

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

MAYO CORRECTIONAL INSTITUTION ANNEX

for the

Physical and Mental Health Survey
Conducted March 21-23, 2017

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CAP Assessment Distributed on September 6, 2018

CAP Assessment of Mayo Correctional Institution

I. Overview

On March 21-23, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Mayo Correctional Institution Annex (MAYAN). The survey report was distributed on April 10, 2017. In May 2017, MAYAN submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the March 2017 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 September 27, 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 staff conducted an on-site CAP assessment on October 5, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff.

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 staff conducted a second on-site CAP assessment on April 18, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 2 of 3 physical health findings and 2 of 7 mental health findings were corrected.

On July 24, 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 staff conducted a third on-site CAP assessment on August 31, 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 1 of 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<u>ENDOCRINE CLINIC</u> PH-5: In 3 of 6 applicable records, inmates with HgbA1c over 8% were not seen every three months as required.	PH-5 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-5.

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 5 of 5 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-3: In 3 records, the “Infirmarium/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of an SHOS admission.</p> <p>MH-4: In 2 of 2 applicable records, the guidelines for SHOS management were not observed.</p>	<p>MH-1, MH-3 & MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-3, and MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-9: In 6 of 8 applicable records, the Biopsychosocial Assessment (BPSA) was not approved by the multi-disciplinary services team within 30 days of initiation of mental health services, or change in S-grade.</p> <p>MH-11: In 4 records, the ISP was not signed by all relevant parties.</p>	<p>MH-9 & MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 and MH-11.</p>

IV. Conclusion

All findings as a result of the March 2017 survey are closed and no further action is required. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.