

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

CENTURY CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted October 15-17, 2019

CMA STAFF

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I. Overview

On October 15-17, 2019, 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 November 19, 2019. In December 2019, 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 CENCI 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 Century Correctional Institution

| CAP # | Request Date for Monitoring Documents | CAP Assessment Date | Assessment Location | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|-------|---------------------------------------|---------------------|---------------------|-------------------------|-----------------------|-------------------------|
| 1 | 3/20/20 | 5/20/20 | Off-site | 21 | 5 | 16 |

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 13 of the 13 physical health findings were 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>GASTROINTESTINAL CLINIC</u> PH-1: In 5 of 16 records reviewed, there was no evidence of pneumococcal vaccination or refusal. | 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>MISCELLANEOUS CLINIC</u> PH-2: In 1 of 1 applicable record (6 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p> | X | | | | |
| <p><u>NEUROLOGY CLINIC</u> PH-3: In 9 of 11 records reviewed, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> | X | | | | |
| <p><u>RESPIRATORY CLINIC</u> PH-4: In 4 of 16 records reviewed, reactive airway disease was not classified as mild, moderate, or severe.</p> | X | | | | |
| <p><u>TUBERCULOSIS CLINIC</u> PH-5: In 3 records, the diagnosis was not recorded on the problem list.</p> | X | | | | |
| <p><u>TUBERCULOSIS CLINIC</u> PH-6: In 3 records, the inmate did not receive the correct number of INH or Rifampin doses.</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>EMERGENCY SERVICES</u> PH-7: In 1 of 2 applicable records, potentially life-threatening conditions did not receive immediate response by medical staff.</p> | X | | | | |
| <p><u>EMERGENCY SERVICES</u> PH-8: In 2 of 8 applicable records, subsequent follow-up visits were not completed timely and/or not consistent with presenting needs.</p> | X | | | | |
| <p><u>CONSULTATIONS</u> PH-9: In 10 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p> | X | | | | |
| <p><u>PERIODIC SCREENINGS</u> PH-10: In 3 records, the periodic screening was incomplete.</p> | X | | | | |
| <p><u>PERIODIC SCREENINGS</u> PH-11: In 3 records, diagnostic tests were not completed prior to the periodic screening.</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 |
|---|---------------|--|--|--|--|
| <u>PERIODIC SCREENINGS</u> PH-12: In 3 records, there was no documentation that the inmate was provided with his lab results at the time of the periodic screening. | X | | | | |
| <u>INSTITUTIONAL TOUR</u> PH-13: Over-the-counter medications in the dorms were not logged and administered properly. | X | | | | |

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 8 mental health findings were corrected. Five 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 |
|---|--------|---|---|---|---|
| <p><u>SELF-HARM OBSERVATION STATUS</u> MH-1: In 1 record, clinician's orders did not specify the frequency of safety observations.</p> | X | | | | |
| <p><u>SELF-HARM OBSERVATION STATUS</u> MH-2: In 1 of 1 applicable record, the guidelines for SHOS management were not observed.</p> | | X | | | |
| <p><u>SELF-HARM OBSERVATION STATUS</u> MH-3: In 1 record, a face to face interview was not completed by the attending clinician prior to discharge.</p> | X | | | | |
| <p><u>SELF-HARM OBSERVATION STATUS</u> MH-4: In 1 record, follow-up after discharge from SHOS did not occur within 7 days of discharge.</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>SELF-HARM OBSERVATION STATUS</u> MH-5: In 1 record, all entries were not timed, dated, stamped and/or signed.</p> | X | | | | |
| <p><u>PSYCHOLOGICAL EMERGENCIES</u> MH-6: In 2 of 8 psychological emergencies reviewed, there was no evidence of follow-up by mental health staff.</p> | | | | | X |
| <p><u>OUTPATIENT MENTAL HEALTH</u> MH-7: In 2 of 9 applicable records (11 reviewed), the inmate was not interviewed by mental health staff within 14 days of arrival.</p> | | X | | | |
| <p><u>MENTAL HEALTH SYSTEMS</u> MH-8: Therapeutic groups were not offered to meet the needs of the inmate population.</p> | | | | | X |

IV. Conclusion

Physical Health-Main Unit

All physical health findings will close.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-3, & MH-5. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by CENCI 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.