

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of  
**COLUMBIA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted July 14 - 15, 2015

**CMA STAFF**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW

CAP Assessment Distributed on February 9, 2015

## CAP Assessment of Columbia Correctional Institution

### I. Overview

On July 14-15, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Columbia Correctional Institution (COLCI). The survey report was distributed on August 7, 2015. In September 2015, COLCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 2015 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 January 7, 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 CAP assessment on February 2 & 3, 2016 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

CAP closure files revealed sufficient evidence to determine that 18 of 40 physical health findings were corrected. Twenty-two physical health findings will remain open. Four CAP findings (CF) will be added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-1: In 7 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-2: In 7 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-3: In 6 records, there was no evidence of initial and ongoing patient education.</b></p>	<p><b>PH-1 &amp; PH-2 OPEN</b></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 met. PH-1 &amp; PH-2 will remain open.</p> <p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-4: In 2 of 9 applicable records, there was no evidence of the annual fundoscopic examination.</b></p> <p><b>PH-5: In 1 of 4 applicable records, there was no evidence that an inmate with glyated hemoglobin (HgbA1c) over 8.0 was seen every three months.</b></p>	<p><b>PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p> <p><b>PH-5 OPEN</b></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 met. PH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-6: In 2 of 2 applicable records, inmates with cirrhosis were not screened for hepatocellular carcinoma.</b></p> <p><b>PH-7: In 8 records, there was no evidence that hepatitis A &amp; B vaccine was given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p> <p><b>PH-8: In 3 of 15 applicable records, there was no evidence of influenza vaccine or refusal.</b></p> <p><b>PH-9: In 2 of 2 applicable records, there was no referral to a specialist although indicated.</b></p>	<p><b>PH-6, PH-7, PH-8, &amp; PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6, PH-7, PH-8, &amp; PH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>PH-10: In 4 of 14 applicable records (15 reviewed), there was no evidence of hepatitis B vaccine or refusal.</b></p>	<p><b>PH-10 OPEN</b></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 met. PH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-11: In 1 of 7 records reviewed, there was no referral to a specialist although indicated.</b></p>	<p><b>PH-11 OPEN</b></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 met. PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-12: In 11 of 14 records reviewed, seizures were not classified.</b></p>	<p><b>PH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-13: In 7 of 13 applicable records, reactive airway diseases were not classified as mild, moderate, or severe.</b></p> <p><b>PH-14: In 1 of 1 applicable record, there was no evidence that anti-inflammatory medications were prescribed for inmates with moderate or severe disease.</b></p> <p><b>PH-15: In 3 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p><b>PH-13 OPEN</b></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 met. PH-13 will remain open.</p> <p><b>PH-14 &amp; PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14 &amp; PH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>A comprehensive review of 8 inmate records revealed the following deficiencies:</b></p> <p><b>PH-16: In 1 of 1 applicable record, there was no evidence that inmates with adverse reactions to INH therapy were referred to the clinician.</b></p> <p><b>PH-17: In 1 of 1 applicable record, there was no evidence that the inmate was seen by the clinician for the final CIC visit.</b></p>	<p><b>PH-16 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. PH-16 will remain open.</p> <p><b>PH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-18: In 5 records, there was no evidence of appropriate care orders.</b></p> <p><b>PH-19: In 2 of 9 applicable records, there was no evidence that all orders were implemented.</b></p> <p><b>PH-20: In 8 of 9 applicable, there was no evidence of a discharge note or the note was incomplete.</b></p> <p><b>PH-21: In 3 of 6 applicable records, there was no evidence that the inmate was evaluated within one hour of admission.</b></p> <p><b>PH-22: In 3 of 6 applicable records, patient evaluations by nursing staff were not conducted at the required intervals.</b></p> <p><b>PH-23: In 2 of 6 applicable records, there was no evidence that guidelines for 23 hour observation status were observed.</b></p> <p><b>PH-24: In 5 of 6 applicable records, the inpatient file did not contain all the necessary components.</b></p> <p><b>PH-25: In 4 of 6 applicable records, there was no evidence that clinician rounds were conducted according to policy.</b></p> <p><b>PH-26: In 4 of 6 applicable records, there was no evidence that weekend and holiday phone rounds were conducted according to policy.</b></p>	<p><b>PH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18.</p> <p><b>PH-19 &amp; PH-20 OPEN</b></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 met. PH-19 &amp; PH-20 will remain open.</p> <p><b>PH-21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21.</p> <p><b>PH-22 OPEN</b></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 met. PH-22 will remain open.</p> <p><b>PH-23 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. PH-23 will remain open.</p> <p><b>PH-24 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-24.</p>

