CORRECTIVE ACTION PLAN
[ ] 1ST Quarter [ ] 2nd Quarter [ ] 3rd Quarter
__ Site Visit __ Interim __ Revised __ Final
_X_Physical Health __ Mental Health __ Dental Health __ Administration
_X_CMA __ACA

Institution: Taylor Correctional Institution Main Unit
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-1: 17 records reviewed **CARDIOVASCULAR CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
a. In five records, the baseline physical examination data was not included on the current Chronic Illness Clinic Flow Sheet.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.	Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014	Closed Training 03/21/2014
b. In four records the baseline laboratory work was incomplete or missing. Department policy requires that all areas of the flow sheet be completed in its entirety.	Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770D and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Antoinette Singletary Director of Nursing Norma Crum RN	Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies to begin April 2014.	Ongoing weekly or based on Acuity of the medical condition until 100% compliance for 3 weeks

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Institution: Taylor Correctional Institution Main Unit
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-2: 15 records reviewed **ENDOCRINE CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 10 records, there was no evidence of an annual dilated fundoscopic examination. (b) In 6 of 11 applicable records, there was no evidence of pneumococcal vaccine or refusal. (c) In 9 of 10 applicable records, there was no evidence of influenza vaccine or refusal. (d) In 3 records, the Chronic Illness Clinic (CIC) forms and progress notes were not completed, legible, dated, timed, signed, and/or signature stamped.	Training to staff regarding the issue(s) identified in the Finding(s) column began on March 05,2014 and March 14,2014 with nursing and provider staff respectively. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770B and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Jon Lamb, M.D. Site Medical Director Tom Hoffman HSA Antoinette Singletary Director of Nursing Cheri Becker LPN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 biweekly or based on Acuity of the medical condition until 100% compliant for 3 weeks Studies began March 14, 2014	Closed 03/21/2014

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Institution: Taylor Correctional Institution Main Unit
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-3: 13 records reviewed **GASTOINTESTINAL CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 5 records, the baseline history was incomplete or missing. (b) In 10 records, the baseline physical examination was incomplete or missing. (c) In 8 records, the baseline laboratory work was incomplete or missing. (d) In 3 records, the baseline assessment did not indicate control of the disease. (e) In 5 of 8 applicable records, there was no evidence of influenza vaccine or refusal. (f) In 5 of 11 applicable records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column .Completed March 05,2014 nursing, and March 14,2014 for providers. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770G and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President Nursing Antoinette Singletary Director of Nursing Miranda Dennis LPN Tom Hoffman HSA	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 14, 2014	Closed 03/21/2014 Ongoing

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Institution: Taylor Correctional Institution Main Unit
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-4 : 13 records reviewed **IMMUNITY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 8 of 12 applicable records, there was no evidence of hepatitis B vaccine or refusal. (b) In 5 records, there was no evidence of pneumococcal vaccine or refusal. (c) In 3 records, HIV medications (Intelence, Prezista, and Isentress) were consistently out of stock.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770K and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President Nursing Jon Lamb, M.D. Site Medical Director Antoinette Singletary Director of Nursing Norma Crum RN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 weeks Studies began 03/21/2014	Closed 03/21/2014

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Institution: Taylor Correctional Institution Main Unit
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-5: 7 records reviewed **MISCELLANEOUS CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
In 1 of 4 applicable records (7 reviewed), there was no evidence of pneumococcal vaccine or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770C and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President Nursing Antoinette Singletary Director of Nursing Cynthia Smith LPN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/ 21/ 2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21, 2014.	Closed 03/21/2014

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Annex

Institution: Taylor Correctional Institution ~~Main Unit~~
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

wrong findings

Item Discrepancy: PH-6: 4 records reviewed **NEUROLOGY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the baseline history was incomplete or missing. (b) In 6 records, the baseline physical examination was incomplete or missing. (c) In 2 records, seizures were not classified. (d) In 1 of 1 applicable record, there was no indication that a medication taper was considered after two years without a documented seizure.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770F and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA Carolyn Lee Director of Nursing Donna Knight RN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 weeks . Studies began 03/21/2014.	Closed 03/21/2014

