

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

of

COLUMBIA CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted July 17-19, 2018

CMA STAFF

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I. Overview

On July 17-19, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Columbia Correctional Institution (COLCI). The survey report was distributed on August 16, 2018. In September 2018, COLCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the COLCI 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.

Summary of CAP Assessments for Columbia Correctional Institution

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	2/14/19	3/28/19 – 3/29/19	On-site	98	30	68
2	7/26/19	9/20/19	On-site	98	12	18

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 6 physical health findings were corrected. One physical health finding will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Chronic Illness Clinic</u> PH-1: In 4 of 16 records reviewed, there was no evidence inmates were seen according to their M-grade.	X					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Gastrointestinal Clinic</u> PH-3: In 3 of 14 applicable records (15 reviewed), there was no evidence of hepatitis A & B vaccination or refusal.	X					
<u>Tuberculosis Clinic</u> PH-4: In 1 of 5 records reviewed, there was no evidence the inmate received the correct number of doses of Isoniazid.	X					
<u>Infirmary</u> PH-9: In 4 of 9 applicable records, the nursing discharge note was incomplete	X					
<u>Consultations</u> PH-13: In 3 of 15 applicable records, there was no evidence that follow-up appointments were completed per the consultant's recommendations.		X				
<u>Inmate Requests</u> PH-16: In 4 of 15 applicable records (16 reviewed), the outcome did not occur as intended.	X					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 6 physical health findings were corrected. Three physical health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Endocrine Clinic</u> PH-4: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	X					
<p><u>Gastrointestinal Clinic</u> PH-6: In 2 of 4 applicable records, there was no evidence that inmates with known or suspected cirrhosis were screened for hepatocellular cancer annually.</p>		X				
<p><u>Sick Call</u> PH-11: In 3 of 11 applicable records (18 reviewed), follow-up appointments were not completed as required.</p>	X					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Consultations</u> PH-16: In 4 of 10 applicable records, the consultant's treatment recommendations were not incorporated into the treatment plan.</p>		X				
<p><u>Consultations</u> PH-17: In 3 of 8 applicable records, there was no evidence of follow-up diagnostic testing.</p>		X				
<p><u>Institutional Tour</u> PH-26: Over-the-counter medications were not available in all dormitory areas.</p>	X					

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 9 of the 16 mental health findings were corrected. Seven mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Self-harm Observation Status</u> MH-1: In 2 records, the "Infirmiry Admission Nursing Evaluation" (DC4-732) was not completed as required.	X					
<u>Self-harm Observation Status</u> MH-2: In 1 of 5 applicable records, the guidelines for SHOS management were not observed.	X					
<u>Use of Force</u> MH-3: In 1 of 4 applicable records (7 reviewed), there was no follow-up care when indicated.			X			

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Special Housing</u> MH-7: In 3 of 9 applicable records, psychotropic medications were not continued as ordered while the inmate was in special housing.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-9: In 1 of 4 applicable records, psychotropic medications were not continued upon the inmate's arrival.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-10: In 2 of 4 applicable records, the inmate was not seen by psychiatry prior to the expiration of prescriptions from the sending institution.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-11: In 4 records, individualized service plan (ISP) interventions were not written according to protocol.</p>	X					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Mental Health Services</u> MH-12: In 7 records, the ISP was not signed by all relevant parties.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-14: In 7 records, the inmate did not receive the interventions as listed on the ISP.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-15: In 2 of 8 applicable records, follow-up laboratory studies were not conducted as required.</p>	X					
<p><u>Psychotropic Medication Practices</u> MH-16: In 15 records, the inmate did not receive medication as prescribed.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-17: In 15 records, follow-up psychiatry services were not conducted at appropriate intervals.</p>	X					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Psychotropic Medication Practices</u> MH-18: In 3 of 4 applicable records, the Abnormal Involuntary Movements Scale (AIMS) was not completed as required.</p>	X					
<p><u>Psychotropic Medication Practices</u> MH-19: In 1 of 1 applicable record, the rationale for Emergency Treatment Order (ETO) was not clearly documented.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-20: In 1 of 1 applicable record, an order for medications without inmate consent was not documented as an ETO.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-21: In 1 of 1 applicable record, there was no documentation that the ETO was administered in the least restrictive manner.</p>		X				

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 2 mental health findings were corrected. One mental health finding will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Self-harm Observation Status</u> MH-4: In 1 record, the inmate was not observed at the frequency ordered by the clinician.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-13: In 4 records, the bio-psychosocial assessment (BPSA) was not present in the record.</p>	X					

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-3, PH-4, PH-9, and PH-16. All other physical health findings will remain open.

Physical Health-Annex Unit

The following physical health findings will close: PH-4, PH-11 and PH-26. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-2, MH-7, MH-9, MH-10, MH-11, MH-15, MH-17 and MH-18. All other mental health findings will remain open.

Mental Health-Annex Unit

The following mental health finding will close: MH-13. MH-4 will remain open.

Until appropriate corrective actions are undertaken by COLCI 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.