

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

of

**COLUMBIA CORRECTIONAL INSTITUTION**

for the

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

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## **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. The CAP closure files revealed sufficient evidence to determine that 18 of 40 physical health findings and 11 of 23 mental health findings were corrected on the Main Unit. Four findings were added for in-service training, monitoring, and corrective action. Additionally, 16 of 25 physical health findings and 16 of 29 mental health findings were corrected on the Annex.

On April 11, 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 conducted an on-site CAP assessment on May 2, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure file revealed sufficient evidence to determine that 10 of 26 physical health findings and 2 of 12 mental health findings were corrected. Additionally, 9 of 9 physical health findings and 7 of 13 mental health findings were corrected on the Annex.

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 conducted an on-site CAP assessment on October 20, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 10 of 16 physical health findings and 4 of 10 mental health findings were corrected on the Main Unit. Additionally, 3 of 6 mental health findings were corrected on the Annex.

On February 6, 2017, 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 conducted an on-site CAP assessment on March 10, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 6 physical health findings and 5 of 6 mental health findings were corrected on the Main Unit. Additionally, 1 of 3 mental health findings were corrected on the Annex.

On June 13, 2017, 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 conducted an on-site CAP assessment on June 21, 2017 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 three of three physical health findings were corrected. All physical health findings are closed.

| 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-20: In 8 of 9 applicable, there was no evidence of a discharge note or the note was incomplete.</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-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20.</p> <p><b>PH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-23.</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.</b></p> | <p><b>CF-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p> |

### B. Annex

All physical health findings are closed.

### III. Mental Health Assessment Summary

#### A. Main Unit

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

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>MH-4: In 3 of 8 records reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> | <p><b>MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p> |

#### B. Annex

The CAP closure files revealed evidence to determine that one of two mental health findings were corrected. One mental health findings will remain open.

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>MH-5: In 8 of 10 records reviewed, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</b></p> | <p><b>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-5 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-22: In 2 of 13 applicable records (18 reviewed), the ISP was not reviewed or revised at the 180 day interval.</b></p> | <p><b>MH-22 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22.</p> |

## **IV. Conclusion**

### **Physical Health Main Unit**

All physical health findings are closed.

### **Physical Health Annex**

All physical health findings were closed on the second CAP assessment.

### **Mental Health Main Unit**

All mental health findings are closed.

### **Mental Health Annex**

The following mental health finding will remain open: MH-5. All other mental health findings are closed.

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 off-site evaluation.