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Institution: Taylor Correctional Institution Main Unit
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-7: 5 records reviewed **ONCOLOGY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 2 records, the baseline history was incomplete or missing. (b) In 2 records, the baseline physical examination was incomplete or missing. (c) In 1 record, the baseline laboratory work was incomplete or missing. (d) In 1 record, the appropriate baseline marker studies were not obtained.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770H and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA Antoinette Singletary Director of Nursing Scott Knudsen RN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21, 2014	Closed 03/21/2014

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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-8: 13 records reviewed **RESPIRATORY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the diagnosis was not accurately recorded on the problem list. (b) In 3 records, the baseline physical exam was incomplete or missing. (c) In 5 records, there was no evidence of a peak flow reading at each CIC visit. (d) In 3 of 12 applicable records, there was no documentation indicating the control of the disease and/or patient status. (e) In 3 of 7 applicable records, there was no evidence of pneumococcal vaccine or refusal. (f) In 7 records, the CIC forms and progress notes were not completed, legible, dated, timed, signed and/or signature stamped.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770A and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA Antoinette Singletary Director of Nursing Kaley Creswell RN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21, 2014	Closed 03/21/2014 Ongoing

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Institution: Taylor Correctional Institution Main Unit
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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-9 : 16 records reviewed **SICK CALL**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 of 15 applicable records, there was no evidence of completed vital signs. (b) In 7 records, there was no evidence of patient education applicable to the presenting complaint. (c) In 2 of 10 applicable records, there was no evidence that follow-up appointments were initiated and/or completed in a timely manner. (d) In 2 of 10 applicable records, there was no evidence that the clinician's orders from the follow-up visit were adequately completed. (e) In 2 of 10 applicable records, the follow-up health care provider's documentation was not completed, legible, and/or timely.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-532B. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA Antoinette Singletary Director of Nursing	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21,l 2014	Closed 03/21/2014 Ongoing

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Institution: Taylor Correctional Institution Main Unit
Survey Dates: January 15 – 16, 2014
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Approved by Corizon: OHS:

Item Discrepancy: PH-10 : 9 records reviewed **INFIRMARY**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 2 records, there was no evidence that medications were administered according to the clinician's orders. (b) In 1 of 1 applicable record, there was no evidence of a discharge note for a 23 hour observation patient. (c) In 2 of 8 applicable records, the blue inpatient file was incomplete. (d) In 2 of 7 applicable records, there was no evidence of a discharge note for inpatient admissions.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-532A. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA Jon Lamb M.D. Site Medical Director Antoinette Singletary Director of Nursing	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21,l 2014.	Closed 03/21/2014 Ongoing

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Institution: Taylor Correctional Institution Main Unit
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Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-11: 15 records reviewed **CONSULTATION**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 5 of 14 applicable records, there was not evidence the Chief Health Officer or designee approved the consultation request by signing the Consultation Request/Consultant's report (DC4-702)(see discussion (b) In 3 of 14 applicable records, there was no evidence that the consultation and/or follow-up appointments were initiated and completed in a timely manner (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-702. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Jon Lamb, M.D. Site Medical Director Carolyn Lee Director of Nursing	Initial Training 3/5/14 3/18/14 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies to begin April 2014.	Completed Ongoing

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Approved by Corizon: OHS:

Item Discrepancy: PH-12: 12 records reviewed **CONSULTATION**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
PH-12: In 7 of 12 records reviewed, all code boxes were not filled in, signed, or initialed appropriately on the MAR.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-797F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Jon Lamb, M.D. Site Medical Director Carolyn Lee Director of Nursing Tom Hoffman HSA	Initial Training 3/5/14 3/18/14 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 2014.	Completed Ongoing

