

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

CALHOUN CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 7-9, 2021

CMA STAFF

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I. Overview

On December 7-9, 2021, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Calhoun Correctional Institution (CALCI). The survey report was distributed on January 12, 2022. In January 2022, CALCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the 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. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

Summary of CAP Assessments for Calhoun Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/2/22	6/10/22	Off-site	16	5	11

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 1 of the 2 physical health findings were corrected. One physical health finding will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
CONSULTATIONS PH-1: In 8 of 12 records reviewed, there was no evidence the diagnosis was recorded on the problem list.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>INSTITUTIONAL TOUR</u> PH-2: A current inventory of over-the-counter medications was not available for two of three dorms observed.					X

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 10 of the 14 mental health findings were corrected. Four mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>SELF-HARM OBSERVATION STATUS</u> MH-1: In 2 of 4 records reviewed, a thorough clinical assessment was not completed prior to a Self-harm Observation Status admission (SHOS).	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-2: In all records reviewed, the nursing assessment was not completed once per shift.	X				
MH-3: In 1 of 4 records reviewed, there was no evidence of daily rounds by the attending clinician.	X				
MH-4: In 2 of 4 records reviewed, there was no evidence of a face-to-face evaluation by the attending clinician prior to discharge.	X				
MH-5: In 2 of 4 records reviewed, mental health staff did not provide adequate post-discharge follow up.		X			
<p style="text-align: center;"><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-6: In 2 of 6 applicable records (15 reviewed), there was no evidence of follow-up when indicated.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>INMATE REQUESTS</u></p> <p>MH-7: In 3 records, a copy of the inmate request form was not present in the record.</p>		X			
<p>MH-8: In 3 of 11 applicable records, there was no evidence that an interview with the inmate occurred in response to an inmate request when indicated.</p>		X			
<p><u>SPECIAL HOUSING</u></p> <p>MH-9: In 1 of 1 applicable record (14 reviewed), problems with adjustment were identified without a clinically appropriate response.</p>	X				
<p><u>OUTPATIENT MENTAL HEALTH</u></p> <p>MH-10: In 3 of 11 applicable records, nursing staff did not review the record to ensure there were no delays in medication or treatment.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-11: In 2 of 13 applicable records, the Individualized Services Plan (ISP) was not completed within 30 days of receiving a S2 grade at this institution.		X			
MH-12: In 7 of 13 applicable records, there was no indication the ISP was reviewed and revised at the appropriate interval.	X				
MH-13: In 4 of 12 records, there was no evidence the inmate received the services described in the ISP.	X				
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-14: Outpatient therapeutic groups were not offered to meet the needs of the inmate population.</p>	X				

IV. Conclusion

Physical Health

The following physical health findings will close: PH-1. All other physical health findings remain open.

Mental Health

The following mental health findings will close: MH-1, MH-2, MH-3, MH-4, MH-6, MH-9, MH-10, MH-12, MH-13 & MH-14. All other mental health findings remain open.

Until appropriate corrective actions are undertaken by CALCI 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 off-site evaluation.