

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

of

JEFFERSON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 6-8, 2016

CMA STAFF

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CAP Assessment Distributed on April 26, 2018

CAP Assessment of Jefferson Correctional Institution

I. Overview

On December 6-8, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Jefferson Correctional Institution (JEFCl). The survey report was distributed on December 23, 2016. In January 2017, JEFCl submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the December 2016 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 May 3, 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 staff conducted an on-site CAP assessment on May 25, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 11 of 12 physical health findings and 6 of 13 mental health findings were corrected. CAP finding CF-1 was added for in-service training, monitoring, and corrective action.

On August 24, 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 September 22, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 1 of 2 physical health findings and 6 of 7 mental health findings were corrected.

On December 8, 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 December 22, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 1 physical health and 1 of 1 mental health findings were corrected.

On March 23, 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, CMA conducted an off-site CAP assessment on April 18, 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

The CAP closure files revealed sufficient evidence to determine that 0 of 1 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>CAP FINDING – CHRONIC ILLNESS CLINIC REVIEW</u></p> <p>CF-1: In 6 of 12 records reviewed, inmates were not seen in Chronic Illness Clinics at the required intervals or at the frequency ordered by the clinician.</p>	<p>CF-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance has not been met. CF-1 will remain open.</p>

III. Mental Health Assessment Summary

All mental health portions closed on the third CAP assessment.

IV. Conclusion

CAP finding CF-1 will remain open and all other physical health portions will close. All mental health portions 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 visit, but the option remains open to conduct an off-site evaluation.