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Institution: Taylor Correctional Institution Main Unit
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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-13: 15 records reviewed **PERIODIC SCREEN/PREVENTIVE CARE**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the periodic screening encounter did not occur within one month of the due date. (b) In 6 records, the periodic screening was incomplete and did not include all required items. (c) In 12 records, there was no evidence that required diagnostic tests were performed 7-14 days prior to the periodic screening encounter. (d) In 3 records, there was no evidence that the inmate was provided lab results at the time of the screening. (e) In 5 records, there was no evidence that health education was provided.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Antoinette Singletary Director of Nursing	Bi-weekly until compliancy met Studies to begin April 2014	Ongoing

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Item Discrepancy: PH-14 : 12 records reviewed **INTRA-SYSTEM TRANSFERS**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
In 5 of 12 records reviewed, the Health Information Transfer/Arrival Summary (DC4-760A), was incomplete.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Antoinette Singletary Director of Nursing	Bi-weekly until compliancy met Studies to begin in April 2014	Ongoing

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Item Discrepancy: PH-15 : An examination of pharmacy services **INFIRMARY**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
The pharmacy storage area and pill line administration area did not contain adequate space for storage of inventories and work activities.	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Antoinette Singletary Director of Nursing	Bi-weekly until compliancy met Studies to begin in April 2014.	Ongoing

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Approved by Corizon: OHS:

Item Discrepancy: PH-16 : Tour of Institution **INSTITUTIONAL TOUR**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
A tour of the facility revealed that was no evidence that the negative air pressure in the medical isolation room was checked daily.	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Antoinette Singletary Director of Nursing	Bi-weekly until compliancy met Studies to begin in April 2014.	Ongoing

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-1: 15 records reviewed **CARDIOVASCULAR CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the baseline history was incomplete or missing. (b) In 4 records, the baseline physical examination was incomplete or missing. (c) In 3 records, the baseline laboratory work was incomplete or missing. (d) In 3 records, there was no documentation indicating the control of the disease and/or patient status.	Training to staff regarding the issue(s) identified in the Finding(s) column was conducted on March 05,2014 with nursing staff and March 14,2014 with the providers emphasizing the necessity for proper documentation. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of DC4-770D and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D., Elaine Pettegrow-Carpino Regional Medical Director Regional Vice President Nursing Carolyn Lee, RN Toni Singletary RN Director of Nursing Norma Crum RN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 14, 2014.	Closed Training 03/21/2014 Ongoing

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Institution: Taylor Correctional Institution Annex
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Approved by Corizon: OHS:

Item Discrepancy: PH-1: 15 records reviewed **CARDIOVASCULAR CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the baseline history was incomplete or missing. (b) In 4 records, the baseline physical examination was incomplete or missing. (c) In 3 records, the baseline laboratory work was incomplete or missing. (d) In 3 records, there was no documentation indicating the control of the disease and/or patient status.	Training to staff regarding the issue(s) identified in the Finding(s) column was conducted on March 05,2014 with nursing staff and March 14,2014 with the providers emphasizing the necessity for proper documentation. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of DC4-770D and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D., Elaine Pettegrow-Carpino Regional Medical Director Regional Vice President Nursing Carolyn Lee, RN Toni Singletary RN Director of Nursing	Initial Training 3/5/14 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies to begin March 14, 2014.	Ongoing

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-2: 12 records reviewed **ENDOCRINE CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 5 records, the baseline history was incomplete or missing. (b) In 5 records, the baseline physical examination was incomplete or missing. (c) In 1 of 4 applicable records, there was no evidence of an annual dilated fundoscopic examination. (d) In 4 records, there was no evidence of pneumococcal vaccine or refusal. (e) In 2 of 9 applicable records, there was no evidence of influenza vaccine or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770B and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D., Elaine Pettegrow-Carpino Regional Medical Director Regional Vice President Nursing Carolyn Lee, RN Toni Singletary RN Director of Nursing Carolyn Lee Director of Nursing	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 14,2014	Closed 03/21/2014 initial training Ongoing

