

**FIFTH 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 March 12, 2020

## **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. The CAP closure files revealed sufficient evidence to determine that 7 of 7 physical health and 5 of 9 mental health findings were corrected at the Main Unit. Additionally, 2 of 2 physical health and 6 of 10 mental health findings were corrected at the Annex Unit.

On April 15, 2019, 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 May 3, 2019 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 1 of 4 mental health findings were corrected at the Main Unit. Additionally, 1 of 4 mental health findings were corrected at the Annex Unit.

On September 25, 2019, 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 October 25, 2019 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 3 mental health findings were corrected at the Main Unit. Additionally, 0 of 3 mental health findings were corrected at the Annex Unit.

On January 25, 2020, 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 March 12, 2020 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

All physical health findings closed at the second CAP assessment.

### B. Annex

All physical health findings closed at the second CAP assessment.

## III. Mental Health Assessment Summary

### A. Main Unit

The CAP closure files revealed evidence to determine that 3 of 3 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<b><u>SELF-HARM OBSERVATION STATUS REVIEW</u></b>  A comprehensive review of 2 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:  MH-1: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.  MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.	<b>MH-1 &amp; MH-2 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close MH-1 and MH-2.

Finding	CAP Evaluation Outcome
<b><u>PSYCHOLOGICAL EMERGENCY REVIEW</u></b>  A comprehensive review of 3 psychological emergencies revealed the following deficiencies:  MH-8: In 1 record, there was not adequate follow-up after a psychological emergency when indicated.	<b>MH-8 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close MH-8.

## B. Annex

The CAP closure files revealed evidence to determine that 3 of 3 mental health findings were corrected. All mental health findings are closed.

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-5: In 2 records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p>	<p><b>MH-1, MH-2 &amp; MH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2 and MH-5.</p>

## IV. Conclusion

### Physical Health-Main Unit

All physical health findings are closed.

### Physical Health-Annex Unit

All physical health findings are closed.

### Mental Health-Main Unit

All mental health findings are closed.

### Mental Health-Annex Unit

All mental health findings are closed.

All findings as a result of the December 2017 survey are closed and no further action is required on this CAP. 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.