

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of  
**BLACKWATER RIVER CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey  
Conducted June 14-16, 2016

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## CAP Assessment of Blackwater River Correctional Facility

### I. Overview

On June 14-16, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Blackwater River Correctional Facility (BRCF). The survey report was distributed on July 6, 2016. In August 2016, BRCF 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 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 October 25, 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 December 15, 2016 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 17 of the 36 physical health findings were corrected. Nineteen physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 12 of 14 applicable records, the baseline information was incomplete or missing.</b></p> <p><b>PH-2: In 9 of 14 applicable records, patient education was incomplete or missing.</b></p> <p><b>PH-3: In 1 of 1 applicable record, an inmate was not seen during the appropriate time frame.</b></p>	<p><b>PH-1, PH-2, &amp; PH-3 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. PH-1, PH-2, &amp; PH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CARDIOVASCULAR CLINIC</u></b></p> <p><b>PH-4: In 2 of 10 applicable records (15 reviewed), there was no evidence of a referral to a specialist when indicated.</b></p>	<p><b>PH-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. PH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 3 of 9 applicable records, there was no evidence of an annual fundoscopic examination.</b></p> <p><b>PH-6: In 1 of 5 applicable records, there was no evidence that an inmate with HgbA1c over 8.0 was seen at least every three months.</b></p> <p><b>PH-7: In 2 of 10 applicable records, aspirin therapy was not initiated for inmates with vascular disease or risk factors for vascular disease.</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> <p><b>PH-6 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. PH-6 will remain open.</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>GASTROINTESTINAL CLINIC</u></b></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p><b>PH-8: In 8 of 14 applicable records, there was no evidence of hepatitis A &amp; B vaccination or refusal.</b></p> <p><b>PH-9: In 3 of 15 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p><b>PH-8 &amp; PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 &amp; PH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p><b>PH-10: In 2 of 10 applicable records, there was no evidence that prescribed medication was received.</b></p> <p><b>PH-11: In 2 of 7 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-12: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p><b>PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p> <p><b>PH-11 &amp; PH-12 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. PH-11 &amp; PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-13: In 7 of 14 records reviewed, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</b></p>	<p><b>PH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ONCOLOGY CLINIC</u></b></p> <p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p><b>PH-14:</b> In 3 records, there was no evidence of a proper diagnosis for the clinic.</p> <p><b>PH-15:</b> In 2 of 4 applicable records, there was no evidence of a referral to a specialist when indicated.</p>	<p><b>PH-14 &amp; PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14 &amp; PH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-16:</b> In 4 of 13 applicable records (16 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p>	<p><b>PH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>PH-17:</b> In 2 of 2 applicable records (8 reviewed), the inmate did not receive the correct doses of isoniazid (INH) medication.</p>	<p><b>PH-17 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. PH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CARE</u></b></p> <p><b>PH-18: In 7 of 18 records reviewed, there was no evidence of complete vital signs.</b></p>	<p><b>PH-18 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. PH-18 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-19: In 3 records, there was no evidence that all orders were received and implemented accordingly.</b></p> <p><b>PH-20: In 6 records, there was no evidence of a complete nursing discharge note indicating patient's condition, disposition, patient education, and discharge instructions.</b></p> <p><b>PH-21: In 3 of 4 applicable records, there was no evidence of clinician weekend telephone rounds.</b></p>	<p><b>PH-19, PH-20, &amp; PH-21 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. PH-19, PH-20, &amp; PH-21 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-22: In 16 records, the consultation log was incomplete.</b></p> <p><b>PH-23: In 7 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-24: In 3 of 13 applicable records, there was no evidence that the consultant's treatment recommendations were incorporated into the treatment plan.</b></p>	<p><b>PH-22 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. PH-22 will remain open.</p> <p><b>PH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-23.