

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

BAY CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted February 11-13, 2020

CMA STAFF

Wanda Castro, RN

Monica Dodrill, RN

Christine Swift, MSW

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I. Overview

On February 11-13, 2020, 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 March 4, 2020. In April 2020, 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

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	10/7/20	10/15/20	On-site	27	0	27

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 Bay Correctional Facility

I. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 22 of the 22 physical health findings were corrected. All physical health findings 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.	Other
<p><u>Endocrine Clinic</u> PH-1: In 6 records, there was no evidence of the control of the disease and/or status of the patient.</p>	x				
<p>PH-2: In 6 records, the DC4-770 "Chronic Illness Clinic Flowsheet" was incomplete or missing.</p>	x				
<p>PH-3: In 5 of 12 applicable records, there was no evidence of an annual fundoscopic examination.</p>	x				
<p><u>Gastrointestinal Clinic</u> PH-4: In 4 of 9 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	x				

PH-5: In 2 of 10 applicable records, there was no evidence of pneumococcal vaccination or refusal.	×				
<u>Oncology Clinic</u> PH-6: In 1 of 2 records reviewed, there was no evidence of an appropriate examination for the diagnosis.	×				
<u>Respiratory Clinic</u> PH-7: In 2 of 10 applicable records, reactive airway disease was not classified as mild, moderate, and/or severe.	×				
PH-8: In 3 records, there was no evidence of a peak flow reading at each clinic visit.	×				
<u>Emergency Services Record Review</u> PH-9: In 1 of 4 applicable records (17 reviewed), there was no evidence of immediate staff response for a patient with a potentially life-threatening condition.	×				
<u>Sick Call Record Review</u> PH-10: In 5 of 15 applicable records (18 reviewed), there was no evidence the follow-up visit was completed in a timely manner by the clinician.	×				

<p><u>Consultations Record Review</u> PH-11: In 7 of 17 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>×</p>				
<p><u>Intra-System Transfers</u> PH-12: In 4 records, the DC4-760A “Health Information Transfer/Arrival Summary” was not completed in its entirety.</p>	<p>×</p>				
<p>PH-13: In 5 of 15 applicable records, there was no evidence the clinician reviewed the DC4-760A and record within seven days of arrival.</p>	<p>×</p>				
<p><u>Inmate Request Record Review</u> PH-14: In 11 records, the inmate request was not in the medical record and could not be located by institutional staff.</p>	<p>×</p>				
<p>PH-15: In 1 of 5 applicable records, there was no evidence the request was responded to in an appropriate time frame.</p>	<p>×</p>				
<p>PH-16: In 2 of 5 applicable records, there was no evidence of an incidental note regarding the request.</p>	<p>×</p>				

PH-17: In 1 of 4 applicable records, there was no evidence entries were dated, timed, signed, and/or stamped by staff.	×				
<u>Medication Administration Record Review</u> PH-18: In 3 of 12 records reviewed, there was no evidence medication orders were signed, dated, and/or timed by appropriate staff.	×				
<u>Periodic Screening Record Review</u> PH-19: In 3 records, the DC4-541 "Periodic Screening Encounter" form was not completed in its entirety.	×				
PH-20: In 4 records, there was no evidence diagnostic tests were completed as required.	×				
<u>Pharmacy Services Record Review</u> PH-21: The stock level inventory log and the actual count of medications did not match.	×				
<u>Institutional Tour</u> PH-22: Some medications and/or supplies were outdated.	×				

II. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 5 of the 5 mental health findings were corrected. All mental health findings 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.	Other
<p><u>Outpatient Mental Health</u> MH-1: In 1 of 2 applicable records (18 reviewed), the Individualized Service Plan (ISP) was not completed within 30 days of receiving an S-2/S-3 grade.</p>	x				
<p><u>Psychotropic Medication Practices</u> MH-2: In 4 of 17 applicable records (18 reviewed), inmates did not receive medications as prescribed.</p>	x				
<p><u>Aftercare Planning</u> MH-3: In 1 of 1 applicable record (12 reviewed), the Discharge Summary of Outpatient Care was not</p>	x				

completed within 30 days expiration of sentence (EOS).					
<u>Mental Health Systems Review</u> MH-4: Safety concerns were noted in isolation management rooms.	×				
MH-5: Adequate privacy could not be provided for inmates while being interviewed in special housing.	×				

III. Conclusion

Physical Health

All physical health findings are now closed.

Mental Health

All mental health findings are now closed.

All findings as a result of the February 2020 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.