

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

of

**CROSS CITY CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted August 29-31, 2017

**CMA STAFF**

Monica Dodrill, RN

CAP Assessment Distributed on September 25, 2018

## CAP Assessment of Cross City Correctional Institution

### I. Overview

On August 29-31, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Cross City Correctional Institution (CROCI). The survey report was distributed on September 25, 2017. In October 2017, CROCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the August 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 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 an on-site CAP assessment on April 10, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. It was determined that 13 of the 14 physical health findings and 15 of the 20 mental health findings were corrected.

On August 20, 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 September 21, 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 the 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-5: In 1 of 5 applicable records (9 reviewed), there was no evidence that abnormal labs were addressed in a timely manner.</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>

### 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><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-2: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-4: In 6 records, daily counseling by mental health staff was not completed.</b></p>	<p><b>MH-2 &amp; MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2 &amp; MH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-10: In 1 record, the “Special Housing Health Appraisal” (DC4-769) was incomplete.</b></p>	<p><b>MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 10 outpatient mental health records revealed the following deficiencies:</b></p>	<p><b>MH-18 &amp; MH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18 and MH-19.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-18: In 2 records, counseling was not offered at least every 90 days.</b></p> <p><b>MH-19: In 2 records, case management was not offered at least every 90 days.</b></p>	

**IV. Conclusion**

All findings as a result of the August 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.