</p> <p><b>PH-24 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. PH-24 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></b></p> <p><b>PH-25: In 1 of 1 applicable record (14 reviewed), medication was ordered and dispersed incorrectly.</b></p>	<p><b>PH-25 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. PH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p><b>PH-26: In 7 records, the periodic screening was incomplete.</b></p> <p><b>PH-27: In 8 records, there was no evidence that all required diagnostic tests were performed prior to the screening.</b></p>	<p><b>PH-26 &amp; PH-27 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. PH-26 &amp; PH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>PH-28: In 9 of 17 records reviewed, a copy of the inmate request was not present in the chart.</b></p>	<p><b>PH-28 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-28.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p>A tour of the facility revealed the following deficiencies:</p> <p><b>PH-29: Over-the-counter medications were not available in all dorms.</b></p> <p><b>PH-30: Procedures to access medical and dental sick call were not posted in confinement.</b></p> <p><b>PH-31: Pill line schedules were not posted in inmate common areas.</b></p>	<p><b>PH-29, PH-30, &amp; PH-31 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-29, PH-30, &amp; PH-31.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADMINISTRATIVE ISSUES</u></b></p> <p><b>PH-32: There was no evidence that appropriate infection control measures were in place.</b></p> <p><b>PH-33: Medical records were disorganized.</b></p> <p><b>PH-34: Required logs were often incomplete or missing.</b></p> <p><b>PH-35: The DC4-770 series was incomplete or inaccurate for all clinic visits.</b></p> <p><b>PH-36: The “Physician’s Order Sheet” (DC4-714B) was used incorrectly.</b></p>	<p><b>PH-32 &amp; PH-33 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-32 &amp; PH-33.</p> <p><b>PH-34 OPEN</b></p> <p>Adequate documentation of correction was not provided. PH-34 will remain open.</p> <p><b>PH-35 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-35.</p> <p><b>PH-36 OPEN</b></p> <p>Adequate documentation of correction was not provided. PH-36 will remain open.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 32 of 45 mental health findings were corrected. Thirteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 15 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 10 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p>	<p><b>MH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-2:</b> In 3 records, SHOS orders were not cosigned by the next working day or were incomplete.</p> <p><b>MH-3:</b> In 10 records, the “Infirmatory/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of an SHOS admission.</p> <p><b>MH-4:</b> In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p><b>MH-5:</b> In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-6:</b> In 8 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p><b>MH-7:</b> In 4 of 14 applicable records, the attending clinician did not conduct a face-to-face evaluation prior to discharge or the evaluation was clinically inappropriate.</p> <p><b>MH-8:</b> In 8 of 14 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p> <p><b>MH-9:</b> In 9 records, not all entries were dated, timed, signed and/or stamped.</p>	<p><b>MH-2 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-2 will remain open.</p> <p><b>MH-3 &amp; MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3 &amp; MH-4.</p> <p><b>MH-5 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-5 will remain open.</p> <p><b>MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p> <p><b>MH-7 &amp; MH-8 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-7 &amp; MH-8 will remain open.</p> <p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>A comprehensive review of 8 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-10: In 2 of 7 applicable records, a written referral to mental health by physical health staff was not present.</b></p> <p><b>MH-11: In 2 of 7 applicable records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p>	<p><b>MH-10 &amp; MH-11 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-10 &amp; MH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 15 inmate requests revealed the following deficiencies:</b></p> <p><b>MH-12: In 3 records, a copy of the inmate request form was not present.</b></p> <p><b>MH-13: In 3 of 12 applicable records, the identified request was not responded to within appropriate time frame.</b></p>	<p><b>MH-12 &amp; MH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12 &amp; MH-13.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p>A comprehensive review of 11 records of inmates in special housing revealed the following deficiencies:</p> <p><b>MH-14:</b> In 6 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p><b>MH-15:</b> In 3 of 10 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing.</p> <p><b>MH-16:</b> In 7 records, initial mental status exams (MSE) were not completed within the required time frame.</p> <p><b>MH-17:</b> In 2 of 6 applicable records, outpatient treatment did not continue as indicated on the Individualized Service Plan (ISP) while the inmate was in special housing.</p>	<p><b>MH-14 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-14 will remain open.