

**SIXTH OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**RECEPTION AND MEDICAL CENTER**

for the

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

**CMA STAFF**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW

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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. The CAP closure files revealed sufficient evidence to determine that 7 of 9 physical health findings and 12 of 27 mental health findings were corrected on the Main Unit. Additionally, 1 of 1 physical health findings and 2 of 5 mental health findings were corrected on the West Unit.

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, an on-site CAP was conducted on March 9, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 2 physical health findings and 12 of 15 mental health findings were corrected on the Main Unit. Additionally, 1 of 3 mental health findings were corrected on the West Unit.

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, an on-site CAP was conducted on June 21, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 1 of 3 mental health findings on the Main Unit and 2 of 2 mental health findings on the West Unit were corrected.

On September 27, 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, an off-site CAP was conducted on October 31, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 2 mental health findings were corrected at the Main Unit.

On January 22, 2018, 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 off-site CAP was conducted on February 22, 2018 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**

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

**B. West**

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

**III. Mental Health Assessment Summary**

**A. Main Unit**

The CAP closure files revealed evidence to determine that 0 of 2 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>MH-1: In 2 of 9 records reviewed, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p>	<p><b>MH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of the documentation supplied by the institution indicated an acceptable level of compliance had not been reached. MH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-8: In 3 of 8 applicable records (12 reviewed), the mental status exam (MSE) was not completed within the required time frame.</b></p>	<p><b>MH-8 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-8 will remain open.</p>

## **B. West**

All mental health findings were closed on the fourth CAP assessment.

## **IV. Conclusion**

### **Physical Health Main Unit**

All physical health portions are closed.

### **Physical Health West Unit**

All physical health portions are closed.

### **Mental Health Main Unit**

The following mental health findings will remain open: MH-1 and MH-8. All other mental health portions are closed.

### **Mental Health West Unit**

All mental health portions are closed.

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 off-site visit but the option remains open to complete an on-site assessment.