

**THIRD 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. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, 23 of 32 physical health findings and 15 of 23 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 23 of 23 physical health findings and 11 of 12 mental health findings were corrected on the Annex. In April of 2015, 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 reviewed, the CMA conducted an on-site CAP assessment on May 15, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### II. Physical Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of 9 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p><b>PH-2(a): In 10 records of 15 records reviewed, there was no evidence of an annual dilated fundoscopic examination.</b></p>	<p><b>PH-2(a) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2(a).</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></b></p> <p><b>PH-3(f): In 5 of 11 applicable records (13 reviewed), hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p>	<p><b>PH-3(f) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3(f).</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY RECORD REVIEW</u></b></p> <p><b>PH-10(b): In 1 of 1 applicable record (9 reviewed), there was no evidence of a discharge note for a 23 hour observation patient.</b></p>	<p><b>PH-10(b) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10(b).</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS RECORD REVIEW</u></b></p> <p><b>PH-11(b): In 3 of 14 applicable records (15 reviewed), there was no evidence that the consultation and/or follow-up appointments were initiated and completed in a timely manner.</b></p>	<p><b>PH-11(b) OPEN</b></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><b><u>PERIODIC SCREENING RECORD REVIEW</u></b></p> <p><b>PH-13: A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the periodic screening encounter did not occur within one month of the due date.</b></p>	<p><b>PH-13(a) &amp; (b) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13(a) &amp; (b).</p>

Finding	CAP Evaluation Outcome
<p><b>(b) In 6 records, the periodic screening was incomplete and did not include all required items.</b></p> <p><b>(c) In 12 records, there was no evidence that required diagnostic tests were performed 7-14 days prior to the periodic screening encounter.</b></p> <p><b>(d) In 3 records, there was no evidence that the inmate was provided lab results at the time of the screening.</b></p> <p><b>(e) In 5 records, there was no evidence that health education was provided.</b></p>	<p><b>PH-13(c) OPEN</b></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(c) will remain open.</p> <p><b>PH-13(d) &amp; (e) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13(d) &amp; (e).</p>

**B. Annex**

All physical health findings are closed.

**III. Mental Health Assessment Summary**

**A. Main Unit**

The CAP closure files revealed sufficient evidence to determine that 8 of the 8 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS</u></b></p> <p><b>MH-1(d): In 4 records of 6 records reviewed, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS.</b></p>	<p><b>MH-1(d) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(d).</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCIES</u></b></p> <p><b>MH-3(a): In 2 records of 3 records reviewed, there was no documentation in the medical record indicating that an inmate declared a mental health emergency.</b></p>	<p><b>MH-3(a) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(a).</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-5: A comprehensive review of 12 outpatient (S2) records revealed the following deficiencies:</b></p> <p><b>(b) In 2 of 4 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</b></p> <p><b>(d) In 2 of 3 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</b></p> <p><b>(g) In 5 of 6 applicable records, the ISP was not reviewed or revised at the 180 day interval.</b></p> <p><b>(i) In 10 records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder.</b></p> <p><b>(j) In 10 records, case management was not conducted at least every 90 days.</b></p> <p><b>(l) In 10 records, the frequency of the clinical contacts was not sufficient and clinically appropriate.</b></p>	<p><b>MH-5(b), (d), (g), (i), (j), &amp; (l) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(b), (d), (g), (i), (j), &amp; (l).</p>

**B. Annex**

The CAP closure files revealed sufficient evidence to determine that the 1 remaining mental health finding was corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-1(b): In 1 of 1 applicable record (14 reviewed), follow-up MSEs were not completed within the required time frame</b></p>	<p><b>MH-1(b) CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(b).</p>

#### **IV. Conclusion**

##### **Physical Health-Main Unit**

PH-11(b) & PH-13(c) will remain open and all other physical health findings will close.

##### **Physical Health-Annex**

All physical health findings are closed.

##### **Mental Health-Main Unit**

All mental health findings are closed.

##### **Mental Health-Annex**

All mental health findings are closed.

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.