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-3: 12 records reviewed **GASTOINTESTINAL CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the baseline history was incomplete or missing. (b) In 4 records, the baseline physical examination was incomplete or missing. (c) In 2 of 9 applicable records, there was no evidence of influenza vaccine or refusal. (d) In 7 of 11 applicable records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770G and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President Nursing Carolyn Lee Director of Nursing	Initial Training 03/05/2014 03/14/2014 03/18/2014 03?21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 14,2014	Ongoing

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-4 : 11 records reviewed **IMMUNITY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 9 of 10 applicable records, there was no evidence of hepatitis B vaccine or refusal. (b) In 8 records, there was no evidence of pneumococcal vaccine or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770K and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Pettegrow-Carpino Regional Medical Director Regional Vice President Nursing Carolyn Lee Director of Nursing Terri Ellison RN	Initial Training 03/05/2014 03/14/2014 03/28/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies to begin in April 2014	Ongoing

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: **PH-5: 9 records reviewed** **MISCELLANEOUS CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 2 records, the diagnosis was not accurately recorded on the problem list. (b) In 5 records, the baseline history was incomplete or missing. (c) In 3 records, laboratory studies were not completed prior to the clinic visit. (d) In 4 records, there was no documentation indicating the control of the disease and/or patient status. (e) In 4 of 7 applicable records, there was no evidence of pneumococcal vaccine or refusal. (f) In 3 of 6 applicable records, there was no evidence of influenza vaccine or refusal. (g) In 3 of 6 applicable records, there was no referral to take place as indicated.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770C and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President Nursing Carolyn Lee Director of Nursing	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies to begin in April 2014.	Ongoing

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-6: 4 records reviewed **NEUROLOGY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the baseline history was incomplete or missing. (b) In 6 records, the baseline physical examination was incomplete or missing. (c) In 2 records, seizures were not classified. (d) In 1 of 1 applicable record, there was no indication that a medication taper was considered after two years without a documented seizure.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770F and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President of Nursing Toni Singletary Director of Nursing Tom Hoffman HSA Miranda Dennis LPN	Initial Training 03/05/2014 03/14/2014 03/18/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. - Studies began March 14, 2014.	Closed 03/21/2014

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-7: 2 records reviewed **ONCOLOGY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 1 record, the baseline history was incomplete or missing. (b) In 1 record, the baseline physical examination was incomplete or missing. (c) In 1 record, the baseline laboratory work was incomplete or missing. (d) In 2 records, there was no documentation indicating the control of the disease and/or patient status at the last visit. (e) In 2 records, there was no evidence of influenza vaccine or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770H and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President of Nursing Carolyn lee Director of Nursing Tom Hoffman HSA Terri Ellison RN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 14, 2014	Closed Training 03/21/2014 complete

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-8: 11 records reviewed **RESPIRATORY CLINIC**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 4 records, the baseline history was incomplete or missing. (b) In 6 records, the baseline physical examination was incomplete or missing. (c) In 3 records, reactive airway diseases were not classified. (d) In 5 records, there was no evidence of pneumococcal vaccine or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections as well as the appropriate use of the DC4-770A and DC4-701F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President of Nursing Toni Singletary Director of Nursing Tom Hoffman HSA Terri Ellison RN	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21,2014	Closed 03/21 2014 Training complete

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-9 : 11 records reviewed **EMERGENCY CARE RECORD**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
In 2 of 7 applicable records (11 reviewed), there was no evidence that follow-up appointments were initiated and/or completed in a timely manner.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-532B. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President of Nursing Jon Lamb M.D. Site medical Director Carolyn Lee Director of Nursing	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began march 21, 2014	Closed 03/21/2014 Ongoing

