

**SECOND 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 July 3, 2017

## **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. The CAP closure files revealed sufficient evidence to determine that 23 of 24 physical health findings and 10 of 26 mental health findings were corrected.

On June 13, 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 June 27, 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 1 of the 1 physical health findings were corrected. All physical health findings are closed.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<b><u>PERIODIC SCREENINGS</u></b> <b>PH-19: In 6 of 16 records reviewed, there was no evidence inmates were provided with lab results at screening.</b>	<b>PH-19 OPEN</b> Adequate evidence of in-service training and documentation of correction were provided to close PH-19.

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 16 of 16 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 of 1 applicable record, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-2: In 4 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-3: In 4 of 6 applicable records, daily rounds by the clinician did not occur or were not documented.</b></p> <p><b>MH-4: In 3 of 6 applicable records, daily counseling by mental health staff did not occur or was not documented.</b></p> <p><b>MH-5: In 5 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</b></p> <p><b>MH-6: In 3 of 5 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p>	<p><b>MH-1, MH-2, MH-3, MH-4, MH-5, &amp; MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, MH-3, MH-4, MH-5, &amp; MH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 13 outpatient records revealed the following deficiencies:</b></p> <p><b>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).</b></p> <p><b>MH-16: In 1 of 1 applicable record, there was no evidence that the sex offender screening was completed within 60 days.</b></p> <p><b>MH-17: In 3 of 9 applicable records, the biopsychosocial assessment (BPSA) was not present in the medical record.</b></p> <p><b>MH-18: In 4 of 4 applicable records, the Individualized Service Plan (ISP) was not completed within 30 days after assignment of S2 grade.</b></p> <p><b>MH-19: In 5 of 9 applicable records, ISP problems were not written in behavioral terms.</b></p> <p><b>MH-20: In 7 of 8 applicable records, the ISP did not list the frequency of the interventions.</b></p> <p><b>MH-21: In 8 of 8 applicable records, the ISP was not signed by the inmate or a refusal was not documented.</b></p> <p><b>MH-22: In 4 of 8 applicable records, the ISP was not reviewed or revised at the 180 day interval.</b></p> <p><b>MH-23: In 4 of 11 applicable records, mental health problems were not listed on the problem list.</b></p>	<p><b>MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, MH-21, MH-22, MH-23, &amp; MH-24 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, MH-21, MH-22, MH-23, &amp; MH-24.</p>

Finding	CAP Evaluation Outcome
<p><b>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.</b></p>	

#### **IV. Conclusion**

All findings as a result of the June 2016 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.