

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

of

MARTIN CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

Jane Holmes-Cain, LCSW

Lynne Babchuck, LCSW

CAP Assessment Distributed on November 24, 2015

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 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. The CAP closure files revealed sufficient evidence to determine that 24 of 32 physical health findings and 3 of 8 mental health findings were corrected. However one physical health and one mental health CAP finding were added for monitoring and corrective action.

In March 2015, CMA staff again requested access to monitoring documents. Based on the documents provided, CMA staff conducted an on-site CAP assessment on April 22, 2015 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 7 of 9 physical health findings and 1 of 6 mental health findings as well as the mental health CAP finding, CF-2, were corrected. CF-1 remained open.

On July 27, 2015 CMA staff again requested access to monitoring documents. Based on the documents provided, CMA staff conducted an on-site CAP assessment on August 26, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed that 3 of 3 physical health findings and 0 of 5 mental health findings were corrected. CF-3 was added for in-service education, monitoring, and corrective action.

On November 2, 2015 CMA staff requested access to monitoring documents. Based on the documents provided, CMA staff conducted an on-site CAP assessment on November

17, 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

All physical health findings are closed.

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 1 of the 6 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(d): In 3 of 11 Self-Harm Observation Status (SHOS) admissions reviewed, the daily nursing evaluations were not completed once per shift.</p>	<p>MH-1(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(d).</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 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>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 open.</p>

Finding	CAP Evaluation Outcome
(d) In 2 records, respiration and circulation checks were not completed and/or documented every 15 minutes.	

Finding	CAP Evaluation Outcome
<p data-bbox="272 583 862 617"><u>CAP FINDING – OTHER MENTAL HEALTH</u></p> <p data-bbox="272 653 846 751">CF-3: In 1 of 1 records reviewed, inmates who made suicidal gestures were not properly assessed.</p>	<p data-bbox="885 583 1044 617">CF-3 OPEN</p> <p data-bbox="885 653 1357 852">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. CF-3 will remain open.</p>

IV. Conclusion

All physical health findings closed on the fifth CAP assessment. MH-1(d) will close and all other 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, these CAPs 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.