

**THIRD ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LAKE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted August 13 - 14, 2014

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## CAP Assessment of Lake Correctional Institution

### I. Overview

On August 13 - 14, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lake Correctional Institution (LAKCI). The survey report was distributed on September 8, 2014. In October 2014, LAKCI 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 2014 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 March 3, 2015, 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 March 17, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 12 of 24 physical health findings and 28 of 48 mental health findings were corrected.

On May 27, 2015, 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 assessment on June 30, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 6 of 12 physical health findings and 4 of 20 mental health findings were corrected. Additionally, one physical health finding was added for in-service training, monitoring, and corrective action.

On September 3, 2015, 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 assessment on September 29, 2015 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 0 of the 6 physical health findings were corrected. Six physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u><b>TUBERCULOSIS CLINIC</b></u>	<b>PH-11 OPEN</b>  Adequate evidence of in-service training was provided, however a

Finding	CAP Evaluation Outcome
<p><b>A comprehensive review of 6 inmate records revealed the following deficiencies:</b></p> <p><b>PH-11: In 2 of 2 applicable records, there was no evidence that the correct number of doses of Isoniazid (INH) medication was given.</b></p> <p><b>PH-12: In 1 of 1 applicable record, there was no evidence that the inmate was seen by the clinician at the completion of therapy.</b></p>	<p>review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-11 will remain open.</p> <p><b>PH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to this finding during the monitoring period. Institutional staff will continue to monitor. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY CARE</u></b></p> <p><b>PH-16: In 1 of 5 applicable records (14 reviewed), there was no evidence of a completed discharge summary by the discharge nurse for an inmate in observation status.</b></p>	<p><b>PH-16 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-20: In 5 of 16 records reviewed, the new diagnosis was not reflected on the problem list.</b></p>	<p><b>PH-20 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-20 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-21: In 4 of 15 applicable records, the periodic screening was incomplete.</b></p> <p><b>PH-23: In 4 of 15 applicable records, there was no evidence that health education was provided.</b></p>	<p><b>PH-21 &amp; PH-23 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-21 &amp; PH-23 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY CARE</u></b></p> <p><b>CF-1: In 3 of 3 records reviewed, protocols for the admission and care of inmates in 23 hour observation status were not followed.</b></p>	<p><b>CF-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. CF-1 will remain open.</p>

## II. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 3 of 16 mental health findings were corrected. Thirteen mental health findings will remain open. One CAP finding, CF-2, was added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p>	<p><b>MH-7 &amp; MH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had</p>

Finding	CAP Evaluation Outcome
<p><b>MH-7: In 1 record, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-8: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</b></p>	<p>not been reached. MH-7 &amp; MH-8 will remain open.</p>

***Discussion MH-7:** A physical inspection of the cells in use for inmates on SHOS in the inpatient housing unit, as well as record reviews revealed several significant concerns. While observing these cells, several items of contraband were noted. These included full rolls of toilet paper, Styrofoam cups, letters and towels. Although these items were clearly visible, inmates made no attempt to hide them from institutional staff and observers. Additionally, a review of 3 SHOS admissions for inmates in the MHTF and CSU, revealed a combined total of 9 incidents in which these inmates utilized prohibited items to engage in self-injurious behaviors. Lastly, there continued to be notable gaps in the observation of inmates on SHOS. In two of the episodes indicated above, no observation checklists could be located for the days in which the inmate self-harmed. The concerns noted by CMA staff were brought to the attention of medical personnel as well as the Department of Corrections. The Department responded by instituting several reforms which included additional training, as well as increased inspections of SHOS cells and inmates.*

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-12: In 2 of 6 applicable records (14 reviewed), psychotropic medications ordered were not continued as directed while the patient was held in special housing.</b></p>	<p><b>MH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 17 inpatient records revealed the following deficiencies:</b></p>	<p><b>MH-13 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records</p>

Finding	CAP Evaluation Outcome
<p><b>MH-13:</b> In 3 of 9 applicable records, the physician's admission note was not completed within 24 hours of admission.</p> <p><b>MH-15:</b> In 8 records, physician's orders were not dated, timed, and/or stamped.</p> <p><b>MH-16:</b> In 7 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p><b>MH-19:</b> In 4 of 15 applicable records, informed consents were not present or appropriate for the medication prescribed.</p> <p><b>MH-22:</b> In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>	<p>indicated that an acceptable level of compliance had not been reached. MH-13 will remain open.</p> <p><b>MH-15 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-15 will remain open.</p> <p><b>MH-16, MH-19, &amp; MH-22 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16, MH-19, &amp; MH-22.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 18 inpatient records revealed the following deficiencies:</p> <p><b>MH-28:</b> In 15 of 16 applicable records, vital signs were not taken daily for 5 days for new admissions.</p> <p><b>MH-31:</b> In 10 records, the required hours of planned structured therapeutic services were not provided.</p> <p><b>MH-33:</b> In 10 records, the "Inpatient Daily Nursing Evaluation" was not completed as required.</p> <p><b>MH-34:</b> In 16 records, vital signs were not recorded as required.</p>	<p><b>MH-28, MH-31, MH-33, MH-34, &amp; MH-35 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-28, MH-31, MH-33, MH-34, &amp; MH-35 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-35: In 17 records, weight was not recorded weekly as required.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-38: In 11 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-42: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-43: In 3 of 7 applicable records, AIMS were not administered within the appropriate time frame.</b></p>	<p><b>MH-38 &amp; MH-42 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-38 &amp; MH-42 will remain open.</p> <p><b>MH-43 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-43 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>CF-2: In 3 of 10 inpatient records reviewed, daily nursing assessments were not completed according to protocol (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-2:** *In the records above, daily nursing assessments were completed utilizing photocopied assessment forms. In all the photocopied forms, the subjective complaint and the mental status exam were identical. If the form is photocopied and the information does not vary, it is difficult to assess whether the inmate was offered the ability to participate in the assessment.*

### **III. Conclusion**

All physical health portions will remain open. The following mental health findings will close: MH-16, MH-19, & MH-22. All other mental health findings will remain open. CAP finding, CF-2, will be added for in-service training, monitoring, and corrective action.

Until such time as appropriate corrective actions are undertaken by LAKCI 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.