

**THIRD ON-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. The CAP closure files revealed sufficient evidence to determine that 41 of 42 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 18, 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 9 of 41 physical health findings and 5 of 13 mental health findings were corrected. In December of 2014, CMA staff again requested access to monitoring documents. Based on the documents provided, CMA staff conducted an on-site CAP assessment on January 13, 2015 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 24 of the 32 physical health findings were corrected. Eight physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1: In 2 of 5 applicable records (19 reviewed), there was no evidence of influenza vaccine or refusal.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, the baseline history was incomplete or missing.</p> <p>(c) In 6 of 9 applicable records, there was 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>	<p>PH-2(a), (c), & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(a), (c), & (d).</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 4 of 13 applicable records, there was no evidence of influenza vaccine or refusal.</p> <p>(b) In 8 of 14 applicable records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B.</p>	<p>PH-3(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. PH-3(a) will remain open.</p> <p>PH-3(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3(b).</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-4: A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>(b) In 4 of 4 applicable records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>(c) In 5 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-4(b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(b) & (c).</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-5: In 1 of 2 applicable records (13 reviewed) there was no evidence of a referral to a specialist when indicated.</p>	<p>PH-5 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. PH-5 will remain open.</p>

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

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>PH-7: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the “monthly nursing follow-up” form DC4-719 was incomplete.</p> <p>(b) In 2 records, there was no evidence that AST and ALT tests were repeated as ordered.</p> <p>(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.</p> <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>	<p>PH-7(a) – (f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7(a) – (f).</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE RECORD REVIEW</u></p> <p>PH-8: In 3 of 13 records reviewed, there was no evidence of the documentation of complete vital signs.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE RECORD REVIEW</u></p> <p>PH-9: A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, there was no evidence that health care personnel made rounds at least every 2 hours.</p> <p>(b) In 3 records, the inpatient file was incomplete and did not contain all the minimum requirements.</p>	<p>PH-9(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9(a).</p> <p>PH-9(b) OPEN</p> <p>Adequate evidence of in-service training was provided; however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-9(b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL RECORD REVIEW</u></p> <p>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.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-11: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 4 of 8 applicable records, the new diagnosis was not reflected on the problem list.</p> <p>(b) In 3 of 11 applicable records, the consultation log did not accurately reflect</p>	<p>PH-11(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11(a) & (b).</p> <p>PH-11(c) OPEN</p> <p>Adequate evidence of in-service training was provided; however institutional monitoring was</p>

Finding	CAP Evaluation Outcome
<p>the completion of the consultation.</p> <p>(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.</p>	<p>inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. PH-11(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-12: A comprehensive review of 7 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, the medication orders were not signed, dated, and/or timed.</p> <p>(b) In 3 records, the medication administration record (MAR) was not completed, signed, and/or initialed.</p> <p>(c) In 1 of 1 applicable record, there was no evidence of appropriate counseling after non-compliance.</p> <p>(d) In 2 of 4 applicable records, the review of the MAR revealed lapses in medication administration.</p>	<p>PH-12(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12(a).</p> <p>PH-12(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. PH-12(b) & (c) will remain open.</p> <p>PH-12(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12(d).</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENING RECORD REVIEW</u></p> <p>PH-13: A comprehensive review of 12 inmate records revealed the following deficiencies:</p>	<p>PH-13(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</p>

Finding	CAP Evaluation Outcome
<p>(a) In 4 records, the periodic screening was incomplete.</p> <p>(b) In 1 of 3 applicable records there was no evidence a referral to a clinician was completed.</p>	<p>compliance had not been reached. PH-13(a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-14: A tour of the facility revealed the following deficiencies:</p> <p>(f) Personal protective equipment for universal precautions was not available in the infirmary.</p> <p>(i) Procedures to access medical, dental, and mental health services were not posted in A, B, or D dorms.</p>	<p>PH-14(f) & (i) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14(f) & (i).</p>

Finding	CAP Evaluation Outcome
<p><u>CAP FINDING – TUBERCULOSIS CLINIC</u></p> <p>CF-1: In 2 of 2 applicable records (6 reviewed), the correct number of INH doses were not given (see discussion).</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-1: A review of the documentation provided during the CAP assessment revealed an additional clinical concern that was not present at the time of the November 2013 audit. In two records, inmates enrolled in the Tuberculosis clinic were not provided

with the correct number of INH doses. In the first record, the inmate only received 49 doses of INH. In the second record, the inmate only received approximately 35 doses of INH. Due to the fact that this is an important quality of care issue, MATCI staff will be required to amend the CAP to include this finding and monitor levels of compliance.