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Institution: Taylor Correctional Institution Annex
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: **PH-10 : 14 records reviewed** **SICK CALL**	**Corrective/Follow-up Action**	**Responsibility (Name and Title)**	**Due Date/Completion Date**	**Status on This Review (Open, Closed, Ongoing)**
In 3 of 8 applicable records, there was no evidence that follow-up appointments were initiated and/or completed in a timely manner.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-532B. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert, M.D. Regional Medical Director Elaine Pettegrow-Carpino Regional Vice President of Nursing Carolyn Lee Director of Nursing Tom Hoffman HSA	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21, 2014.	Closed Training completed March 21,2014

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Institution: Taylor Correctional Institution ~~Main~~ Annex Unit
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: PH-11: 11 records reviewed **CONSULTATION**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 3 records, the clinical information was insufficient to obtain the needed consultation services. (b) In 5 of 7 applicable records, there was no evidence that follow-up appointments were initiated and/or completed in a timely manner. (c) In 7 of 11 records, the consultation log was incomplete or inaccurate. (d) In 2 of 3 applicable records, there was no new treatment plan following a denial by Utilization Management (UM).	Training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-797F. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA Melinda Sheffield Admin Asst. Jon Lamb M.D. Site Medical Director Carolyn Lee DON	Initial Training 03/05/2014 03/14/2014 03/18/2014 03/21/2014 Bi-weekly or based on Acuity of the medical condition until 100% compliant for 3 months. Studies began March 21, 2014.	Closed 03/21/2014

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Institution: Taylor Correctional Institution ~~Main Unit~~
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

PH-12

INSTITUTIONAL TOUR				
Sick call/exam rooms: (a) The blood glucose meter was not being calibrated or logged. Inmate Housing areas: (b) Procedures to access medical and dental services were not posted in dormitory areas. (c) The required over the counter medications were not available in all dormitory areas. (d) Pill line schedules were not posted in all dormitory areas.	Provide evidence in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding column. Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation to include logs of calibration, OTC available sheets, memo from Warden with completion date of posted dorm information, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Joseph Shubert Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HAS Melinda Sheffield Admin Asst. Felicia Johnson LPN Monitor Dorm OTC's Jon Lamb M.D. Site Medical Director Carolyn Lee DON Toni Singletary DON	Initial Training 03/05/2014 03/14/2014 03/21/2014	(a)completed 03/21/2014 Periodic rechecks to assure compliance minimum of monthly or as needed (b)procedures posted in Dorms providing access to care and pill call times (c) on going due to inventory turnover, orders are always being restocked.

