

**SECOND ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**COLUMBIA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted July 14 - 15, 2015

**CMA STAFF**

Jane Holmes-Cain, LCSW  
Lynne Babchuck, LCSW  
Kathy McLaughlin, BS  
Monica Dodrill, RN

**CLINICAL SURVEYOR**

Phillip Barkley, MD

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## **CAP Assessment of Columbia Correctional Institution**

### **I. Overview**

On July 14-15, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Columbia Correctional Institution (COLCI). The survey report was distributed on August 7, 2015. In September 2015, COLCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 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 January 7, 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 February 2 & 3, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 18 of 40 physical health findings and 11 of 23 mental health findings were corrected on the Main Unit. Four findings were added for in-service training, monitoring, and corrective action. Additionally, 16 of 25 physical health findings and 16 of 29 mental health findings were corrected on the Annex.

On April 11, 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 conducted an on-site CAP assessment on May 2, 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

### A. Main Unit

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

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-1: In 7 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-2: In 7 records, the baseline information was incomplete or missing.</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p> <p><b>PH-2 OPEN</b></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 reached. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-5: In 1 of 4 applicable records (15 reviewed), there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every three months.</b></p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>PH-10: In 4 of 14 applicable records (15 reviewed), there was no evidence of hepatitis B vaccine or refusal.</b></p>	<p><b>PH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records</p>

Finding	CAP Evaluation Outcome
	indicated an acceptable level of compliance had not been reached. PH-10 will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-11: In 1 of 7 records reviewed, there was no referral to a specialist although indicated.</b></p>	<p><b>PH-11 OPEN</b></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 reached. PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-13: In 7 of 13 applicable records (16 reviewed), reactive airway diseases were not classified as mild, moderate, or severe.</b></p>	<p><b>PH-13 OPEN</b></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 reached. PH-13 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>PH-16: In 1 of 1 applicable record (8 reviewed), there was no evidence that inmates with adverse reactions to INH therapy were referred to the clinician.</b></p>	<p><b>PH-16 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p><b>PH-19: In 2 of 9 applicable records, there was no evidence that all orders were implemented.</b></p> <p><b>PH-20: In 8 of 9 applicable, there was no evidence of a discharge note or the note was incomplete.</b></p> <p><b>PH-22: In 3 of 6 applicable records, patient evaluations by nursing staff were not conducted at the required intervals.</b></p> <p><b>PH-23: In 2 of 6 applicable records, there was no evidence that guidelines for 23 hour observation status were observed.</b></p> <p><b>PH-25: In 4 of 6 applicable records, there was no evidence that clinician rounds were conducted according to policy.</b></p>	<p><b>PH-19, PH-20, PH-22, PH-23, &amp; PH-25 OPEN</b></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 reached. PH-19, PH-20, PH-22, PH-23, &amp; PH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SICK CALL</u></b></p> <p><b>PH-27: In 3 of 10 applicable records (18 reviewed), there was no evidence that follow-up visits occurred timely.</b></p>	<p><b>PH-27 OPEN</b></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 reached. PH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p><b>PH-28: In 7 records, the relevant diagnosis was not recorded on the problem list.</b></p> <p><b>PH-30: In 1 of 5 applicable records, the Alternative Treatment Plan (ATP) was not documented in the medical record.</b></p> <p><b>PH-31: In 1 of 5 applicable records, there was no evidence that the ATP was implemented.</b></p>	<p><b>PH-28 OPEN</b></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 reached. PH-28 will remain open.</p> <p><b>PH-30 &amp; PH-31 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-30 &amp; PH-31.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>PH-32: In 4 of 12 applicable records (18 reviewed), the follow-up response did not occur as intended.</b></p>	<p><b>PH-32 OPEN</b></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 reached. PH-32 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>PH-34: In 5 of 18 records reviewed, there was no evidence that the clinician reviewed the health record within seven days.</b></p>	<p><b>PH-34 OPEN</b></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 reached. PH-34 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p><b>PH-35: In 10 records, the periodic screening was incomplete.</b></p> <p><b>PH-36: In 6 records, the diagnostic testing was incomplete.</b></p> <p><b>PH-37: In 6 records, there was no evidence that the inmate was provided with laboratory results at the time of the screening.</b></p> <p><b>PH-38: In five records, there was no evidence that health education was provided.</b></p>	<p><b>PH-35, PH-36, PH-37, &amp; PH-38 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-35, PH-36, PH-37, &amp; PH-38.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>CF-1: In 5 of 6 records reviewed, the physical examination was incomplete.</b></p>	<p><b>CF-1 OPEN</b></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 reached. CF-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>CF-2: In 2 of 5 records reviewed, the inmate did not receive LTBI treatment as required.</b></p>	<p><b>CF-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>CF-3: In 3 of 6 records reviewed, the consultation did not take place as indicated.</b></p>	<p><b>CF-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>CF-4: In 4 of 5 records reviewed, the "Health Information Transfer/Arrival Summary" (DC4-760A) was incomplete.</b></p>	<p><b>CF-4 OPEN</b></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 reached. CF-4 will remain open.</p>