Finding	CAP Evaluation Outcome
	<p><b>PH-25 OPEN</b></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 met. PH-25 will remain open.</p> <p><b>PH-26 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SICK CALL</u></b></p> <p><b>PH-27: In 3 of 10 applicable records (18 reviewed), there was no evidence that follow-up visits occurred timely.</b></p>	<p><b>PH-27 OPEN</b></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 met. PH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>PH-28: In 7 records, the relevant diagnosis was not recorded on the problem list.</b></p> <p><b>PH-29: In 4 records, the consultation log was incomplete.</b></p>	<p><b>PH-28 OPEN</b></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 met. PH-28 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>PH-30: In 1 of 5 applicable records, the Alternative Treatment Plan (ATP) was not documented in the medical record.</b></p> <p><b>PH-31: In 1 of 5 applicable records, there was no evidence that the ATP was implemented.</b></p>	<p><b>PH-29 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-29.</p> <p><b>PH-30 &amp; PH-31 OPEN</b></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 met. PH-30 &amp; PH-31 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>PH-32: In 4 of 12 applicable records (18 reviewed), the follow-up response did not occur as intended.</b></p>	<p><b>PH-32 OPEN</b></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 met. PH-32 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>A comprehensive review of 18 inmate records revealed the following deficiencies:</b></p> <p><b>PH-33: In 4 of 9 applicable records, chronic illness clinic (CIC) appointments did not take place as scheduled.</b></p>	<p><b>PH-33 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-33.</p>

Finding	CAP Evaluation Outcome
<p><b>PH-34: In 5 records, there was no evidence that the clinician reviewed the health record within seven days.</b></p>	<p><b>PH-34 OPEN</b></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 met. PH-34 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-35: In 10 records, the periodic screening was incomplete.</b></p> <p><b>PH-36: In 6 records, the diagnostic testing was incomplete.</b></p> <p><b>PH-37: In 6 records, there was no evidence that the inmate was provided with laboratory results at the time of the screening.</b></p> <p><b>PH-38: In five records, there was no evidence that health education was provided.</b></p>	<p><b>PH-35, PH-36, PH-37, &amp; PH-38 OPEN</b></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 met. PH-35, PH-36, PH-37, &amp; PH-38 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICATION ADMINISTRATION RECORD (MAR) REVIEW</u></b></p> <p><b>PH-39: In 1 of 3 applicable records (10 reviewed), there was no evidence that an inmate was counseled after three missed consecutive doses.</b></p>	<p><b>PH-39 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-39.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>PH-40: A tour of the inmate housing areas revealed that first-aid kits were not inspected monthly.</b></p>	<p><b>PH-40 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-40.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>CF-1: In 5 of 6 records reviewed, the physical examination was incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion CF-1: In all of the deficient records, there was no evaluation of the skin, nails, and feet.*

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>CF-2: In 2 of 5 records reviewed, the inmate did not receive LTBI treatment as required (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-2:** In the first record, an inmate’s INH and B6 prescriptions expired in October 2015 and the Medication Administration Record (MAR) for that month indicated the need for an additional prescription to be written. The inmate was seen in the Tuberculosis Clinic (TC) for the next two months and completed his final TC visit with the clinician in February 2016. The inmate was subsequently discharged from the TC although he had only received 53 of the 78 required doses of INH/B6. In the second record, an inmate was prescribed LTBI treatment at the reception center. The inmate transferred to COLCI-Main and continued to be followed in the TC from April 2015 through the date of the CAP assessment. There were no MARs or treatment refusals contained in the medical record indicating the inmate had never received LTBI treatment, although he had a valid prescription for INH/B6.

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>CF-3: In 3 of 6 records reviewed, the consultation did not take place as indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-3:** In the first record, the alternative treatment plan recommended a pulmonary evaluation which was never ordered. In the second record, the consultant surgeon recommended “urgent” cardiac clearance for a cholecystectomy. The cardiac consultation was never ordered. Although discussions with institutional staff indicated a deterioration in the inmate’s health status which contraindicated the surgical procedure, this contraindication was not documented in the medical record by the clinician. In the last record, an inmate who had recently undergone a craniotomy and was now experiencing blindness and seizures secondary to serious trauma, was reevaluated by a neurosurgeon. The neurosurgeon recommended ophthalmologic and neurological evaluations which were never ordered.

