

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of  
**SANTA ROSA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted November 8-10, 2016

**CMA STAFF**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW  
Kathy McLaughlin, BS  
Monica Dodrill, RN

**CLINICAL SURVEYORS**

Mary-Jane Valbracht, ARNP  
Kathy Louvaris, ARNP  
Sandi Lewis, PhD  
Jovasha Lang, LCSW

CAP Assessment Distributed on July 7, 2017

## CAP Assessment of Santa Rosa Correctional Institution

### I. Overview

On November 8-10, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Santa Rosa Correctional Institution (SARCI). The survey report was distributed on December 5, 2016. In January 2017, SARCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 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 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, CMA staff conducted an on-site CAP assessment on June 28, 2017 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 8 of the 8 physical health findings were corrected.

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>A comprehensive review of 9 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 3 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-2: In 3 records, there was no evidence that consultant treatment recommendations were incorporated into the treatment plan.</b></p> <p><b>PH-3: In 3 records, the Consultation Appointment Log was incomplete.</b></p> <p><b>PH-4: In 1 of 2 applicable records, there was no evidence that the alternative treatment plan (ATP) was implemented.</b></p>	<p><b>PH-1, PH-2, PH-3, &amp; PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1, PH-2, PH-3, &amp; PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS REVIEW</u></b></p> <p><b>PH-5: Dental licenses were not appropriately displayed.</b></p> <p><b>PH-6: There was no evidence that all necessary equipment was working and available.</b></p> <p><b>PH-7: American Heart Association prophylactic regimens were not posted.</b></p>	<p><b>PH-5, PH-6, &amp; PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5, PH-6, &amp; PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL CLINIC REVIEW</u></b></p> <p><b>PH-8: In 3 of 18 records reviewed, there was no evidence of an accurate diagnosis and appropriate treatment plan.</b></p>	<p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