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 3 of the 8 mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 11 Self-Harm Observation Status (SHOS) admissions records revealed the following deficiencies:</p> <p>(b) In 1 of 4 applicable records, the inmate was not evaluated by the 4th day of admission to determine the need for a transfer to CSU.</p> <p>(c) In 4 records, the documentation does not indicate that the inmate was observed at the frequency ordered by the clinician.</p> <p>(d) In 3 records, the daily nursing evaluations were not completed once per shift.</p>	<p>MH-1 (b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(b) & (c).</p> <p>MH-1(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. MH-1(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH RESTRAINTS RECORD REVIEW</u></p> <p>MH-2: A comprehensive review of 2 mental health restraint episodes revealed the following deficiencies:</p> <p>(a) In 2 records, the telephone order for</p>	<p>MH-2(a) – (d) OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-2(a) - (d) will remain</p>

Finding	CAP Evaluation Outcome
<p>restraints was not signed by the clinician.</p> <p>(b) In 1 record, the inmate’s behavior was not observed every 15 minutes while in restraints.</p> <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>	<p>open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING RECORD REVIEW</u></p> <p>MH-4: In 4 of 15 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was not present or not completed in its entirety.</p>	<p>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>CAP FINDING – OTHER MENTAL HEALTH</u></p> <p>CF-2: In 2 of 6 records reviewed, the disposition for inmates who made suicidal gestures was inadequate (see discussion).</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-2: A review of the documentation provided during the CAP assessment revealed an additional clinical concern that was not present at the time of the November 2013 survey. In one record, a nurse and officer witnessed an inmate take a “handful of yellow pills.” The inmate was given activated charcoal and placed on 23-hour

observation with 15 minute checks. The order was written on 12/30/14 at 2030. Documentation indicated he was given a shroud and tear resistant blanket. Observation forms indicated 15 minute checks were performed on 12/31/14 from 2400 to 0800. No other documentation of observation was noted. The inmate was released from 23-hour observation status on 1/1/15 at 1100. Although the inmate took an overdose in an apparent attempt of self-harm, he was not admitted to SHOS. Admission to SHOS ensures proper assessments and protocols are followed for inmates who are at risk of self-harm. In the second case, documentation on 12/8/14 confinement evaluation indicated the inmate wanted to kill himself. He was evaluated by mental health staff and determined not to be at risk for suicide. He asked to be put back on psychotropic medication. On 12/10/14 the inmate declared a psychological emergency wanting medications to cope with hallucinations. He claimed to hear his dead wife's voice. On 12/13/14 the inmate attempted to put a noose around his neck. According to the incident report, he refused to comply with the officer's orders to cease this activity, therefore chemical force was used. After screening by medical staff, the inmate was returned to his cell. On 12/15/14 the inmate reported to mental health staff that he attempted to hang himself two days prior (12/13/14) with "visible signs of scar left around neck area from attempted hanging." There was no indication placement on SHOS was considered for this inmate. In both cases the inmates made deliberate acts of self-harm with an unknown potential for lethality, however procedures for evaluation for placement on SHOS were not followed.

IV. Conclusion

PH-3(a), PH-5, PH-9(b), PH-11(c), PH-12(b) & (c), PH-13(a) & (b) will remain open and all other physical health portions will close. MATCI staff will begin to monitor and correct CF-1. MH-1(d), MH-2(a) – (d) will remain open and all other mental health portions will close. MATCI staff will begin to monitor and correct CF-2. 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.