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>CF-4: In 4 of 5 records reviewed, the “Health Information Transfer/Arrival Summary” (DC4-760A) was incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion CF-4:** In all four records, pertinent information was left blank. Additionally, on three forms, the transfer summary was not dated by nursing staff. If the form is not dated and timed, it is impossible to verify that the form was completed within the required time frame.*

**B. Annex**

CAP closure files revealed sufficient evidence to determine that 16 of the 25 physical health findings were corrected. Nine physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 4 of 15 records reviewed, inmates were not seen appropriately according to their M-grade.</b></p>	<p><b>PH-1 OPEN</b></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 met. PH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-2: In 3 of 13 applicable records (14 reviewed), there was no evidence of an annual fundoscopic examination.</b></p>	<p><b>PH-2 OPEN</b></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 met. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>A comprehensive review of 9 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 2 records, the diagnosis was not appropriate for the clinic.</b></p> <p><b>PH-4: In 2 of 8 applicable records, the 770C "Miscellaneous Clinic Flow Sheet" was incomplete or missing.</b></p>	<p><b>PH-3 &amp; PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 &amp; PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 8 of 13 applicable records, seizures were not classified.</b></p> <p><b>PH-6: In 3 of 13 applicable records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit.</b></p>	<p><b>PH-5 &amp; PH-6 OPEN</b></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 met. PH-5 &amp; PH-6 will remain open</p>