</p> <p><b>MH-15, MH-16, &amp; MH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15, MH-16, &amp; MH-17.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p><b>MH-18:</b> In 1 of 2 applicable records, a thorough psychiatric evaluation was not completed prior to initiating treatment with psychotropic medications.</p> <p><b>MH-19:</b> In 5 of 16 applicable records, appropriate initial laboratory tests were not ordered for psychotropic medications.</p>	<p><b>MH-18, MH-19, &amp; MH-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18, MH-19, &amp; MH-20.</p> <p><b>MH-21 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-21 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-20:</b> In 4 of 9 applicable records, there was no evidence that abnormal lab results were addressed.</p> <p><b>MH-21:</b> In 8 of 13 applicable records, follow-up lab tests were not completed as required.</p> <p><b>MH-22:</b> In 5 records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record.</p> <p><b>MH-23:</b> In 12 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-24:</b> In 7 of 17 applicable records, documentation of follow-up psychiatric contacts did not contain the required clinical information.</p> <p><b>MH-25:</b> In 2 of 9 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p><b>MH-22, MH-23, &amp; MH-24 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22, MH-23, &amp; MH-24.</p> <p><b>MH-25 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p><b>MH-26:</b> In 4 of 17 applicable records, the “Health Information Arrival/Transfer Summary” (DC4-760A) was not completed within 24 hours of arrival to the facility.</p> <p><b>MH-27:</b> In 6 of 17 applicable records, the initial mental health screening evaluation or Individualized Service Plan (ISP) was not updated.</p>	<p><b>MH-26 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-26 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-28:</b> In 2 of 3 applicable records, the sex offender screening was not completed.</p> <p><b>MH-29:</b> In 4 of 4 applicable records, the consent for sex offender treatment was not signed or a refusal was not documented.</p> <p><b>MH-30:</b> In 1 of 4 applicable records, the ISP was not completed timely when the inmate was changed from S2 to S3 grade.</p> <p><b>MH-31:</b> In 7 of 17 applicable records, the ISP was not signed by a member of the multidisciplinary services team (MDST) and/or inmate or a refusal was not documented.</p> <p><b>MH-32:</b> In 6 of 15 applicable records, the ISP was not revised within 180 days.</p> <p><b>MH-33:</b> In 6 records, mental health problems were not recorded on the problem list.</p> <p><b>MH-34:</b> In 7 of 16 applicable records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p> <p><b>MH-35:</b> In 5 of 7 applicable records, counseling was not provided to inmates with a diagnosis of Schizophrenia or other psychotic disorders at least once every 30 days or a refusal was not present.</p> <p><b>MH-36:</b> In 4 records, case management was not provided at least every 90 days.</p> <p><b>MH-37:</b> In 4 records, the frequency of clinical contacts was insufficient or not clinically appropriate.</p>	<p><b>MH-27, MH-28, MH-29, MH-30, MH-31, MH-32, MH-33, MH-34, MH-35, MH-36, &amp; MH-37 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-27, MH-28, MH-29, MH-30, MH-31, MH-32, MH-33, MH-34, MH-35, MH-36, &amp; MH-37.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>A comprehensive review of 12 records of S3 inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-38: In 4 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</b></p> <p><b>MH-39: In 6 of 11 applicable records, consent to release information for continuity of care was missing or incomplete.</b></p> <p><b>MH-40: In 2 of 2 applicable records, assistance with Social Security benefits was not provided.</b></p>	<p><b>MH-38, MH-39, &amp; MH-40 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-38, MH-39, &amp; MH-40 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-41: There was no documentation that the MDST meets on a regularly scheduled basis.</b></p> <p><b>MH-42: There was no documentation that one hour of accrued clinical supervision was provided to each mental health professional weekly.</b></p> <p><b>MH-43: There is an inadequate tracking mechanism to reflect mental health related admissions and discharges from the infirmary.</b></p> <p><b>MH-44: There was no restraint or self-harm prevention equipment for the inmate population.</b></p> <p><b>MH-45: Medical records were disorganized and incomplete, making it difficult to establish adequate standards of care.</b></p>	<p><b>MH-41, MH-42, MH-43, MH-44, &amp; MH-45 CLOSED</b></p> <p>Adequate documentation of correction was provided to close MH-41, MH-42, MH-43, MH-44, &amp; MH-45.</p>

#### **IV. Conclusion**

The following physical health findings will close: PH-5, PH-7, PH-8, PH-9, PH-10, PH-13, PH-14, PH-15, PH-16, PH-23, PH-28, PH-29, PH-30, PH-31, PH-32, PH-33, & PH-35.

The following mental health findings will close: MH-1, MH-3, MH-4, MH-6, MH-9, MH-12, MH-13, MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, MH-22, MH-23, MH-24, MH-27, MH-28, MH-29, MH-30, MH-31, MH-32, MH-33, MH-34, MH-35, MH-36, MH-37, MH-41, MH-42, MH-43, MH-44, & MH-45.

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 on-site visit.