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-1: A comprehensive review of 6 Self Harm Observation Status (SHOS) admissions revealed the following deficiencies: SELF HARM OBSERVATION STATUS	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 2 records, an emergency evaluation was not completed prior to an SHOS admission by mental health or nursing staff. (b) In 2 of 2 applicable records, the inmate was not evaluated by the 4th day of admission to determine the need for a transfer to CSU. (c) In 4 of 5 applicable records, daily rounds by the clinician were not documented. (d) In 4 records, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS. (e) In 2 records, there was no evidence the inmate was seen by mental health staff for post-discharge follow-up.	Provide in-service training to all mental health staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-714A and or DC4-642G (a-d), use of DC4-642B and or DC4-657 (e) Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Jon Lamb M.D. Site Medical Director Dr. Tournay Mental Health Director	Initial training completed on 3/11/14 Weekly until 100% compliance is met for 3 months. Studies began March 21, 2014.	Closed Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-2: A comprehensive review of 14 records revealed the following deficiencies: SPECIAL HOUSING	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 4 records, the Special Housing Health Appraisal (DC4-769) was not present or not completed in its entirety. (b) In 11 records, the mental status exam (MSE) was not completed within the required time frame. (c) In 1 of 2 applicable records, follow-up MSEs were not completed within the required time frame.	Provide in-service training to all mental health staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-528. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Jon Lamb M.D. Site Medical Director Dr. Tournay Mental Health Director	Initial training to be completed on 3/11/14 Weekly until 100% compliance is met for 3 months. Studies to begin April 2014	Completed Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-3: A comprehensive review of 3 records revealed the following deficiencies: **PSYCHOLOGICAL EMERGENCY**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a): In 2 records, there was no documentation in the medical record indicating that an inmate declared a mental health emergency. (b): In 1 of 2 applicable records, there was no evidence the psychological emergency was responded to within 1 hour.	Provide in-service training to all mental health staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of DC4-642G. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Jon Lamb M.D. Site Medical Director Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Dr. Tournay Mental Health Director	Initial training to be completed on 3/11/14 Weekly until 100% compliance is met for 3 months. Studies Began March 21, 2014	Completed Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-4 : A comprehensive review of 6 records revealed the following deficiencies: **INMATE REQUESTS**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
In 2 out of 6 records reviewed, a copy of the inmate request form was not present.	Provide in-service training to all mental health staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include copy of appropriate documentation DC6-236. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Jon Lamb M.D. Site Medical Director Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Dr. Tournay Mental Health Director	Initial training to be completed on 3/11/14 Weekly until 100% compliance is met for 3 months. Studies to begin in April 2014	Closed Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-5: A comprehensive review of 12 outpatient records revealed the following deficiencies: **OUTPATIENT SERVICES**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 5 of 12 applicable records, the consent for treatment was not signed prior to the initiation of treatment or renewed annually. (b) In 2 of 4 applicable records, the mental health screening evaluation was not completed within 14 days of arrival. (c) In 5 of 12 applicable records, the biopsychosocial assessment (BPSA) was not present and/or completed in the medical record. (d) In 2 of 3 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival. (e) In 4 of 10 applicable records, the ISP was not individualized and lacked pertinent information.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct weekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections to include appropriate use of reports (ASI4 0 HSS 53).Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Jon Lamb M.D. Site Medical Director Joseph Shubert M.D. Regional Medical Director Elaine Pettegrow-Carpino Vice President Nursing Tom Hoffman HSA Jon Lamb, M.D. Site Medical Director Dr. Tournay Mental Health Director	Initial training to be completed on 3/11/14 Weekly until 100% compliance is met for 3 months. Studies began March 21, 2014.	Completed Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-5: A comprehensive review of 12 outpatient records revealed the following deficiencies: OUTPATIENT SERVICES	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(f) In 2 of 6 applicable records, the ISP was not signed by members of the Multidisciplinary Services Team (MDST) and/or inmate and there was no documented refusal. (g) In 5 of 6 applicable records, the ISP was not reviewed or revised at the 180 day interval. (h) In 7 records, mental health problems were not documented on the problem list. (i) In 10 records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder. (j) In 10 records, case management was not conducted at least every 90 days. (k) In 10 records, the progress notes were not of sufficient detail to follow the course of treatment. (l) In 10 records, the frequency of the clinical contacts was not sufficient and clinically appropriate.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin in April 2014.	Ongoing

CORRECTIVE ACTION PLAN
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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-6: Administrative Issue INMATE REQUESTS	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
There was no Inmate Request Log kept between 8/20/13 and the day of the survey	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met. Studies to begin April 2014.	Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-7: Administrative Issue PSYCHOLOGICAL EMERGENCY LOG	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
There was no Psychological Emergency Log kept between 8/20/13 and the day of the survey	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliance met. Studies to begin April 2014	Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-8: Administrative Issue **WEEKLY CLINICIAL SUPERVISION**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
Weekly clinical supervision for the mental health professionals was not consistently conducted	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin April 2014	Ongoing

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Institution: Taylor Correctional Institution Main Unit, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-9: Administrative Issue **MULTI-DISCIPLINARY SERVICE TEAM**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
There were no Multi-disciplinary Service Team (MDST) meetings held during 2013.	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin April 2014	Ongoing

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Institution: Taylor Correctional Institution Annex, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-1: A comprehensive review of 14 records revealed the following deficiencies: **SPECIAL HOUSING**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 9 records, the mental status exam (MSE) was not completed within the required time frame. (b) In 1 of 1 applicable record, follow-up MSEs were not completed within the required time frame.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met. Studies to begin April 2014.	Ongoing

