

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

of

TAYLOR CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted January 15-16, 2014

CMA STAFF

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CAP Assessment of Taylor Correctional Institution

I. Overview

On January 15-16, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Taylor Correctional Institution (TAYCI). The survey report was distributed on February 17, 2014. In April of 2014, TAYCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the January 2014 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 July 1, 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 on-site CAP assessment on July 23-24, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 17 of 49 physical health findings and 4 of 27 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 22 of 45 physical health findings and 10 of 22 mental health findings were corrected on the Annex. In November of 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 December 18, 2014 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

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 23 of the 32 physical health findings were corrected. Nine physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1(b): In 4 of 17 records reviewed, the baseline laboratory work was incomplete or missing.</p>	<p>PH-1(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1(b).</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 15 inmate records revealed the following deficiencies:</p>	<p>PH-2(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-2(a) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(a) In 10 records, there was no evidence of an annual dilated fundoscopic examination.</p> <p>(b) In 6 of 11 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(c) In 9 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-2(b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(b) & (c).</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, the baseline history was incomplete or missing.</p> <p>(c) In 8 records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 3 records, the baseline assessment did not indicate control of the disease.</p> <p>(e) In 5 of 8 applicable records, there was no evidence of influenza vaccine or refusal.</p> <p>(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.</p>	<p>PH-3(a), (c), (d), & (e) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3(a), (c), (d), & (e).</p> <p>PH-3(f) 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(f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-4: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 8 of 12 applicable records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>(b) In 5 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-4(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-5: In 1 of 4 applicable records (7 reviewed), there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 2 records, the baseline history was incomplete or missing.</p> <p>(b) In 1 of 4 applicable 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>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-7: A comprehensive review of 5 inmate records revealed the following deficiencies:</p> <p>(a) In 2 records, the baseline history was incomplete or missing.</p> <p>(c) In 1 record, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 1 record, the appropriate baseline marker studies were not obtained.</p>	<p>PH-7(a), (c), & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7(a), (c), & (d).</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-8(e): In 3 of 7 applicable records (13 reviewed), there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-8(e) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(e).</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL RECORD REVIEW</u></p> <p>PH-9: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 3 of 15 applicable records, there was no evidence of completed vital signs.</p> <p>(c) In 2 of 10 applicable records, there was no evidence that follow-up appointments were initiated and/or completed in a timely manner.</p>	<p>PH-9(a) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9(a) & (c).</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY RECORD REVIEW</u></p> <p>PH-10: A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>(a) In 2 records, there was no evidence that medications were administered according to the clinician’s orders.</p> <p>(b) In 1 of 1 applicable record, there was no evidence of a discharge note for a 23 hour observation patient.</p> <p>(c) In 2 of 8 applicable records, the blue inpatient file was incomplete (see discussion).</p> <p>(d) In 2 of 7 applicable records, there was no evidence of a discharge note for inpatient admissions.</p>	<p>PH-10(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10(a).</p> <p>PH-10(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 compliance had not been reached. PH-10(b) will remain open.</p> <p>PH-10(c) & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10(c) & (d).</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-11: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 5 of 14 applicable records, there was no evidence the Chief Health Officer or designee approved the consultation request by signing the Consultation Request/Consultant’s Report (DC4-702).</p> <p>(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.</p>	<p>PH-11(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11(a).</p> <p>PH-11(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 compliance had not been reached. PH-11(b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENING RECORD REVIEW</u></p> <p>PH-13: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the periodic screening encounter did not occur within one month of the due date.</p> <p>(b) In 6 records, the periodic screening was incomplete and did not include all required items.</p> <p>(c) In 12 records, there was no evidence that required diagnostic tests were performed 7-14 days prior to the periodic screening encounter.</p> <p>(d) In 3 records, there was no evidence that the inmate was provided lab results at the time of the screening.</p> <p>(e) In 5 records, there was no evidence that health education was provided.</p>	<p>PH-13(a) – (e) 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-13(a) – (e) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS RECORD REVIEW</u></p> <p>PH-14: In 5 of 12 records reviewed, the Health Information Transfer/Arrival Summary (DC4-760A) was incomplete.</p>	<p>PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 23 of the 23 physical health findings were corrected. All physical health findings will close.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-1: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(b) In 4 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 3 records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 3 records, there was no documentation indicating the control of the disease and/or patient status.</p>	<p>PH-1(a) – (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1(a) – (d).</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>(b) In 5 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 1 of 4 applicable records, there was no evidence of an annual dilated fundoscopic examination.</p> <p>(d) In 4 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-2(a), (b), (c), & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(a), (b), (c), & (d).</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(c) In 2 of 9 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-3(a) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3(a) & (c).</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>(b) In 5 records, the baseline history was incomplete or missing.</p> <p>(c) In 3 records, laboratory studies were not completed prior to the clinic visit.</p> <p>(g) In 3 of 6 applicable records, there was no referral to a specialist or the referral did not take place as indicated.</p>	<p>PH-4(b), (c), & (g) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(b), (c), & (g).</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 4 inmate records revealed the following deficiencies:</p>	<p>PH-6(a) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6(a) & (c).</p>

Finding	CAP Evaluation Outcome
<p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(c) In 2 records, seizures were not classified.</p>	

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-7: A comprehensive review of 2 records revealed the following deficiencies:</p> <p>(a) In 1 record, the baseline history was incomplete or missing.</p> <p>(b) In 1 record, the baseline physical examination was incomplete or missing.</p> <p>(c) In 1 record, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 2 records, there was no documentation indicating the control of the disease and/or patient status at the last visit.</p> <p>(e) In 2 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-7(a) – (e) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7(a) – (e).</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, the baseline history was incomplete or missing.</p>	<p>PH-8(a), (c), & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(a), (c), (d).</p>