Finding	CAP Evaluation Outcome
<p><b><u>ONCOLOGY CLINIC</u></b></p> <p><b>PH-7: In 2 of 4 applicable records (10 reviewed), there was not a referral to a specialist when indicated.</b></p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-8: In 6 of 11 applicable records (16 reviewed), there was no evidence that reactive airway disease was classified.</b></p>	<p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SICK CALL</u></b></p> <p><b>PH-9: In 1 of 3 applicable records (17 reviewed), there was no evidence that the follow-up assessment was completed.</b></p>	<p><b>PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-10: In 3 of 15 applicable records, the consultation was not performed in a timely manner.</b></p>	<p><b>PH-10, PH-11, PH-12, PH-13, &amp; PH-14 OPEN</b></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 met. PH-10, PH-11, PH-12, PH-13, &amp; PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>PH-11: In 5 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-12: In 3 of 15 applicable records, there is no evidence that the consultant's treatment recommendations were incorporated into the treatment plan.</b></p> <p><b>PH-13: In 2 of 2 applicable records, the ATP was not documented in the record.</b></p> <p><b>PH-14: In 2 of 2 applicable records, there was no evidence that the ATP was implemented.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS</u></b></p> <p><b>A tour of the dental clinic revealed the following deficiencies:</b></p> <p><b>PH-15: The preventive dentistry/oral hygiene posters and the American Heart Association prophylactic regimens were not displayed.</b></p> <p><b>PH-16: The autoclave testing log was not current or complete.</b></p> <p><b>PH-17: There was no evidence that an emergency drug kit was available or that it was checked monthly for expired drugs.</b></p> <p><b>PH-18: There was no evidence that dental request logs were maintained.</b></p>	<p><b>PH-15, PH-16, PH-17, &amp; PH-18 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-15, PH-16, PH-17, &amp; PH-18.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL CARE</u></b></p> <p><b>PH-19: In 4 of 6 applicable records (18 reviewed), there was no evidence of consultation or specialty services results that indicated outcome or current status of patient.</b></p>	<p><b>PH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PILL LINE ADMINISTRATION</u></b></p> <p><b>PH-20: Staff administering the medications did not wash their hands prior to beginning the pill line.</b></p> <p><b>PH-21: Medications were pre-poured for the next morning.</b></p>	<p><b>PH-20 &amp; PH-21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20 &amp; PH-21.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-22: The log for the medical refrigerator was not current or complete.</b></p> <p><b>PH-23: One emergency medication was expired and one medication count was not accurate on the emergency/trauma medication log.</b></p> <p><b>PH-24: Over-the-counter medications were not consistently available in all dorms and there was no log for the count in N dorm.</b></p> <p><b>PH-25: The first aid kit in O dorm was inaccessible behind a locked door and staff did not have a key.</b></p>	<p><b>PH-22, PH-23, PH-24, &amp; PH-25 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-22, PH-23, PH-24, &amp; PH-25.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed evidence to determine that 11 of 23 mental health findings were corrected. Twelve mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 8 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p> <p><b>MH-2: In 3 records, the DC4-732 “Infirmery/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</b></p> <p><b>MH-3: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-4: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-5: In 5 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</b></p> <p><b>MH-6: In 8 records, daily counseling by mental health staff did not occur or was not documented.</b></p> <p><b>MH-7: In 2 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</b></p>	<p><b>MH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, institutional monitoring indicated an acceptable level of compliance had not been reached. MH-1 will remain open.</p> <p><b>MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p> <p><b>MH-3, MH-4, &amp; MH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, institutional monitoring indicated an acceptable level of compliance had not been reached. MH-3, MH-4, &amp; MH-5 will remain open.</p> <p><b>MH-6 &amp; MH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 &amp; MH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-8: In 2 of 5 applicable records, there was no evidence that initial lab tests were conducted.</b></p> <p><b>MH-9: In 2 of 2 applicable records, there was no evidence that abnormal laboratory results were addressed.</b></p> <p><b>MH-10: In 8 of 13 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>MH-11: In 11 of 17 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-12: In 4 of 4 applicable records, there was no indication that the nurse met with an inmate if he refused psychotropic medication for two consecutive days and/or referred to the clinician if needed.</b></p> <p><b>MH-13: In 4 of 4 applicable records, there was no DC4-711A “Refusal of Health Care Services” after 3 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-14: In 17 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-15: In 7 of 9 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</b></p>	<p><b>MH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-8 will remain open.</p> <p><b>MH-9 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, institutional monitoring indicated an acceptable level of compliance had not been reached. MH-9 will remain open.</p> <p><b>MH-10 &amp; MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 &amp; MH-11.</p> <p><b>MH-12, MH-13, &amp; MH-14 OPEN</b></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-12, MH-13, &amp; MH-14 will remain open.</p> <p><b>MH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 15 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-16: In 1 of 5 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</b></p> <p><b>MH-17: In 9 records, the Individualized Service Plan (ISP) was not signed by the inmate or a refusal was not documented.</b></p> <p><b>MH-18: In 6 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</b></p>	<p><b>MH-16 &amp; MH-17 OPEN</b></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-16 &amp; MH-17 will remain open.</p> <p><b>MH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-19: In 3 of 5 applicable records (18 reviewed), psychotropic medications ordered were not continued as directed while the patient was held in special housing.</b></p>	<p><b>MH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-20: In 3 of 9 applicable records (16 reviewed), a referral was indicated in the request response but did not occur.</b></p>	<p><b>MH-20 OPEN</b></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-20 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-21: The Main Unit did not have all of the required restraint equipment and the equipment was stored outside the secure gates in the administration building.</b></p> <p><b>MH-22: Two Isolation Management Rooms had safety concerns.</b></p> <p><b>MH-23: There was no documentation indicating the clinical staff were receiving weekly clinical supervision.</b></p>	<p><b>MH-21, MH-22, &amp; MH-23 CLOSED</b></p> <p>Adequate documentation of correction was provided to close MH-21, MH-22, &amp; MH-23.</p>

**B. Annex**

The CAP closure files revealed evidence to determine that 16 of 29 mental health findings were corrected. Thirteen mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental</b></p>	<p><b>MH-1, MH-2, &amp; MH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, &amp; MH-3.</p>

