

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

for the

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

CMA STAFF

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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. The CAP closure files revealed sufficient evidence to determine that 17 of 36 physical health findings and 32 of 45 mental health findings were corrected.

On June 13, 2017, 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 June 29, 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 16 of the 19 physical health findings were corrected. Three physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-1: In 12 of 14 applicable records, the baseline information was incomplete or missing.</p> <p>PH-2: In 9 of 14 applicable records, patient education was incomplete or missing.</p> <p>PH-3: In 1 of 1 applicable record, an inmate was not seen during the appropriate time frame.</p>	<p>PH-1, PH-2, & PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1, PH-2, & PH-3.</p>

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

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-6: In 1 of 5 applicable records (18 reviewed), there was no evidence that an inmate with HgbA1c over 8.0 was seen at least every three months.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

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

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-17: In 2 of 2 applicable records (8 reviewed), the inmate did not receive the correct doses of isoniazid (INH) medication.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-18: In 7 of 18 records reviewed, there was no evidence of complete vital signs.</p>	<p>PH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-19: In 3 records, there was no evidence that all orders were received and implemented accordingly.</p> <p>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.</p> <p>PH-21: In 3 of 4 applicable records, there was no evidence of clinician weekend telephone rounds.</p>	<p>PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p> <p>PH-20 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-20 will remain open.</p> <p>PH-21 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-22: In 16 records, the consultation log was incomplete.</p> <p>PH-24: In 3 of 13 applicable records, there was no evidence that the consultant's treatment recommendations were incorporated into the treatment plan.</p>	<p>PH-22 & PH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-22 & PH-24.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-25: In 1 of 1 applicable record (14 reviewed), medication was ordered and dispersed incorrectly.</p>	<p>PH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-26: In 7 records, the periodic screening was incomplete.</p> <p>PH-27: In 8 records, there was no evidence that all required diagnostic tests were performed prior to the screening.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p> <p>PH-27 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-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ADMINISTRATIVE ISSUES</u></p> <p>PH-34: Required logs were often incomplete or missing.</p> <p>PH-36: The “Physician’s Order Sheet” (DC4-714B) was used incorrectly.</p>	<p>PH-34 & PH-35 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-34 & PH-36.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 8 of 13 mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 15 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-2: In 3 records, SHOS orders were not cosigned by the next working day or were incomplete.</p> <p>MH-5: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-7: 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>MH-8: In 8 of 14 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>MH-2, MH-5, MH-7, & MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2, MH-5, MH-7, & MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 8 use of force episodes revealed the following deficiencies:</p> <p>MH-10: In 2 of 7 applicable records, a written referral to mental health by physical health staff was not present.</p> <p>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.</p>	<p>MH-10 & MH-11 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-10 & MH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-14: In 6 of 11 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p>	<p>MH-14 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-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-21: In 8 of 13 applicable records, follow-up lab tests were not completed as required.</p>	<p>MH-21 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-21 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-25: In 2 of 9 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p>MH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SERVICES</u></p> <p>MH-26: In 4 of 17 applicable records (18 reviewed), the “Health Information Arrival/Transfer Summary” (DC4-760A) was not completed within 24 hours of arrival to the facility.</p>	<p>MH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 12 records of S3 inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-38: In 4 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-39: In 6 of 11 applicable records, consent to release information for continuity of care was missing or incomplete.</p> <p>MH-40: In 2 of 2 applicable records, assistance with Social Security benefits was not provided.</p>	<p>MH-38 & MH-39 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-38 & MH-39.</p> <p>MH-40 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-40 will remain open.</p>

IV. Conclusion

The following physical health findings will remain open: PH-4, PH-20, & PH-27 and all other physical health findings will close.

The following mental health findings will remain open: MH-10, MH-11, MH-14, MH-21 & MH-40 and all other mental health findings 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 on-site visit.