**B. Annex**

The CAP closure files revealed sufficient evidence to determine that 12 of the 13 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-1: In 3 of 12 applicable records (15 reviewed), there was no evidence of an annual fundoscopic examination.</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-2: In 2 of 6 applicable records (10 reviewed), there was no evidence that appropriate medications were reviewed, ordered and/or received.</b></p>	<p><b>PH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-3: In 3 of 13 records reviewed, there was no evidence that an appropriate neurological examination was completed.</b></p>	<p><b>PH-3 OPEN</b></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-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-4: In 3 of 12 applicable records (15 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</b></p>	<p><b>PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>PH-5: In 2 of 10 records reviewed, there was no evidence of HIV status or that HIV testing was offered and refused.</b></p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CARE</u></b></p> <p><b>PH-6: In 5 of 10 applicable records (17 reviewed), there was no documentation of a follow-up visit with the clinician when required.</b></p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-7: In 6 of 11 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS REVIEW</u></b></p> <p><b>PH-8: There was no evidence that all necessary equipment was in working order.</b></p>	<p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL CLINIC REVIEW</u></b></p> <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-9: In 4 of 13 applicable records, there was no evidence of complete and accurate charting of dental findings.</b></p> <p><b>PH-10: In 7 of 16 applicable records, there was no evidence of an accurate diagnosis and treatment plan.</b></p>	<p><b>PH-9 &amp; PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9 &amp; PH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-11: Over-the-counter medications were not available in the dorms.</b></p> <p><b>PH-12: Emergency equipment and supplies were not readily available.</b></p> <p><b>PH-13: Showers were broken in J dorm and P dorm.</b></p>	<p><b>PH-11, PH-12, &amp; PH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11, PH-12, &amp; PH-13.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 12 of the 28 mental health findings were corrected. Sixteen mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 13 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-2: In 8 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-3: In 4 of 11 applicable records, there was no evidence of daily counseling by mental health staff.</b></p>	<p><b>MH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-1 will remain open.</p> <p><b>MH-2, MH-3, &amp; MH-4 OPEN</b></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-2, MH-3, &amp; MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-4: In 6 of 9 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>A comprehensive review of 11 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-5: In 3 records, there was no evidence of a written referral by physical health staff to mental health.</b></p> <p><b>MH-6: In 4 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.</b></p>	<p><b>MH-5 &amp; MH-6 OPEN</b></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-5 &amp; MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCIES</u></b></p> <p><b>MH-7: In 3 of 9 applicable records (13 reviewed), the follow-up indicated as a result of the psychological emergency did not occur.</b></p>	<p><b>MH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p>A comprehensive review of 13 records of inmates in special housing revealed the following deficiencies:</p> <p><b>MH-8:</b> In 2 of 8 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing.</p> <p><b>MH-9:</b> In 5 records, follow-up mental status examinations (MSE) were not completed within the required time frame.</p> <p><b>MH-10:</b> In 3 records, outpatient treatment did not continue as indicated on the Individualized Service Plan (ISP) while the inmate was in special housing.</p>	<p><b>MH-8 OPEN</b></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 will remain open.</p> <p><b>MH-9 &amp; MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 &amp; MH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-11:</b> In 6 of 17 records reviewed, a copy of the inmate request was not present in the medical record.</p>	<p><b>MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p><b>MH-12:</b> In 2 of 9 applicable records, there was no evidence of a thorough psychiatric evaluation.</p>	<p><b>MH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-13:</b> In 2 of 10 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p><b>MH-14:</b> In 4 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p><b>MH-15:</b> In 5 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-16:</b> In 2 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frames.</p>	<p><b>MH-13, MH-14, &amp; MH-15 OPEN</b></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-13, MH-14, &amp; MH-15 will remain open.</p> <p><b>MH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p><b>MH-17:</b> In 1 of 5 applicable records, current psychotropic medications were not continued until the inmate saw the psychiatrist upon transfer into the institution.</p> <p><b>MH-18:</b> In 4 of 13 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p><b>MH-19:</b> In 1 of 2 applicable records, the BPSA was not approved by the MDST within 30 days of initiation of mental health services.</p> <p><b>MH-20:</b> In 6 records, the ISP did not list the frequency of the interventions.</p>	<p><b>MH-17 &amp; MH-18 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly records indicated an acceptable level of compliance had not been met. MH-17 &amp; MH-18 will remain open.</p> <p><b>MH-19 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-19 will remain open.</p> <p><b>MH-20 &amp; MH-21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-20 &amp; MH-21.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-21:</b> In 8 records, mental health problems were not listed on the problem list.</p> <p><b>MH-22:</b> In 8 records, there was no documentation that the inmate received the services listed in the ISP.</p> <p><b>MH-23:</b> In 4 of 17 applicable records, counseling for inmates without evidence of a psychotic disorder was not provided or refused at least every 90 days.</p> <p><b>MH-24:</b> In 5 of 12 applicable records, individual or group counseling for inmates in close management status was not offered weekly and there was no evidence of refusal.</p>	<p><b>MH-22 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly records indicated an acceptable level of compliance had not been met. MH-22 will remain open.</p> <p><b>MH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-23.</p> <p><b>MH-24 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly records indicated an acceptable level of compliance had not been met. MH-24 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p><b>MH-25:</b> In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p><b>MH-26:</b> In 1 of 1 applicable records, assistance with Social Security benefits was not provided.</p>	<p><b>MH-25 &amp; MH-26 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-25 &amp; MH-26.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS REVIEW</u></b></p> <p><b>MH-27: The required restraint equipment was not available.</b></p> <p><b>MH-28: Isolation Management Rooms (IMR) were not properly maintained.</b></p>	<p><b>MH-27 &amp; MH-28 CLOSED</b></p> <p>Adequate documentation of correction was provided to close MH-27 &amp; MH-28.</p>

