

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

of

MOORE HAVEN CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted November 5-6, 2014

CMA STAFF

Matthew Byrge, LCSW
Kathryn McLaughlin, BS

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CAP Assessment of Moore Haven Correctional Facility

I. Overview

On November 5-6, 2014 the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Moore Haven Correctional Facility (MHCF). The survey report was distributed on November 25, 2014. In December 2014, MHCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 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.

In April 2015, CMA staff reviewed 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 April 21, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 12 physical health findings and 6 of 18 mental health findings would remain open.

On July 27, 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 provided, CMA staff conducted an on-site CAP assessment on August 25, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 1 of the 2 physical health findings were corrected. One physical health finding remains open.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-3: In 3 records, there was no evidence of completed annual labs.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-10: In 7 records, the diagnosis was not reflected on the problem list.</p>	<p>PH-10 OPEN</p> <p>No evidence of monitoring was documented, therefore an adequate level of compliance could not be determined. PH-10 will remain open.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 3 of 6 mental health findings were corrected. Three mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 11 SHOS admissions revealed the following deficiencies:</p> <p>MH-2: In 2 of 4 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-3: In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-4: In 3 records, daily rounds were not conducted by the attending clinician.</p>	<p>MH-2 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-2 will remain open.</p> <p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p> <p>MH-4 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-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</p> <p>MH-5: In 3 records, the post use of force physical exam was not completed in its entirety.</p> <p>MH-6: In 1 of 2 applicable records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p> <p>MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the on-site review. Institutional staff will continue to monitor. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 22 outpatient records revealed the following deficiencies:</p> <p>MH-13: In 7 of 19 applicable records, the ISP was not signed by a member or members of the MDST and/or inmate or a refusal was not documented on form DC4-711A.</p>	<p>MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p>

IV. Conclusion

Physical health finding PH-10 will remain open. All other physical health findings will close. The following mental health findings will remain open: MH-2, MH-4, and MH-6. All other mental health findings will close. Until such time as appropriate corrective actions are undertaken by MHC staff and the results of those corrections are 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.