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Institution: Taylor Correctional Institution Annex, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-2: A comprehensive review of 3 records revealed the following deficiencies: **PSYCHOLOGICAL EMERGENCY**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a): In 1 record, the intervention was not appropriate based on the presentation of the inmate. (b): In 1 record, the disposition was not clinically appropriate based on the documentation in the medical record. (c) In 2 records, there was no appropriate follow up in response to the psychological emergency.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliance met. Studies to begin April 2014	Ongoing

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Institution: Taylor Correctional Institution Annex, Mental Health
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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-3: A comprehensive review of 4 records revealed the following deficiencies: **INMATE REQUESTS**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
In 2 of 4 records reviewed, a copy of the inmate request form was not present in the medical record	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin April 2014	Ongoing

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Institution: Taylor Correctional Institution Annex, Mental Health
Survey Dates: January 15 – 16, 2014
Date of CAP: 02/21/14
Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-4 : A comprehensive review of 14 records revealed the following deficiencies: **OUTPATIENT SERVICES**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(a) In 5 records, the consent for treatment was not signed prior to the initiation of treatment or renewed annually. (b) In 5 of 7 applicable records, the mental health screening evaluation was not completed within 14 days of arrival. (c) In 1 of 1 applicable record, the biopsychosocial assessment (BPSA) was not approved by the MDST within 30 days of the initiation of mental health services. (d) In 2 of 2 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival. (e) In 8 of 12 applicable records, the ISP was not individualized and lacked pertinent information. (f) In 1 of 4 applicable records, the ISP was not signed by the inmate and there was no documented refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin in April 2014	Ongoing

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Institution: Taylor Correctional Institution Annex, Mental Health
Survey Dates: January 15 – 16, 2014
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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: **MH-5: A comprehensive review of 14 outpatient records revealed the following deficiencies:** **OUTPATIENT SERVICES**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
(g) In 7 of 7 applicable records, the ISP was not reviewed or revised at the 180 day interval. (h) In 4 records, mental health problems were not documented on the problem list. (i) In 13 records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder. (j) In 13 records, case management was not conducted at least every 90 days. (k) In 13 records, the progress notes were not of sufficient detail to follow the course of treatment. (l) In 13 records, the frequency of the clinical contacts was not sufficient and clinically appropriate	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. A copy of the in-service lesson plan and attendance roster will be placed in the closure file	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin in April 2014.	Ongoing

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Institution: Taylor Correctional Institution Annex, Mental Health
Survey Dates: January 15 – 16, 2014
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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-5: Administrative Issue INMATE REQUESTS	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
There was no Inmate Request Log kept between 8/20/13 and the day of the survey	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met. Studies to begin April 2014.	Ongoing

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Item Discrepancy: MH-6: Administrative Issue PSYCHOLOGICAL EMERGENCY LOG	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
There was no Psychological Emergency Log kept between 8/20/13 and the day of the survey	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliance met. Studies to begin April 2014	Ongoing

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Submitted by: Thomas Hoffman, H.S.A. / Kimberly Prescott H.S.A
Approved by Corizon: OHS:

Item Discrepancy: MH-7: Administrative Issue **WEEKLY CLINICIAL SUPERVISION**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
Weekly clinical supervision for the mental health professionals was not consistently conducted	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin April 2014	Ongoing

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Item Discrepancy: MH-8: Administrative Issue **MULTI-DISCIPLINARY SERVICE TEAM**	Corrective/Follow-up Action	Responsibility (Name and Title)	Due Date/Completion Date	Status on This Review (Open, Closed, Ongoing)
There were no Multi-disciplinary Service Team (MDST) meetings held during 2013.	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.	Anna Bucarelli, M.D. Site Medical Director Dr. Tourney Mental Health Director	Bi-weekly until compliancy met Studies to begin April 2014	Ongoing