

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

of

SOUTH BAY CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted October 9-11, 2018

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I. Overview

On October 9-11, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Bay Correctional Facility (SBCF). The survey report was distributed on November 7, 2018. In December 2018, SBCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the SBCF 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 | 3/12/19 | 4/11/2019 | On-site | 43 | 9 | 34 |

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 21 of the 23 physical health findings were corrected. Two 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 |
|--|--------|--|--|---|---|-------|
| <u>Chronic Illness Clinic</u> PH-1: In 8 of 16 records reviewed, inmates were not seen according to their M-grade status. | x | | | | | |
| <u>Endocrine Clinic</u> PH-2: In 4 of 14 applicable records (17 reviewed), there was no evidence of an annual fundoscopic examination. | x | | | | | |

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|--|--------|--|--|---|---|-------|
| <p><u>Gastrointestinal Clinic</u> PH-3: In 1 of 2 applicable records, hepatitis C treatment was not started according to the priority time frame.</p> | | x | | | | |
| <p><u>Gastrointestinal Clinic</u> PH-4: In 3 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p> | x | | | | | |
| <p><u>Neurology Clinic</u> PH-5: In 4 of 15 records reviewed, there was no evidence of an appropriate examination for the diagnosis.</p> | x | | | | | |
| <p><u>Oncology Clinic</u> PH-6: In 1 of 5 applicable records (10 reviewed), there was no referral to a specialist when indicated.</p> | x | | | | | |
| <p><u>Sick Call</u> PH-7: In 2 of 8 applicable records, there was no evidence of timely follow-up by the clinician.</p> | x | | | | | |

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|--|--------|--|--|---|---|-------|
| <p><u>Sick Call</u> PH-8: In 2 of 7 applicable records, there was no evidence the follow-up visit was complete and adequate for the presenting complaint.</p> | x | | | | | |
| <p><u>Infirmary</u> PH-9: In 5 of 14 applicable inpatient and outpatient records, patient care orders were incomplete.</p> | x | | | | | |
| <p><u>Infirmary</u> PH-10: In 6 of 15 applicable records, the nursing discharge note was incomplete or missing.</p> | X | | | | | |
| <p><u>Infirmary</u> PH-11: In 3 of 9 applicable inpatient records, nursing evaluations were not documented at the required intervals.</p> | x | | | | | |
| <p><u>Infirmary</u> PH-12: In 6 of 9 applicable inpatient records, daily rounds by the clinician were not documented at the required intervals.</p> | x | | | | | |

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|--|--------|--|--|---|---|-------|
| <p><u>Infirmary</u> PH-13: In 4 of 8 applicable inpatient records, weekend and/or holiday phone rounds were not documented as required.</p> | x | | | | | |
| <p><u>Consultations</u> PH-14: In 7 of 16 applicable records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</p> | x | | | | | |
| <p><u>Consultations</u> PH-15: In 3 of 12 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan.</p> | x | | | | | |
| <p><u>Consultations</u> PH-16: In 5 of 11 applicable records, there was no evidence that appointments for medical follow-up or additional testing were completed timely per the consultant's recommendations.</p> | x | | | | | |

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|---|--------|--|--|---|---|-------|
| <p><u>Medication Administration</u> PH-17: In 5 of 12 records reviewed, there was no evidence of a corresponding note for all medication orders.</p> | x | | | | | |
| <p><u>Periodic Screenings</u> PH-18: In 4 of 17 records reviewed, the screening was incomplete or inaccurate.</p> | x | | | | | |
| <p><u>Inmate Requests</u> PH-19: In 9 records, the request was not responded to in an appropriate time frame.</p> | x | | | | | |
| <p><u>Inmate Requests</u> PH-20: In 3 of 13 applicable records, the outcome did not occur as intended.</p> | | x | | | | |
| <p><u>Pharmacy</u> PH-21: There was not sufficient space allocated for pharmacy services.</p> | x | | | | | |
| <p><u>Institutional Tour</u> PH-22: The blood glucose monitor checks had not been done for several months.</p> | x | | | | | |

