

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**BAKER CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted Month August 21-23, 2018

**CMA STAFF**

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CAP Assessment Distributed on January 25, 2019

## I. Overview

On August 21-23, 2018, 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 September 14, 2018. In October 2018, 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 August 2018 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 Baker Correctional Institution

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	Location	Total # of Survey Findings	Total # of Open Findings
1	1/4/19	1/17/19	On-site	13	2

## II. Physical Health Assessment Summary

### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 6 of the 8 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>Endocrine Clinic Record Review</u>  PH-1: In 3 of 12 applicable records (16 reviewed), there was no evidence that aspirin was prescribed when 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>Gastrointestinal Clinic Record Review</u></p> <p>PH-2: In 4 of 11 applicable records (16 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	x					
<p><u>Immunity Clinic Record Review</u></p> <p>PH-3: In 3 of 11 applicable records (12 reviewed) there was no evidence of hepatitis B vaccination or refusal.</p>	x					
<p><u>Tuberculosis Clinic Record Review</u></p> <p>PH-4: In 1 of 4 applicable records (5 reviewed), there was no evidence the inmate received the correct number of doses of Isoniazid (INH).</p>	x					
<p><u>Sick Call Record Review</u></p> <p>PH-5: In 2 of 5 applicable records (17 reviewed), there was no evidence clinician follow-up was completed in a timely manner.</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
<u>Consultations Record Review</u> PH-6: There was no evidence follow-up was completed per the consultant's recommendations.		x				
<u>Dental Clinic Record Review</u> PH-7: In 2 of 9 applicable records (18 reviewed), there was no evidence follow-up appointments were completed timely and adequately to address the complaint.					x	
<u>Additional Administrative Issues</u> PH-8: The clinician's documentation was illegible.	x					

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 5 mental health findings were corrected. All mental health finding are closed.

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 “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.	×					
<u>Self-harm Observation Status</u> MH-2: In 4 records, there was no evidence of daily rounds by the clinician.	×					
<u>Self-harm Observation Status</u> MH-3: In 4 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.	×					
<u>Psychological Emergencies</u> MH-4: In 7 records, there was no evidence that the emergency was responded to within one hour.	×					

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>Psychological Emergencies</u>  <b>MH-5: In 3 records, the psychological emergency evaluation did not include all required information.</b>	x					

#### IV. Conclusion

##### Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-5, and PH-8. All other physical health findings will remain open.

##### Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-2, MH-3, MH-4, and MH-5. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by BAKCI 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.