

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

of

**TAYLOR CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted December 12-14, 2017

**CMA STAFF**

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CAP Assessment Distributed on January 8, 2019

## CAP Assessment of Taylor Correctional Institution

### I. Overview

On December 12-14, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Taylor Correctional Institution (TAYCI). The survey report was distributed on January 8, 2018. In February 2018, TAYCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the TAYCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

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, the CMA conducted an on-site CAP assessment on August 10, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 12 of 19 physical health and 5 of 14 mental health findings were corrected at the Main Unit. Additionally, 15 of 17 physical health and 5 of 15 mental health findings were corrected at the Annex Unit.

On December 12, 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, the CMA conducted an on-site CAP assessment on January 4, 2019 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 7 of the 7 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 2 of 4 applicable records (15 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.</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>GASTROINTESTINAL CLINIC RECORD REVIEW</u></b></p> <p><b>PH-2: In 3 of 12 applicable records (15 reviewed), there was no evidence of hepatitis A or B vaccination or refusal.</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>IMMUNITY CLINIC RECORD REVIEW</u></b></p> <p><b>PH-3: In 3 of 12 applicable records (15 reviewed), there was no evidence of hepatitis B vaccination or refusal.</b></p>	<p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 4 of 9 applicable records, there was no evidence of a complete discharge note.</b></p> <p><b>PH-9: In 6 of 9 applicable records, the inpatient nursing assessments were incomplete.</b></p> <p><b>PH-10: In 2 of 10 applicable records, there was no evidence of a daily nursing evaluation for acute inpatients.</b></p>	<p><b>PH-8, PH-9, &amp; PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8, PH-9, &amp; PH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS RECORD REVIEW</u></b></p> <p><b>PH-15: In 5 of 14 applicable records, there was no evidence the clinician reviewed the record within seven days of arrival.</b></p>	<p><b>PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

**B. Annex**

The CAP closure files revealed sufficient evidence to determine that 2 of 2 of the physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 3 of 11 applicable records, follow-up appointments were not completed timely.</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>INSTITUTIONAL TOUR</u></b></p> <p><b>PH-15: Over-the-counter medications in the dorms were not distributed and recorded correctly.</b></p>	<p><b>PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed evidence to determine that 5 of 9 mental health findings were corrected. Four mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS REVIEW</u></b></p> <p><b>A comprehensive review of 2 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 2 records, 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 there were no applicable records to review during the monitoring period. MH-1 will remain open.</p> <p><b>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-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE EPISODES REVIEW</u></b></p> <p><b>A comprehensive review of 1 use of force episode revealed the following deficiencies:</b></p> <p><b>MH-5: In 1 record, there was no evidence of a written referral by physical health staff to mental health.</b></p>	<p><b>MH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCY REVIEW</u></b></p> <p>A comprehensive review of 3 psychological emergencies revealed the following deficiencies:</p> <p><b>MH-7: In 1 record, there was no evidence that appropriate interventions were made.</b></p> <p><b>MH-8: In 1 record, there was not adequate follow-up after a psychological emergency when indicated.</b></p>	<p><b>MH-7 &amp; 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-7 &amp; MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 11 outpatient mental health records revealed the following deficiencies:</p> <p><b>MH-9: In 3 of 5 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</b></p> <p><b>MH-10: In 1 of 5 applicable records, the initial Individualized Service Plan (ISP) was not completed timely.</b></p> <p><b>MH-12: In 3 of 7 applicable records, the ISP was not reviewed or revised within the required time frame.</b></p> <p><b>MH-13: In 6 records, counseling was not offered at least every 90 days.</b></p>	<p><b>MH-9, MH-10, MH-12, &amp; MH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9, MH-10, MH-12, &amp; MH-13.</p>

**B. Annex**

The CAP closure files revealed evidence to determine that 6 of 10 mental health findings were corrected. Four mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS REVIEW</u></b></p> <p><b>A comprehensive review of 3 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 record, the admission order was not countersigned the next working day.</b></p> <p><b>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-3: In 3 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</b></p> <p><b>MH-4: In 2 records, daily counseling by mental health staff was not completed.</b></p> <p><b>MH-5: In 2 records, mental health staff did not provide post-discharge follow-up within 7 days.</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> <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> <p><b>MH-5 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 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCY REVIEW</u></b></p> <p><b>A comprehensive review of 8 psychological emergencies revealed the following deficiencies:</b></p> <p><b>MH-9: In 1 record, there was inadequate follow-up after a psychological emergency when indicated.</b></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>INMATE REQUEST REVIEW</u></b></p> <p><b>MH-10: In 2 of 6 records reviewed, a referral or interview did not occur as intended.</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 13 outpatient mental health records revealed the following deficiencies:</b></p> <p><b>MH-13: In 5 records, the ISP was not signed by the inmate.</b></p> <p><b>MH-14: In 3 of 7 applicable records, the ISP was not reviewed or revised within the required time frame.</b></p> <p><b>MH-15: In 6 records, counseling was not offered at least every 90 days.</b></p>	<p><b>MH-13, MH-14, &amp; MH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13, MH-14, &amp; MH-15.</p>

## **IV. Conclusion**

### **Physical Health-Main Unit**

The following physical health findings will close: PH-1, PH-2, PH-3, PH-8, PH-9, PH-10, & PH-15. All physical health findings are closed.

### **Physical Health-Annex Unit**

The following physical health findings will close: PH-4 & PH-15. All physical health findings are closed.

### **Mental Health-Main Unit**

The following mental health findings will close: MH-5, MH-9, MH-10, MH-12, & MH-13. All other mental health findings will remain open.

### **Mental Health-Annex Unit**

The following mental health findings will close: MH-3, MH-4, MH-10, MH-13, MH-14, & MH-15. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by TAYCI 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 evaluation.