

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

of

RECEPTION AND MEDICAL CENTER

for the

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

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CAP Assessment of Reception and Medical Center

I. Overview

On October 14-15, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Reception and Medical Center (RMC). The survey report was distributed on November 23, 2015. In December 2015, RMC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the October 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 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 CAP assessment on April 6-7, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 10 of 19 physical health findings and 20 of 47 mental health findings were corrected on the Main Unit. Additionally, 21 of 22 physical health findings and 5 of 10 mental health findings were corrected on the West Unit.

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, an on-site CAP was conducted on October 19, 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

The CAP closure files revealed sufficient evidence to determine that 7 of the 9 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u> PH-1: In 4 of 15 records reviewed, baseline information was incomplete or missing.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>PH-2: In 5 of 13 applicable records (20 reviewed), there was no evidence of pneumococcal vaccination or refusal.</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-4: In 6 of 12 applicable records (15 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	<p>PH-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. PH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-5: In 3 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-8: In 4 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</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>PH-9: In 9 of 18 records reviewed, the diagnosis was not reflected on the problem list.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-10: There was no evidence that appropriate personal protective items were used.</p> <p>PH-11: There was no evidence that all necessary equipment was working and available.</p>	<p>PH-10 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-10.</p> <p>PH-11 OPEN</p> <p>Adequate documentation of correction was not provided. PH-11 will remain open (see discussion).</p>

***Discussion PH-11:** Institutional personnel indicated that several attempts have been made to repair the instrument cleaner with negative results. The unit continues to be inoperable.*

Finding	CAP Evaluation Outcome
<p><u>RECEPTION RECORD REVIEW</u></p> <p>PH-16: In 13 records, there was no evidence that required immunizations were provided.</p>	<p>PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

B. West

The CAP closure files revealed sufficient evidence to determine that 1 of 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-2: In 5 of 16 records reviewed, inmates were not seen at the intervals required by their assigned medical grade status.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed evidence to determine that 12 of 27 mental health findings were corrected. Fifteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-3: In 2 records, not all entries were dated, timed, signed and/or stamped.</p>	<p>MH-1 & MH-3 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-1 & MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-8: In 3 of 8 applicable records, the mental status exam (MSE) was not completed within the required time frame.</p> <p>MH-9: In 2 of 10 applicable records, outpatient treatment (psychiatry, case management and individual therapy) was not continued as indicated on the ISP.</p>	<p>MH-8 & MH-9 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-8 & MH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 10 inpatient records revealed the following deficiencies:</p> <p>MH-10: In 2 of 7 applicable records, appropriate initial lab tests were not ordered and/or completed as required.</p> <p>MH-11: In 3 of 8 applicable records, appropriate follow-up initial lab tests were not ordered and/or completed as required.</p> <p>MH-13: In 2 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>	<p>MH-10, MH-11, & MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10, MH-11, & MH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 12 outpatient records revealed the following deficiencies:</p> <p>MH-23: In 2 of 4 applicable records, there was no evidence that initial lab tests were conducted.</p> <p>MH-24: In 1 of 5 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p>MH-25: In 4 of 11 applicable records, physician’s orders were not dated, timed, and/or stamped.</p> <p>MH-26: In 10 of 11 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-27: In 3 of 4 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-28: In 3 of 4 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-29: In 8 records, informed consents were not present or appropriate for the medication prescribed.</p> <p>MH-30: In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-31: In 4 of 6 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p>	<p>MH-23, MH-24, MH-25, MH-26, & MH-27 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-23, MH-24, MH-25, MH-26, & MH-27.</p> <p>MH-28 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-28 will remain open.</p> <p>MH-29, MH-30, & MH-31 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-29, MH-30, & MH-31.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 15 outpatient records revealed the following deficiencies:</p> <p>MH-33: In 6 of 12 applicable records, the ISP was not updated within 14 days of arrival.</p> <p>MH-34: In 5 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p>MH-35: In 2 of 2 applicable records, the BPSA was not approved by the MDST within 30 days.</p> <p>MH-36: In 2 of 3 applicable records, the ISP was not completed within 30 days after assignment of S2 or S3 grade.</p> <p>MH-37: In 4 records, the ISP did not address all required information.</p> <p>MH-38: In 3 of 13 applicable records, there was no documentation that the inmate received the services listed in the ISP.</p> <p>MH-39: In 1 of 5 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p>	<p>MH-33 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-33 will remain open.</p> <p>MH-34 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-34 will remain open.</p> <p>MH-35 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-35.</p> <p>MH-36 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-36 will remain open.</p> <p>MH-37 & MH-38 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-37 & MH-38 will remain open.</p> <p>MH-39 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of</p>

Finding	CAP Evaluation Outcome
	compliance had not been met. MH-39 will remain open.

Finding	CAP Evaluation Outcome
<p><u>RECEPTION PROCESS</u></p> <p>MH-42: In 2 of 8 applicable records (10 reviewed), inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</p>	<p>MH-42 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-42 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 10 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-44: In 2 records, aftercare plans were not addressed on the ISP.</p> <p>MH-45: In 4 of 7 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p> <p>MH-46: In 1 of 1 applicable record, a social security benefit application was not forwarded between 45 and 30 days EOS for eligible inmates.</p>	<p>MH-44 & MH-45 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-44 & MH-45 will remain open.</p> <p>MH-46 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-46 will remain open.</p>

B. West

The CAP closure files revealed evidence to determine that 2 of 5 mental health findings were corrected. Three mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 12 outpatient records revealed the following deficiencies:</p> <p>MH-3: In 2 of 5 applicable records, follow-up laboratory tests were not completed as required.</p> <p>MH-6: In 6 of 8 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame or was not present in the medical record.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction was provided to close MH-3.</p> <p>MH-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. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 2 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-8: In 2 records, the “Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information” (DC4-711B) was not signed by the inmate.</p> <p>MH-9: In 1 of 2 applicable records, the “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p> <p>MH-10: In 1 of 1 applicable record, assistance with social security benefits was not provided at 90 days EOS for the eligible inmate.</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p> <p>MH-9 & MH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated acceptable levels of compliance had not been met. MH-9 & MH-10 will remain open.</p>

IV. Conclusion

Physical Health Main Unit

The following physical health findings will remain open: PH-4 & PH-11. All other physical health portions will close.

Physical Health West Unit

All physical health portions are closed.

Mental Health Main Unit

The following mental health findings will remain open: MH-1, MH-3, MH-8, MH-9, MH-28, MH-33, MH-34, MH-36, MH-37, MH-38, MH-39, MH-42, MH-44, MH-45, & MH-46. All other mental health portions will close.

Mental Health West Unit

The following mental health findings will remain open: MH-6, MH-9, & MH-10 will remain open. All other mental health portions will close.

Until such time as appropriate corrective actions are undertaken by RMC 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.