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|---|--------|--|--|---|---|-------|
| <u>Institutional Tour</u> PH-23: Over-the-counter medications were not available in all dorms. | x | | | | | |

III. Mental Health Assessment Summary

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 13 of the 20 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 3 records, the "Infirmity Admission Nursing Evaluation" (DC4-732) was not completed as required. | | 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>Self-harm Observation Status</u> MH-2: In 2 of 5 applicable records, the guidelines for SHOS management were not observed.</p> | | | x | | | |
| <p><u>Self-harm Observation Status</u> MH-3: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> | | x | | | | |
| <p><u>Self-harm Observation Status</u> MH-4: In 8 records, there was no evidence of daily rounds by the clinician.</p> | x | | | | | |
| <p><u>Self-harm Observation Status</u> MH-5: In 7 records, there was no evidence of daily counseling by mental health staff.</p> | x | | | | | |
| <p><u>Use of Force</u> MH-6: In 7 records, the post use of force exam was not completed timely.</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>Use of Force</u> MH-7: In 3 records, the post use of force exam was incomplete.</p> | x | | | | | |
| <p><u>Use of Force</u> MH-8: In 5 records, a written referral to mental health by physical health staff was not present.</p> | x | | | | | |
| <p><u>Use of Force</u> MH-9: In 6 records, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</p> | x | | | | | |
| <p><u>Psychological Emergencies</u> MH-10: In 1 of 4 applicable records (13 reviewed), follow-up after a psychological emergency did not occur as intended.</p> | x | | | | | |
| <p><u>Inmate Requests</u> MH-11: In 8 of 15 records reviewed, the inmate request was not present in the record.</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>Special Housing</u> MH-12: In 6 records, the "Special Housing Health Appraisal" (DC4-769) was incomplete or missing.</p> | | x | | | | |
| <p><u>Special Housing</u> MH-13: In 3 records, the initial mental status examination (MSE) was not completed as required.</p> | | x | | | | |
| <p><u>Special Housing</u> MH-14: In 2 of 10 applicable records, the follow-up MSE was not completed as required.</p> | x | | | | | |
| <p><u>Outpatient Mental Health Services</u> MH-15: In 4 of 17 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties.</p> | | x | | | | |
| <p><u>Outpatient Psychotropic Medication Practices</u> MH-16: In 2 of 8 applicable records, follow-up laboratory studies were not conducted as required for psychotropic medication.</p> | x | | | | | |

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|--|--------|--|--|---|---|-------|
| <p><u>Outpatient Psychotropic Medication Practices</u> MH-17: In 6 records, the inmate did not receive medication as prescribed.</p> | x | | | | | |
| <p><u>Aftercare Planning</u> MH-18: In 1 of 1 applicable record (15 reviewed), there was no evidence of assistance with social security benefits for an eligible inmate.</p> | x | | | | | |
| <p><u>Additional Administrative Issues</u> MH-19: There was no documentation that one hour of accrued clinical supervision was provided to each mental health professional weekly.</p> | x | | | | | |
| <p><u>Additional Administrative Issues</u> MH-20: There was an inadequate system for tracking inmate requests.</p> | x | | | | | |

IV. Conclusion

Physical Health

The following physical health findings will close: PH-1, PH-2, PH-4, PH-5, PH-6, PH-7, PH-8, PH-9, PH-10, PH-11, PH-12, PH-13, PH-14, PH-15, PH-16, PH-17, PH-18, PH-19, PH-21, PH-22, and PH-23. All other physical health findings will remain open.

Mental Health

The following mental health findings will close: MH-4, MH-5, MH-6, MH-7, MH-8, MH-9, MH-10, MH-14, MH-16, MH-17, MH-18, MH-19, and MH-20. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by SBCF 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.