

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

CENTURY CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted June 14-16, 2016

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CAP Assessment Distributed on December 22, 2016

CAP Assessment of Century Correctional Institution

I. Overview

On June 14-16, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Century Correctional Institution (CENCI). The survey report was distributed on July 11, 2016. In August 2016, CENCI 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 16, 2016 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 23 of the 24 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-1: In 9 of 16 records reviewed, patient education was incomplete or missing.</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</u></p> <p>PH-2: In 1 of 4 applicable records (12 reviewed), there was no evidence that abnormal labs were addressed timely.</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>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-3: In 5 records, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> <p>PH-4: In 4 records, there was no evidence laboratory studies were completed at least annually.</p> <p>PH-5: In 2 records, there was no evidence that the control of the disease and an evaluation of the status of the patient was evaluated during CIC visits.</p>	<p>PH-3, PH-4, & PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3, PH-4, & PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>A comprehensive review of 3 records revealed the following deficiencies:</p> <p>PH-6: In 3 records, documentation of CIC visits did not include evidence of an appropriate examination.</p> <p>PH-7: In 1 record, there was no evidence of a CBC with platelets.</p>	<p>PH-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-8: In 8 of 13 applicable records, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p> <p>PH-9: In 2 of 5 applicable records, there was no evidence that patients with moderate to severe reactive airway disease were started on anti-inflammatory medication.</p>	<p>PH-8 & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 & PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-10: In 1 of 4 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-11: In 2 of 7 records (16 reviewed), there was no evidence a follow-up visit was initiated and completed by a higher-level clinician in a timely manner.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-12: In 4 of 14 applicable records, there was no evidence of a complete nursing discharge note indicating patient's condition, disposition, patient education, and discharge instructions.</p> <p>PH-13: In 2 of 6 applicable records, there was no evidence clinician weekend telephone rounds were documented on form "Infirmity Progress Note" (DC4-714A) using the "telephone clinician rounds" stamp.</p>	<p>PH-12 & PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12 & PH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-14: In 2 of 5 applicable records, there was no evidence consultations were performed in a timely manner.</p> <p>PH-15: In 2 of 8 applicable records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</p> <p>PH-16: In 4 of 6 applicable records, the diagnosis was not reflected on the problem list.</p> <p>PH-17: In 1 of 2 applicable records, there was no evidence that the consultant's treatment recommendations were incorporated into the treatment plan.</p>	<p>PH-14, PH-15, PH-16, & PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14, PH-15, PH-16, & PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION</u></p> <p>PH-18: In 3 of 12 records reviewed, there was no evidence of corresponding notes for medication orders.</p>	<p>PH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-19: In 6 of 16 records reviewed, there was no evidence inmates were provided with lab results at screening.</p>	<p>PH-19 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-19 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PILL LINE</u></p> <p>PH-20: There was no evidence that an oral cavity check was completed for each inmate.</p>	<p>PH-20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS REVIEW</u></p> <p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-21: There was no evidence instruments and equipment were properly sterilized.</p>	<p>PH-21, PH-22, & PH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21, PH-22, & PH-23.</p>

Finding	CAP Evaluation Outcome
<p>PH-22: There was no evidence the autoclave was tested appropriately and the autoclave log was maintained.</p> <p>PH-23: There was no evidence that all necessary equipment was working and available.</p>	

Finding	CAP Evaluation Outcome
<p><u>ADDITIONAL ADMINISTRATIVE ISSUES</u></p> <p>PH-24: There was no evidence that the Infection Control Coordinator (ICC) was familiar with the procedures for handling a suspected or identified TB case.</p>	<p>PH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-24.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 10 of 26 mental health findings were corrected. Sixteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 1 applicable record, the guidelines for SHOS management were not observed.</p> <p>MH-2: In 4 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-3: In 4 of 6 applicable records, daily rounds by the clinician did not occur or were not documented.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review, therefore an acceptable level of compliance could not be determined. MH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-4: In 3 of 6 applicable records, daily counseling by mental health staff did not occur or was not documented.</p> <p>MH-5: In 5 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> <p>MH-6: In 3 of 5 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>MH-2, MH-3, MH-4, MH-5, & MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-2, MH-3, MH-4, MH-5, & MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-7: In 1 of 4 records reviewed, the post use-of-force examination was incomplete.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>A comprehensive review of 15 psychological emergencies revealed the following deficiencies:</p> <p>MH-8: In 6 records, there was no evidence that the emergency was responded to within one hour.</p> <p>MH-9: In 3 of 13 applicable records, there was no evidence that the clinician considered the inmate's past mental health history in the assessment.</p> <p>MH-10: In 3 of 6 applicable records, there was no evidence of appropriate follow-up.</p>	<p>MH-8, MH-9, & MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8, MH-9, & MH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>A comprehensive review of 12 inmate requests revealed the following deficiencies:</p> <p>MH-12: In 6 records, the identified request was not responded to within 10 days or less.</p> <p>MH-13: In 3 of 9 applicable records, a referral was indicated in the request response but did not occur.</p>	<p>MH-12 & MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12 & MH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-14: In 6 of 7 records reviewed, the mental status examination (MSE) was not completed within the required time frame.</p>	<p>MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 13 outpatient records revealed the following deficiencies:</p> <p>MH-15: In 5 of 8 applicable records, there was no evidence the inmate was interviewed by mental health staff within 14 days of arrival (see discussion).</p> <p>MH-16: In 1 of 1 applicable record, there was no evidence that the sex offender screening was completed within 60 days.</p>	<p>MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, MH-21, MH-22, MH-23, & MH-24 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, MH-21, MH-22, MH-23, & MH-24 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-17: In 3 of 9 applicable records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p>MH-18: In 4 of 4 applicable records, the Individualized Service Plan (ISP) was not completed within 30 days after assignment of S2 grade.</p> <p>MH-19: In 5 of 9 applicable records, ISP problems were not written in behavioral terms.</p> <p>MH-20: In 7 of 8 applicable records, the ISP did not list the frequency of the interventions.</p> <p>MH-21: In 8 of 8 applicable records, the ISP was not signed by the inmate or a refusal was not documented.</p> <p>MH-22: In 4 of 8 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>MH-23: In 4 of 11 applicable records, mental health problems were not listed on the problem list.</p> <p>MH-24: In 6 of 10 applicable records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p>	

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-25: Medical records were disorganized.</p> <p>MH-26: The required number of restraints were not available.</p> <p>MH-27: Several psychological emergencies and at least one SHOS admission were not logged according to policy.</p>	<p>MH-25, MH-26, & MH-27 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-25, MH-26, & MH-27.</p>

IV. Conclusion

PH-19 remains open and all other physical health portions will close. MH-1, MH-2, MH-3, MH-4, MH-5, MH-6, MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, MH-21, MH-22, MH-23, & MH-24 will remain open and all other mental health portions will close. Until such time as appropriate corrective actions are undertaken by 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.