

**CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of

**BAY CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey  
Conducted January 7-9, 2025

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**CLINICAL SURVEYORS**

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## I. Overview

On January 7-9, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Bay Correctional Facility (BAYCF). The survey report was distributed on February 18, 2025. In March 2025, BAYCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the BAYCF 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. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### Summary of CAP Assessments for Bay Correctional Facility

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/20/25	67	40	27

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 11 of the 26 physical health findings were corrected. Fifteen physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Cardiovascular Chronic Illness Clinic:</u> <b>Screen 8:</b> Patients are referred to a specialist for more in-depth treatment as indicated		X			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<u><b>Endocrine Clinic Chronic Illness Clinic:</b></u> <b>Screen 7:</b> Inmates with HgbA1c over 8% are seen at least every 90 days		<b>X</b>			
<b>Screen 12:</b> Patients are referred to a specialist for more in-depth treatment as indicated	<b>X</b>				
<u><b>Gastrointestinal Chronic Illness Clinic:</b></u> <b>Screen 7:</b> There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		<b>X</b>			
<u><b>General Chronic Illness Clinic:</b></u> <b>Screen 3:</b> The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	<b>X</b>				
<u><b>Emergency Services:</b></u> <b>Screen 3:</b> Vital signs including weight are documented		<b>X</b>			
<u><b>Sick Call Services:</b></u> <b>Screen 8:</b> Clinician orders from the follow-up visit are completed as required	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<u><b>Consultations:</b></u> <b>Screen 2:</b> The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate		<b>X</b>			
<b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		<b>X</b>			
<b>Screen 4:</b> The consultation report is reviewed by the clinician in a timely manner		<b>X</b>			
<b>Screen 6:</b> All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	<b>X</b>				
<u><b>Medical Inmate Requests:</b></u> <b>Screen 4:</b> The follow-up to the request occurs as intended	<b>X</b>				
<u><b>Medication And Vaccination Administration:</b></u> <b>Screen 1:</b> The inmate receives medications as prescribed		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 3:</b> If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance		<b>X</b>			
<b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal		<b>X</b>			
<b><u>Periodic Screenings:</u></b> <b>Screen 2:</b> All components of the screening are completed and documented as required	<b>X</b>				
<b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter		<b>X</b>			
<b>Screen 4:</b> Referral to a clinician occurs if indicated	<b>X</b>				
<b><u>PREA Medical Review:</u></b> <b>Screen 3:</b> There is documentation that the alleged victim was provided education on STIs		<b>X</b>			
<b>Screen 4:</b> Prophylactic treatment and follow-up care for STIs are given as indicated		<b>X</b>			
<b>Screen 6:</b> Repeat STI testing is completed as required	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 7:</b> A mental health referral is submitted following the completion of the medical screening	<b>X</b>				
<b>Screen 8:</b> The inmate is evaluated by mental health by the next working day		<b>X</b>			
<b>Screen 9:</b> The inmate receives additional mental health care if he/she asked for continued services, or the services are clinically indicated			<b>X</b>		
<b><u>Dental Systems:</u></b> <b>Screen 1:</b> The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	<b>X</b>				
<b><u>Institutional Tour:</u></b> <b>Screen 4:</b> Over-the-counter medications are available and logged	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 16 of the 41 mental health findings were corrected. Twenty-five mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<b><u>Self-Injury and Suicide Prevention Review:</u></b>					
<b>Screen 1:</b> A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	X				
<b>Screen 4:</b> The inmate is observed at the frequency ordered by the clinician	X				
<b>Screen 6:</b> There is evidence of daily rounds by the attending clinician	X				
<b>Screen 9:</b> There is evidence of adequate post-discharge follow-up by mental health staff	X				
<b>Screen 10:</b> The Individualized Services Plan (ISP) is revised within 14 days of discharge	X				
<b><u>Psychiatric Restraints:</u></b>					
<b>Screen 1:</b> All equipment is available and in working order	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 2:</b> There is appropriate restraint equipment for the population in all necessary sizes	<b>X</b>				
<b>Screen 3:</b> All interviewed staff are able to provide instructions on the application of restraints	<b>X</b>				
<b><u>Use of Force:</u></b> <b>Screen 3:</b> There is evidence physical health staff completed a referral to mental health staff		<b>X</b>			
<b>Screen 4:</b> Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed		<b>X</b>			
<b><u>Mental Health Inmate Request:</u></b> <b>Screen 4:</b> The follow-up to the request occurs as intended		<b>X</b>			
<b>Screen 5:</b> Consent for treatment is obtained prior to conducting an interview	<b>X</b>				



<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Special Housing:</u></b> <b>Screen 3:</b> A mental status examination (MSE) is completed in the required time frame		<b>X</b>			
<b>Screen 4:</b> Follow-up MSEs are completed in the required time frame		<b>X</b>			
<b>Screen 5:</b> MSEs are sufficient to identify problems in adjustment		<b>X</b>			
<b>Screen 6:</b> Mental health staff responds to identified problems in adjustment		<b>X</b>			
<b><u>Outpatient Mental Health Services:</u></b> <b>Screen 1:</b> A consent for treatment is signed prior to treatment and/or renewed annually	<b>X</b>				
<b>Screen 2:</b> The inmate is interviewed by mental health staff within 14 days of arrival		<b>X</b>			
<b>Screen 4:</b> A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.		<b>X</b>			
<b>Screen 5:</b> Consent is obtained prior to initiating sex offender treatment		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 11:</b> If mental health services are initiated at this institution, the initial ISP is completed within 30 days		<b>X</b>			
<b>Screen 12:</b> The ISP is individualized and addresses all required components		<b>X</b>			
<b>Screen 16:</b> The ISP is signed by the inmate and all members of the treatment team		<b>X</b>			
<b>Screen 17:</b> The ISP is reviewed and revised at least every 180 days	<b>X</b>				
<b>Screen 18:</b> Identified problems are recorded on the problem list	<b>X</b>				
<b>Screen 20:</b> There is evidence the inmate received the mental health services described in the ISP		<b>X</b>			
<b>Screen 21:</b> Counseling is offered at least once every 60 days		<b>X</b>			
<b>Screen 22:</b> Case management is provided every 30 days to S3 inmates with psychotic disorders		<b>X</b>			
<b>Screen 23:</b> Case management is provided at least every 60 days for inmates without psychotic disorders		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 25:</b> The frequency of clinical contacts is sufficient	<b>X</b>				
<u><b>Outpatient Psychotropic Medication Practices:</b></u> <b>Screen 4:</b> Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	<b>X</b>				
<b>Screen 8:</b> The inmate receives medication(s) as prescribed		<b>X</b>			
<b>Screen 9:</b> The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.		<b>X</b>			
<b>Screen 10:</b> The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.		<b>X</b>			
<b>Screen 13:</b> Follow-up sessions are conducted at appropriate intervals		<b>X</b>			
<b>Screen 14:</b> Documentation of psychiatric encounters is complete and accurate		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Aftercare Planning:</u></b> <b>Screen 1:</b> Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)		<b>X</b>			
<b>Screen 2:</b> The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan		<b>X</b>			
<b>Screen 3:</b> Appropriate patient care summaries are completed within 30 days of EOS		<b>X</b>			
<b>Screen 4:</b> Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS			<b>X</b>		
<b><u>Inmate Housing Areas:</u></b> <b>Screen 4:</b> Over-the-counter medications are available and logged	<b>X</b>				
<b><u>Mental Health Services:</u></b> <b>Screen 3:</b> Outpatient group therapy is offered	<b>X</b>				

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by BAYCF 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 off-site evaluation.