

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

CALHOUN CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted March 7-9, 2017

CMA STAFF

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CAP Assessment of Calhoun Correctional Institution

I. Overview

On March 7-9, 2017, 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 April 4, 2017. In May 2017, 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 March 2017 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 August 25, 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 26, 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 11 of the 11 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-1: In 3 of 13 applicable records (15 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-2: In 4 of 10 records reviewed, there was no evidence of an appropriate physical examination.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-3: In 2 of 2 applicable records (6 reviewed), there was no evidence of a referral to a specialist when indicated.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-4: In 4 records, the diagnosis was not recorded on the problem list.</p> <p>PH-5: In 4 records, the consultation log was not complete.</p>	<p>PH-4 & PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4 & PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-6: In 2 of 3 applicable records (15 reviewed), there was no evidence that clinician follow-up was completed.</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>DENTAL SYSTEMS</u></p> <p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-7: Staff were not working within established guidelines.</p> <p>PH-8: The darkroom light was not in working order.</p>	<p>PH-7, PH-8, & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7, PH-8, & Ph-9.</p>

Finding	CAP Evaluation Outcome
PH-9: The dental clinic was not adequately lit.	

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC RECORD REVIEW</u></p> <p>PH-10: In 4 of 4 applicable records, dental appointments were not completed in a timely manner.</p> <p>PH-11: In 1 of 4 applicable records, specialty services were not completed timely.</p>	<p>PH-10 & PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10 & PH-11.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 3 of 3 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1 & MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 and MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-3: In 3 of 6 records reviewed, nursing evaluations were not completed within the required time frame</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

IV. Conclusion

All findings of the March 2017 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