

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

of

LAKE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 13 - 14, 2014

CMA STAFF

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CAP Assessment Distributed on October 10, 2016

CAP Assessment of Lake Correctional Institution

I. Overview

On August 13 - 14, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lake Correctional Institution (LAKCI). The survey report was distributed on September 8, 2014. In October 2014, LAKCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the August 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 March 3, 2015, 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 March 17, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 12 of 24 physical health findings and 28 of 48 mental health findings were corrected.

On May 27, 2015, 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 assessment on June 30, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 6 of 12 physical health findings and 4 of 20 mental health findings were corrected. Additionally, one physical health finding was added for in-service training, monitoring, and corrective action.

On September 3, 2015, 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 assessment on September 29, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 6 physical health findings and 3 of 16 mental health findings were closed. Additionally, one mental health finding was added for in-service training, monitoring, and corrective action.

On February 9, 2016, 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 assessment on March 3, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 7 physical health findings and 5 of 14 mental health findings were corrected.

On May 12, 2016, 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 assessment on June 27, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 2 physical health findings and 1 of 9 mental health findings were corrected.

On September 21, 2016, 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 assessment on October 4, 2016. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 6 inmate records revealed the following deficiencies:</p> <p>PH-11: In 2 of 2 applicable records, there was no evidence that the correct number of doses of Isoniazid (INH) medication was given.</p> <p>PH-12: In 1 of 1 applicable record, there was no evidence that the inmate was seen by the clinician at the completion of therapy.</p>	<p>PH-11 & PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11 & PH-12.</p>

II. Mental Health Assessment Summary

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

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-7: In 1 record, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-8: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p>	<p>MH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been reached. MH-7 will remain open.</p> <p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 inpatient records revealed the following deficiencies:</p> <p>MH-28: In 15 of 16 applicable records, vital signs were not taken daily for 5 days for new admissions.</p> <p>MH-31: In 10 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-33: In 10 records, the “Inpatient Daily Nursing Evaluation” was not completed as required.</p> <p>MH-34: In 16 records, vital signs were not recorded as required.</p>	<p>MH-28 & MH-31 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-28 & MH-31 will remain open.</p> <p>MH-33 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-33.</p> <p>MH-34 & MH-35 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an</p>

Finding	CAP Evaluation Outcome
MH-35: In 17 records, weight was not recorded weekly as required.	acceptable level of compliance had not been reached. MH-34 & MH-35 will remain open.

Finding	CAP Evaluation Outcome
<p data-bbox="266 583 695 651"><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p data-bbox="266 684 847 848">MH-38: In 11 of 14 applicable records (16 reviewed), the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p>	<p data-bbox="886 583 1105 615">MH-38 CLOSED</p> <p data-bbox="886 653 1317 783">Adequate evidence of in-service training and documentation of correction were provided to close MH-38.</p>

III. Conclusion

All physical health portions will close. MH-8, MH-33, & MH-38 will close and all other mental health findings will remain open.

Until such time as appropriate corrective actions are undertaken by LAKCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit.