p><b>PH-14(b)-(f) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however no evidence of monitoring or corrective action was provided, therefore an adequate level of compliance could not be determined. PH-14(b)-(f) will remain open.</p> <p><b>PH-14(g) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14(g).</p> <p><b>PH-14(h)-(i) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however no evidence of monitoring or corrective action was provided, therefore an adequate level of compliance could not be determined. PH-14(h)-(i) will remain open.</p> <p><b>PH-14(j) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only two weeks were monitored, therefore an adequate level of compliance could not be determined. PH-14(j) will remain open.</p> |

### III. Mental Health Assessment Summary

The CAP closure files revealed that all mental health findings will remain open due to insufficient evidence of monitoring.

| Finding  | CAP Evaluation Outcome   |
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| <p><b><u>SELF-HARM OBSERVATION STATUS RECORD REVIEW</u></b></p> <p><b>MH-1: A comprehensive review of 11 Self-Harm Observation Status (SHOS) admissions records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the inmate’s admission orders were not signed/countersigned and/or not dated/timed.</b></p> <p><b>(b) In 1 of 4 applicable records, the inmate was not evaluated by the 4<sup>th</sup> day of admission to determine the need for a transfer to CSU.</b></p> <p><b>(c) In 4 records, the documentation does not indicate that the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>(d) In 3 records, the daily nursing evaluations were not completed once per shift.</b></p> | <p><b>MH-1(a)-(c) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only five weeks of records were monitored, therefore an adequate level of compliance could not be determined. MH-1(a)-(c) will remain open.</p> <p><b>MH-1(d) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. MH-1(d) will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>MENTAL HEALTH RESTRAINTS RECORD REVIEW</u></b></p> <p><b>MH-2: A comprehensive review of 2 mental health restraint episodes revealed the following deficiencies:</b></p> <p><b>(a) In 2 records, the telephone order for restraints was not signed by the clinician.</b></p> <p><b>(b) In 1 record, the inmate’s behavior was not observed every 15 minutes while in restraints.</b></p> | <p><b>MH-2(a)-(d) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only four weeks of records were monitored, therefore an adequate level of compliance could not be determined. MH-2(a)-(d) will remain open.</p> |

| Finding  | CAP Evaluation Outcome |
|--|------------------------|
| <p>(c) In 1 of 1 applicable record, there was no documentation that the inmate was offered a bedpan/urinal every two hours.</p> <p>(d) In 2 records, respiration and circulation checks were not completed and/or documented every 15 minutes.</p> |                        |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>USE OF FORCE RECORD REVIEW</u></b></p> <p><b>MH-3: In 2 of 7 records reviewed, a written referral to mental health by physical health staff was not present in the medical record.</b></p> | <p><b>MH-3 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. MH-3 will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>SPECIAL HOUSING RECORD REVIEW</u></b></p> <p><b>MH-4: In 4 of 15 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was not present or not completed in its entirety.</b></p> | <p><b>MH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. MH-4 will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-5: A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 3 applicable records, the</b></p> | <p><b>MH-5(a)-(c) OPEN</b></p> <p>Adequate evidence of in-service training was provided, however only three weeks of records were monitored, therefore an adequate level of compliance could not be determined. MH-5(a)-(c) will remain</p> |

| Finding  | CAP Evaluation Outcome |
|--|------------------------|
| <p><b>psychiatric evaluation was not completed prior to initially prescribing psychotropic medication.</b></p> <p><b>(b) In 7 records, the clinician's orders were not signed.</b></p> <p><b>(c) In 4 of 15 applicable records, informed consents did not reflect information relevant to the medication prescribed.</b></p> | <p>open.</p>           |

**IV. Conclusion**

All physical health findings except PH-14(g) will remain open. All mental health findings will remain open. Until such time as appropriate corrective actions are undertaken by MATCI 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 on-site visit.