

**SECOND 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
2	10/1/22	10/31/22	Off-site	5	0	5

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that the remaining physical health finding was corrected. All physical health findings are closed.

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 4 of the 4 mental health findings were corrected. All mental health findings are closed.

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-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>INMATE REQUESTS</u></p> MH-7: In 3 records, a copy of the inmate request form was not present in the record.	X				
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.	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 align="center"><u>OUTPATIENT MENTAL HEALTH</u></p> <p>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.</p>	X				

IV. Conclusion

All findings as a result of the December 2021 survey are closed and no further action is required on this CAP. 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.