Finding	CAP Evaluation Outcome
<p>health or nursing staff prior to an SHOS admission.</p> <p><b>MH-2:</b> In 2 records, the DC4-732 “Infirmery/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</p> <p><b>MH-3:</b> In 3 records, the length of stay for the inmate placed in an observation cell exceeded 72 hours.</p> <p><b>MH-4:</b> In 5 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-5:</b> In 8 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p> <p><b>MH-6:</b> In 6 records, daily counseling by mental health staff did not occur or was not documented.</p> <p><b>MH-7:</b> In 3 of 9 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p> <p><b>MH-8:</b> In 4 records, not all entries were dated, timed, signed, and/or stamped.</p>	<p><b>MH-4 &amp; MH-5 OPEN</b></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-4 &amp; H-5 will remain open.</p> <p><b>MH-6, MH-7, MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6, MH-7, &amp; MH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>MH-9:</b> In 1 of 3 records reviewed, a written referral to mental health by physical health staff was not present.</p>	<p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p>A comprehensive review of 16 records of inmates in special housing revealed the following deficiencies:</p> <p><b>MH-10:</b> In 7 of 13 records, the mental status exam (MSE) was not completed within the required time frame.</p> <p><b>MH-11:</b> In 3 of 12 applicable records, follow-up mental status exams (MSEs) were not completed within the required time frame.</p>	<p><b>MH-10 OPEN</b></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-10 will remain open.</p> <p><b>MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p><b>MH-12:</b> In 1 of 5 applicable records, there was no evidence that initial lab tests were conducted.</p> <p><b>MH-13:</b> In 1 of 4 applicable records, there was no evidence that abnormal laboratory results were addressed.</p> <p><b>MH-14:</b> In 7 of 11 applicable records, follow-up lab tests were not completed as required.</p> <p><b>MH-15:</b> In 11 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p><b>MH-16:</b> In 3 of 11 applicable records, there was no DC4-711A "Refusal of Health Care</p>	<p><b>MH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12.</p> <p><b>MH-13 &amp; MH-14 OPEN</b></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-13 &amp; MH-14 will remain open.</p> <p><b>MH-15, MH-16, &amp; MH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15, MH-16, &amp; MH-17.</p>

Finding	CAP Evaluation Outcome
<p><b>Services” after 3 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-17: In 14 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-18: In 4 of 7 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</b></p>	<p><b>MH-18 OPEN</b></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-18 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-19: In 3 of 15 applicable records, there was no indication that a qualified healthcare staff person reviewed the medical record within 24 hours of the inmate’s arrival.</b></p> <p><b>MH-20: In 3 of 10 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</b></p> <p><b>MH-21: In 11 records, the ISP was not signed by the inmate or a refusal was not documented.</b></p> <p><b>MH-22: In 2 of 13 applicable records, the ISP was not reviewed or revised at the 180 day interval.</b></p> <p><b>MH-23: In 5 records, mental health problems were not listed on the problem list.</b></p>	<p><b>MH-19 &amp; MH-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19 &amp; MH-20.</p> <p><b>MH-21, MH-22, MH-23, MH-24, &amp; MH-25 OPEN</b></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-21, MH-22, MH-23, MH-24, &amp; MH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-24:</b> In 5 records, there is a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p> <p><b>MH-25:</b> In 3 of 8 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p>	

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p>A comprehensive review of 13 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p><b>MH-26:</b> In 3 of 4 applicable records, a DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of EOS.</p> <p><b>MH-27:</b> In 3 of 7 applicable records, assistance with social security benefits was not provided at 90 days of EOS for applicable inmates.</p>	<p><b>MH-26 &amp; MH-27 OPEN</b></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-26 &amp; MH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-28:</b> Mattresses used in the SHOS/Observation Cells were damaged.</p> <p><b>MH-29:</b> There was no documentation indicating the clinical staff were receiving weekly clinical supervision.</p>	<p><b>MH-28 &amp; MH-29 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-28 &amp; MH-29.</p>

## **IV. Conclusion**

### **Physical Health Main Unit**

The following physical health findings will close: PH-3, PH-4, PH-6, PH-7, PH-8, PH-9, PH-12, PH-14, PH-15, PH-17, PH-18, PH-21, PH-24, PH-26, PH-29, PH-33, PH-39, & PH-40. All other physical health findings will remain open.

The following CAP findings will be added for in-service training, monitoring, and corrective action: CF-1, CF-2, CF-3, & CF-4.

### **Physical Health Annex**

The following physical health findings will close: PH-3, PH-4, PH-7, PH-8, PH-19, PH-15, PH-16, PH-17, PH-18, PH-19, PH-22, PH-23, PH-24, & PH-25. All other physical health findings will remain open.

### **Mental Health Main Unit**

The following mental health findings will close: MH-2, MH-6, MH-7, MH-10, MH-11, MH-15, MH-18, MH-19, MH-21, MH-22, & MH-23. All other mental health findings will remain open.

### **Mental Health Annex**

The following mental health findings will close: MH-1, MH-2, MH-3, MH-6, MH-7, MH-8, MH-9, MH-11, MH-12, MH-15, MH-16, MH-17, MH-19, MH-28, MH-28, & MH-29. All other mental health findings will remain open.

Until such time as appropriate corrective actions are undertaken by 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.