Finding	CAP Evaluation Outcome
<p>(c) In 3 records, reactive airway diseases were not classified.</p> <p>(d) In 5 records, there was no evidence of pneumococcal vaccine or refusal.</p>	

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 15 of the 23 mental health findings were corrected. Eight mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS</u></p> <p>MH-1: A comprehensive review of 6 SHOS admissions revealed the following deficiencies:</p> <p>(a) In 2 records, an emergency evaluation was not completed prior to an SHOS admission by mental health or nursing staff.</p> <p>(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 .</p> <p>(c) In 4 of 5 applicable records, daily rounds by the clinician were not documented.</p> <p>(d) In 4 records, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS.</p> <p>(e) In 2 records, there was no evidence the inmate was seen by mental health staff for post-discharge follow-up.</p>	<p>MH-1(a) - (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(a) – (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> <p>MH-1(e) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(e).</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING RECORDS REVIEW</u></p> <p>MH-2: A comprehensive review of 14 records revealed the following deficiencies:</p> <p>(a) In 4 records, the Special Housing Health Appraisal (DC4-769) was not present or not completed in its entirety.</p> <p>(b) In 11 records, the mental status exam (MSE) was not completed within the required time frame.</p> <p>(c) In 1 of 2 applicable records, follow-up MSEs were not completed within the required time frame.</p>	<p>MH-2(a) - (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(a) – (c).</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-3: A comprehensive review of 3 records revealed the following deficiencies:</p> <p>(a): In 2 records, there was no documentation in the medical record indicating that an inmate declared a mental health emergency.</p> <p>(b): In 1 of 2 applicable records, there was no evidence the psychological emergency was responded to within 1 hour.</p>	<p>MH-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. MH-3(a) will remain open</p> <p>MH-3(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(b).</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-4: In 2 of 6 records reviewed, a copy of the inmate request form was not present.</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>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-5: A comprehensive review of 12 outpatient (S2) records revealed the following deficiencies:</p> <p>(a) In 5 of 12 applicable records, the consent for treatment was not signed prior to the initiation of treatment or renewed annually.</p> <p>(b) In 2 of 4 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>(c) In 5 of 12 applicable records, the biopsychosocial assessment (BPSA) was not present and/or completed in the medical record.</p> <p>(d) In 2 of 3 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p> <p>(e) In 4 of 10 applicable records, the ISP was not individualized and lacked pertinent information.</p> <p>(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.</p> <p>(g) In 5 of 6 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>(h) In 7 records, mental health problems were not documented on the problem list.</p> <p>(i) In 10 records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder.</p> <p>(j) In 10 records, case management was not conducted at least every 90 days.</p>	<p>MH-5(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(a).</p> <p>MH-5(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 compliance had not been reached. MH-5(b) will remain open.</p> <p>MH-5(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(c).</p> <p>MH-5(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-5(d) will remain open.</p> <p>MH-5(e) & (f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(e) & (f).</p> <p>MH-5(g) 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-5(g) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(k) In 10 records, the progress notes were not of sufficient detail to follow the course of treatment.</p> <p>(l) In 10 records, the frequency of the clinical contacts was not sufficient and clinically appropriate.</p>	<p>MH-5(h) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(h).</p> <p>MH-5(i) & (j) 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-5(i) & (j) will remain open.</p> <p>MH-5(k) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(k).</p> <p>MH-5(l) 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-5(l) will remain open</p>

B. Annex

The CAP closure files revealed sufficient evidence to determine that 11 of the 12 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-1(b): In 1 of 1 applicable record (14 reviewed), follow-up MSEs were not completed within the required time frame</p>	<p>MH-1(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 compliance had not been reached.</p>

Finding	CAP Evaluation Outcome
	MH-1(b) will remain open

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-4: A comprehensive review of 14 outpatient (S2) records revealed the following deficiencies:</p> <p>(b) In 5 of 7 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>(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.</p> <p>(d) In 2 of 2 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p> <p>(e) In 8 of 12 applicable records, the ISP was not individualized and lacked pertinent information.</p> <p>(f) In 1 of 4 applicable records, the ISP was not signed by the inmate and there was no documented refusal.</p> <p>(g) In 7 of 7 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>(h) In 4 records, mental health problems were not documented on the problem list.</p> <p>(i) In 13 records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder.</p> <p>(j) In 13 records, case management was not conducted at least every 90 days.</p>	<p>MH-4(b) - (I) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(b) – (I).</p>

Finding	CAP Evaluation Outcome
<p>(k) In 13 records, the progress notes were not of sufficient detail to follow the course of treatment.</p> <p>(l) In 13 records, the frequency of the clinical contacts was not sufficient and clinically appropriate.</p>	

IV. Conclusion

Physical Health-Main Unit

PH-2(a), PH-3(f), PH-10(b), PH-11(b), PH-13(a) – (e) will remain open and all other physical health findings will close.

Physical Health-Annex

All physical health findings will close.

Mental Health-Main Unit

MH-1(d), MH-3(a), and MH-5(b), (d), (g), (i), (j), & (l) will remain open and all other mental health findings will close.

Mental Health-Annex

MH-1(b) will remain open and all other mental health findings will close.

Until such time as appropriate corrective actions are undertaken by TAYCI 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 evaluation.