

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

BAY CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted August 16-18, 2016

CMA STAFF

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CAP Assessment of Bay Correctional Facility

I. Overview

On August 16-18, 2016, 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 September 1, 2016. In September 2016, 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 August 2016 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 December 21, 2016, 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 January 26, 2017 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 10 of the 11 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-1: In 1 of 4 records reviewed, there was no evidence of complete vital signs.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-2: In 2 of 9 applicable records (11 reviewed), there was no evidence that abnormal labs were addressed appropriately or in a timely manner.</p>	<p>PH-2 OPEN</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. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-3: In 1 record, the diagnosis was not appropriate for the clinic.</p> <p>PH-4: In 2 records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-3 & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>PH-5: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-6: In 1 of 1 applicable record, there was no evidence that monthly AST/ALT laboratory studies were completed for an inmate with HIV.</p>	<p>PH-5 & PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5 & PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-7: In 5 of 16 records reviewed, vital signs were not complete.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-8: In 6 of 14 applicable records (15 reviewed), the diagnosis was not on the problem list or was not accurate.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC</u></p> <p>PH-9: In 3 of 13 applicable records (18 reviewed), there was no evidence of complete and accurate charting of dental findings.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-10: There were multiple supplies in the medical treatment and storage areas that were expired.</p> <p>PH-11: There was no evidence that the first-aid kits in the inmate housing areas were inspected monthly.</p>	<p>PH-10 & PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10 & PH-11.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 12 of 16 mental health findings were corrected. Four mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 7 records, the admitting clinician’s orders did not specify frequency of inmate observation while on SHOS.</p> <p>MH-2: In 7 records, the “Infirmarium/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of an SHOS admission.</p> <p>MH-3: In 4 of 4 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-4: In 3 records, documentation did not indicate the inmate was observed continuously or every 15 minutes.</p> <p>MH-5: In 7 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-6: In 9 records, rounds by the attending clinician were not completed daily.</p> <p>MH-7: In 3 records, daily counseling did not occur by mental health staff.</p>	<p>MH-1 OPEN</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-1 will remain open.</p> <p>MH-2, MH-3, MH-4, & MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2, MH-3, MH-4, & MH-5.</p> <p>MH-6 OPEN</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-6 will remain open.</p> <p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-8: In 3 of 4 records reviewed, the post use of force exam was not completed in its entirety</p>	<p>MH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 11 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-9: In 6 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete.</p> <p>MH-10: In 1 of 4 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing.</p>	<p>MH-9 & MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 & MH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-11: In 5 of 8 applicable records (18 reviewed), the Bio-psychosocial Assessment (BPSA) was not approved by all members of the multidisciplinary services team (MDST) within 30 days of initiating treatment.</p>	<p>MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 19 outpatient records revealed the following deficiencies:</p> <p>MH-12: In 2 of 5 applicable records, there was no evidence that abnormal lab results were addressed.</p> <p>MH-13: In 5 of 14 applicable records, follow-up lab tests were not completed as required.</p>	<p>MH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-12 will remain open.</p> <p>MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>MH-14: In 3 of 10 records reviewed, aftercare planning (problem #309) was not addressed on the Individualized Service Plan within 180 days of expiration of sentence (EOS).</p>	<p>MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-15: Observation cell #AA-108 had a safety concern.</p> <p>MH-16: There was no psychiatric restraint equipment for the inmate population.</p>	<p>MH-15 & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15 & MH-16.</p>

IV. Conclusion

Physical health finding PH-2 will remain open and all other physical health portions will close. Mental health findings MH-1, MH-6, MH-8, & MH-12 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.