

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

JACKSON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 12 - 13, 2015

CMA STAFF

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CAP Assessment Distributed on February 8, 2016

CAP Assessment of Jackson Correctional Institution

I. Overview

On August 12 - 13, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Jackson Correctional Institution (JACCI). The survey report was distributed on September 4, 2015. In October 2015, JACCI 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 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 4, 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

CAP closure files revealed sufficient evidence to determine that 13 of the 14 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>PH-1: In 5 of 17 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-2: In 4 of 12 applicable records (14 reviewed), there was no evidence that all required annual labs were completed.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-3: In 4 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</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>IMMUNITY CLINIC</u></p> <p>PH-4: In 6 of 11 applicable records (16 reviewed), there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-5: In 5 records, the diagnosis was not appropriate for inclusion in the clinic.</p> <p>PH-6: In 3 records, the DC4-770C “Miscellaneous Clinic Flow Sheet” was incomplete or missing.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p> <p>PH-6 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 met. PH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-7: In 3 of 11 records reviewed, seizures were not classified.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-8: In 5 of 14 applicable records (15 reviewed), there was no evidence that reactive airway disease was classified.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-9: In 5 records, the relevant diagnosis was not recorded on the problem list.</p> <p>PH-10: In 11 records, the DC4-797F “Outside Consultation Log” was not accurate.</p>	<p>PH-9 & PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9 & PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD (MAR) REVIEW</u></p> <p>PH-11: In 3 of 12 records reviewed, there was no evidence that medication orders were signed, dated, and/or timed.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-12: All necessary equipment was not in proper working order.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-13: There were expired IV start kits, ET tubes, suture kits, and other supplies in the emergency/trauma area.</p> <p>PH-14: There were water stains on the wall and rust on the light fixture as a result of a leak in H dorm.</p>	<p>PH-13 & PH-14 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-13 & PH-14.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 8 of 10 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 3 of 7 records reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</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-2: In 2 records, a written referral to mental health by physical health staff was not present.</p> <p>MH-3: In 2 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-2 & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2 & MH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-4: In 8 of 17 records reviewed, the Mental Status Exams (MSEs) were not sufficient to identify any possible adjustment problems.</p>	<p>MH-4 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 met. MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-5: In 5 of 12 records reviewed, a referral was indicated in the request response but did not occur.</p>	<p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 13 outpatient records revealed the following deficiencies:</p> <p>MH-6: In 2 of 5 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>MH-7: In 2 of 5 applicable records, the Individualized Service Plan (ISP) was not updated.</p> <p>MH-8: In 4 records, the ISP did not address all required information.</p>	<p>MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</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 met. 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>MENTAL HEALTH SYSTEMS</u></p> <p>MH-9: One Isolation Management Room (IMR) and two of the overflow rooms had safety concerns.</p>	<p>MH-9 & MH-10 CLOSED</p> <p>Adequate documentation of correction was provided to close MH-9 & MH-10.</p>

Finding	CAP Evaluation Outcome
MH-10: There were privacy concerns involving clinical contacts with inmates in confinement.	

IV. Conclusion

Physical health finding PH-6 remains open. All other physical health portions will close. Mental health findings MH-4 & MH-7 will remain open. All other mental health portions will close.

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 visit, but the option remains open to conduct an on-site evaluation.