

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**BAKER CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted June 24 - 25, 2015

**CMA STAFF**

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CAP Assessment Distributed on December 18, 2015

## CAP Assessment of Baker Correctional Institution

### I. Overview

On June 24 - 25, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Baker Correctional Institution (BAKCI). The survey report was distributed on July 8, 2015. In August 2015, BAKCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the June 2015 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. On November 2, 2015, 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, CMA staff conducted an on-site CAP assessment on December 8, 2015 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

The CAP closure files revealed sufficient evidence to determine that 9 of the 9 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>CARDIOVASCULAR CLINIC</u></b></p> <p><b>PH-1: In 17 of 18 records reviewed, the physical examination was incomplete.</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>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 4 of 7 applicable records, there was no evidence that patients with HbA1c over 8.0 were seen every 3 months.</b></p> <p><b>PH-3: In 1 of 1 applicable record, there was no referral to a specialist when indicated.</b></p>	<p><b>PH-2 &amp; PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2 &amp; PH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-4: In 3 of 7 records reviewed, the physical examination was incomplete.</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>NEUROLOGY CLINIC</u></b></p> <p><b>PH-5: In 3 of 8 records reviewed, seizures were not classified.</b></p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-6: In 15 of 15 records reviewed, the physical examination was incomplete.</b></p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-7: In 3 of 14 records reviewed, the diagnosis was not reflected on the problem list.</b></p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-8: The infirmary did not contain a hand washing station.</b></p> <p><b>PH-9: All dorms did not have the over-the-counter medications available.</b></p>	<p><b>PH-8 &amp; PH-9 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-8 &amp; PH-9.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 6 of 7 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 2 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 record, the Mental Health Emergency Nursing Assessment “DC4-683A” was not completed in its entirety.</b></p> <p><b>MH-2: In 1 record, daily counseling by mental health staff did not occur or was not documented.</b></p> <p><b>MH-3: In 1 record, mental health staff did not provide adequate post-discharge follow-up.</b></p>	<p><b>MH-1, MH-2, &amp; MH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, &amp; MH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-4: In 10 of 14 records reviewed, the Mental Status Exams (MSEs) were not sufficient to identify any possible adjustment problems.</b></p>	<p><b>MH-4 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-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-5: In 3 of 9 outpatient records reviewed, mental health problems were not recorded on the problem list.</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>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-6: Not all SHOS episodes were logged on the Mental Health Emergency, Self-harm, IMR Admission Log.</b></p> <p><b>MH-7: Mental health staff was observed conducting open door interviews with inmates.</b></p>	<p><b>MH-6 &amp; MH-7 CLOSED</b></p> <p>Adequate documentation of correction was provided to MH-6 &amp; MH-7.</p>

#### IV. Conclusion

All physical health findings are closed. MH-4 will remain open and all other mental health portions will close. Until such time as appropriate corrective actions are undertaken by 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 visit, but the option remains open to conduct an on-site evaluation