

**THIRD 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**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW

**CMA SURVEYOR**

Mandy Petroski-Moore, LCSW

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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. The CAP closure files revealed sufficient evidence to determine that 16 of 19 physical health findings and 8 of 13 mental health findings were corrected.

On September 14, 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 September 21, 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 3 of 3 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<b><u>CARDIOVASCULAR CLINIC</u></b> <b>PH-4: In 2 of 10 applicable records (15 reviewed), there was no evidence of a referral to a specialist when indicated.</b>	<b>PH-4 CLOSED</b> Adequate evidence of in-service training and documentation of correction were provided to close PH-4.

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>PH-20: In 6 of 12 records reviewed, 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-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-27: In 8 of 15 records reviewed, there was no evidence that all required diagnostic tests were performed prior to the screening.</b></p>	<p><b>PH-27 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27.</p>

### III. Mental Health Assessment Summary

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

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 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 &amp; MH-11.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-14: In 6 of 11 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</b></p>	<p><b>MH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-21: In 8 of 13 applicable records (18 reviewed), follow-up lab tests were not completed as required.</b></p>	<p><b>MH-21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>MH-40: In 2 of 2 applicable records (12 reviewed), assistance with Social Security benefits was not provided.</b></p>	<p><b>MH-40 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-40.</p>

#### **IV. Conclusion**

All findings as a result of the June 2016 survey are closed and no further action is required. 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.