**C. Annex**

The CAP closure files revealed sufficient evidence to determine that 11 of the 24 mental health findings were corrected. Thirteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, the admitting clinician's orders did not specify frequency of observation while on SHOS.</b></p> <p><b>MH-2: In 5 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p>	<p><b>MH-1 &amp; MH-2 OPEN</b></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 &amp; MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-3: In 2 records, a written referral to mental health by physical health staff was not present.</b></p>	<p><b>MH-3 &amp; MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3 &amp; MH-4.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-4: 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.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-5: In 1 of 3 applicable records, there was no evidence that abnormal lab results were addressed.</b></p> <p><b>MH-6: In 1 of 4 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>MH-7: In 4 of 16 applicable records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record.</b></p> <p><b>MH-8: In 16 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-9: In 2 of 5 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</b></p>	<p><b>MH-5 &amp; MH-6 OPEN</b></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-5 &amp; MH-6 will remain open.</p> <p><b>MH-7 &amp; MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7 &amp; MH-8.</p> <p><b>MH-9 OPEN</b></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-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-10: In 11 of 17 records reviewed, the Individualized Service Plan (ISP) was not signed by a member of the multidisciplinary services team (MDST) and/or inmate or a refusal was not documented.</b></p>	<p><b>MH-10 OPEN</b></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-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 14 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-11: In 2 of 9 applicable records, the physician's admission note was not completed within 24 hours of admission.</b></p> <p><b>MH-12: In 1 of 5 applicable records, initial lab tests were not completed as required.</b></p> <p><b>MH-13: In 2 of 2 applicable records, there was no evidence that abnormal lab results were addressed.</b></p> <p><b>MH-14: In 2 of 9 applicable records, follow-up lab tests were not ordered and/or completed as required.</b></p> <p><b>MH-15: In 7 records, physician's orders were not timed and/or dated.</b></p> <p><b>MH-16: In 7 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-17: In 8 of 13 applicable records, AIMS were not administered within the appropriate time frame.</b></p>	<p><b>MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p> <p><b>MH-12, MH-13, MH-14, MH-15, MH-16 &amp; MH-17 OPEN</b></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-12, MH-13, MH-14, MH-15, MH-16, &amp; MH-17 will remain open.</p> <p><b>MH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18.</p>

Finding	CAP Evaluation Outcome
MH-18: In 2 of 2 applicable records, the emergency treatment order (ETO) was not complete.	

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 15 inpatient records revealed the following deficiencies:</p> <p><b>MH-19:</b> In 3 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p><b>MH-20:</b> In 13 records, a risk assessment for violence was not completed as required.</p> <p><b>MH-21:</b> In 8 records, the ISP was not completed as required.</p> <p><b>MH-22:</b> In 15 records, the required hours of planned structured therapeutic services were not provided.</p> <p><b>MH-23:</b> In 7 records, behavioral level assessments were missing or not reviewed within the required time frame.</p>	<p><b>MH-19, MH-20, MH-21, MH-22, &amp; MH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19, MH-20, MH-21, MH-22, &amp; MH-23.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS REVIEW</u></b></p> <p><b>MH-24:</b> There is an inadequate tracking mechanism to reflect mental health related admissions and discharges from the infirmary.</p>	<p><b>MH-24 OPEN</b></p> <p>Adequate documentation of correction was not provided. MH-24 will remain open.</p>

## **IV. Conclusion**

### **Physical Health Main Unit**

All physical health portions will close.

### **Physical Health Annex**

The following physical health finding will remain open: PH-3. All other physical health portions will close.

### **Mental Health Main Unit**

The following mental health finding will remain open: MH-1, MH-2, MH-3, MH-4, MH-5, MH-6, MH-8, MH-12, MH-13, MH-14, MH-15, MH-17, MH-18, MH-19, MH-22, and MH-24. All other mental health portions will close.

### **Mental Health Annex**

The following mental health finding will remain open: MH-1, MH-2, MH-5, MH-6, MH-9, MH-10, MH-12, MH-13, MH-14, MH-15, MH-16, MH-17, and MH-24. 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 on-site visit.