

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT
of
CHARLOTTE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted April 1 - 2, 2015

CMA STAFF

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CAP Assessment of Charlotte Correctional Institution

I. Overview

On April 1-2, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Charlotte Correctional Institution (CHARCI). The survey report was distributed on April 27, 2015. In May 2015, CHARCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the April 2015 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 7, 2015, 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 October 27 & 28, 2015 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 8 of the 9 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-1: In 5 of 16 records reviewed, there was no evidence of a complete and appropriate examination.</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>GASTROINTESTINAL CLINIC</u></p> <p>PH-2: In 4 of 12 applicable records (14 reviewed), there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</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>PH-3: In 2 of 9 records reviewed, there was no evidence that seizures were classified.</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>ONCOLOGY CLINIC</u></p> <p>PH-4: In 1 of 3 records reviewed, there was no evidence of a complete and appropriate examination.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-5: In 8 of 12 applicable records (15 reviewed), reactive airway diseases were not classified.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-6: In 4 of 14 records reviewed, the diagnosis was not recorded on the problem list.</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 CLINIC</u></p> <p>PH-7: There was no emergency drug kit located in the dental clinic.</p>	<p>PH-7 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-8: Over-the-counter medication counts in the dorms did not match the number indicated on the logs.</p> <p>PH-9: The sink in the pharmacy area is rusted and unusable.</p>	<p>PH-8 OPEN</p> <p>Documentation of correction was inadequate, therefore PH-8 will remain open.</p> <p>PH-9 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-9.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 23 of 31 mental health findings were corrected. Eight mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 15 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 6 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-2: In 4 of 13 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-1 will remain open.</p> <p>MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 10 use of force episodes revealed the following deficiencies:</p> <p>MH-3: In 4 records, the post use of force physical exam was not completed in its entirety.</p> <p>MH-4: In 2 records, a written referral to mental health by physical health staff was not present.</p> <p>MH-5: In 3 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p> <p>MH-6: In 1 of 2 applicable records, appropriate follow-up care was not provided for problems identified in the mental health documentation.</p>	<p>MH-3, MH-4, MH-5, & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3, MH-4, MH-5, & MH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-7: In 4 of 12 records reviewed, a DC4-663 “Consent and Authorization for Use and Disclosure, Inspection, and Release of Confidential Information,” was not signed or valid prior to conducting an interview with the inmate.</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>SPECIAL HOUSING</u></p> <p>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-8: In 3 records, the mental status exam (MSE) was not completed within the required time frame.</p> <p>MH-9: In 2 of 8 applicable records, follow-up mental status exams (MSEs) were not completed within the required time frame.</p>	<p>MH-8 & MH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8 & MH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> <p>MH-10: In 3 of 9 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-11: In 3 of 13 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-12: In 2 of 5 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-13: In 3 of 10 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p>	<p>MH-10 & MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 & MH-11.</p> <p>MH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-12 will remain open.</p> <p>MH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 16 inpatient records revealed the following deficiencies:</p> <p>MH-14: In 3 of 13 applicable records, vital signs were not taken daily for 5 days for new admissions.</p> <p>MH-15: In 10 records, a risk assessment for violence was not completed in the required time frame.</p> <p>MH-16: In 8 records, Individualized Service Plans (ISP) were not initiated or reviewed within the appropriate time frame and/or signed by the inmate.</p> <p>MH-17: In 5 records, the required hours of planned structured therapeutic services were not provided (see discussion).</p> <p>MH-18: In 4 records, weekly documentation of the inmate’s participation in the group activity was missing or not completed.</p> <p>MH-19: In 6 records, weight was not recorded weekly as required.</p> <p>MH-20: In 16 records, behavioral level assessments were missing or not reviewed within required the time frame.</p>	<p>MH-14 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-14 will remain open.</p> <p>MH-15 & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15 & MH-16.</p> <p>MH-17 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-17 will remain open.</p> <p>MH-18 & MH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18 & MH-19.</p> <p>MH-20 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-20 will remain open.</p>

Discussion MH-17: *Although the required hours of planned structured therapeutic services were provided or even exceeded, the majority were classified as “activity therapy” or “therapeutic community.” Five to six hours per week of these activities may be clinically appropriate, however in the records reviewed, these activities made up the majority of the services offered and did not meet the criteria for core mental health services.*

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-21: In 1 of 5 applicable records, abnormal lab tests were not followed- up as required.</p> <p>MH-22: In 3 of 14 applicable records, the medications ordered were not appropriate based on the documented symptoms and diagnosis.</p> <p>MH-23: In 4 of 16 applicable records, documentation of follow-up psychiatric contacts did not contain the required clinical information.</p> <p>MH-24: In 1 of 4 applicable records, AIMS were not administered within the appropriate time frame.</p>	<p>MH-21, MH-22, MH-23, & MH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21, MH-22, MH-23, & MH-24.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-25: In 4 records, the Individual Service Plan (ISP) problem descriptions did not include specific baseline data on frequency and/or intensity of mental health symptoms.</p> <p>MH-26: In 5 records, the ISP was not signed by the inmate or a refusal was not documented.</p>	<p>MH-25 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-25 will remain open.</p> <p>MH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-26.</p>

Finding	CAP Evaluation Outcome
<p>MH-27: In 6 records, there was no documentation that the inmate received the services listed in the ISP.</p>	<p>MH-27 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 13 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-28: In 5 of 12 applicable records, a DC4-711B “Consent and Authorization form” was not completed or refusal present within 30 days of EOS.</p> <p>MH-29: In 1 of 1 applicable records, a DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of EOS.</p> <p>MH-30: In 1 of 3 applicable records, assistance with social security benefits was not provided at 90 days of EOS for applicable inmates.</p>	<p>MH-28, MH-29, & MH-30 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-28, MH-29, & MH-30.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-31: Paint was peeling from the walls of Isolation Management Rooms (IMR) in C-Dorm.</p>	<p>MH-31 OPEN</p> <p>Documentation of correction was inadequate, therefore MH-31 will remain open.</p>

IV. Conclusion

PH-8 will remain open and all other physical health portions will close. MH-1, MH-12, MH-14, MH-17, MH-20, MH-25, MH-27, & MH-31 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 off-site visit, but the option remains open to conduct an on-site evaluation.