**B. Annex**

CAP closure files revealed sufficient evidence to determine that 9 of the 9 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 4 of 15 records reviewed, inmates were not seen appropriately according to their M-grade.</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-2: In 3 of 13 applicable records (14 reviewed), there was no evidence of an annual fundoscopic examination.</b></p>	<p><b>PH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 8 of 13 applicable records, seizures were not classified.</b></p> <p><b>PH-6: In 3 of 13 applicable records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit.</b></p>	<p><b>PH-5 &amp; PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5 &amp; PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p><b>PH-10: In 3 of 15 applicable records, the consultation was not performed in a timely manner.</b></p> <p><b>PH-11: In 5 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-12: In 3 of 15 applicable records, there is no evidence that the consultant's treatment recommendations were incorporated into the treatment plan.</b></p> <p><b>PH-13: In 2 of 2 applicable records, the ATP was not documented in the record.</b></p> <p><b>PH-14: In 2 of 2 applicable records, there was no evidence that the ATP was implemented.</b></p>	<p><b>PH-10, PH-11, PH-12, PH-13, &amp; PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10, PH-11, PH-12, PH-13, &amp; PH-14.</p>

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed evidence to determine that 2 of 12 mental health findings were corrected. Ten mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p>A comprehensive review of 8 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental</b></p>	<p><b>MH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>health or nursing staff prior to an SHOS admission.</p> <p><b>MH-3:</b> In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p><b>MH-4:</b> In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-5:</b> In 5 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p>	<p><b>MH-3 OPEN</b></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-3 will remain open.</p> <p><b>MH-4 &amp; MH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-4 &amp; MH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p><b>MH-8:</b> In 2 of 5 applicable records, there was no evidence that initial lab tests were conducted.</p> <p><b>MH-9:</b> In 2 of 2 applicable records, there was no evidence that abnormal laboratory results were addressed.</p> <p><b>MH-12:</b> In 4 of 4 applicable records, there was no indication that the nurse met with an inmate if he refused psychotropic medication for two consecutive days and/or referred to the clinician if needed.</p> <p><b>MH-13:</b> In 4 of 4 applicable records, there was no DC4-711A “Refusal of Health Care</p>	<p><b>MH-8, MH-9, MH-12, MH-13, &amp; MH-14 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore acceptable level of compliance could not be established. MH-8, MH-9, MH-12, MH-13, &amp; MH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>Services” after 3 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-14: In 17 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 15 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-16: In 1 of 5 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</b></p> <p><b>MH-17: In 9 records, the Individualized Service Plan (ISP) was not signed by the inmate or a refusal was not documented.</b></p>	<p><b>MH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16.</p> <p><b>MH-17 OPEN</b></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-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-20: In 3 of 9 applicable records (16 reviewed), a referral was indicated in the request response but did not occur.</b></p>	<p><b>MH-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-20.</p>

**B. Annex**

The CAP closure files revealed evidence to determine that 7 of 13 mental health findings were corrected. Six mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-4: In 5 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-5: In 8 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</b></p>	<p><b>MH-4 &amp; MH-5 OPEN</b></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-4 &amp; MH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-10: In 7 of 13 records (16 reviewed), the mental status exam (MSE) was not completed within the required time frame.</b></p>	<p><b>MH-10 OPEN</b></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-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p>	<p><b>MH-13, MH-14, &amp; MH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13, MH-14, &amp; MH-18.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-13:</b> In 1 of 4 applicable records, there was no evidence that abnormal laboratory results were addressed.</p> <p><b>MH-14:</b> In 7 of 11 applicable records, follow-up lab tests were not completed as required.</p> <p><b>MH-18:</b> In 4 of 7 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p>	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-21:</b> In 11 records, the ISP was not signed by the inmate or a refusal was not documented.</p> <p><b>MH-22:</b> In 2 of 13 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p><b>MH-23:</b> In 5 records, mental health problems were not listed on the problem list.</p> <p><b>MH-24:</b> In 5 records, there is a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p> <p><b>MH-25:</b> In 3 of 8 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p>	<p><b>MH-21, MH-22, &amp; MH-23 OPEN</b></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-21, MH-22, &amp; MH-23 will remain open.</p> <p><b>MH-24 &amp; MH-25 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-24 &amp; MH-25.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>A comprehensive review of 13 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-26: In 3 of 4 applicable records, a DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of EOS.</b></p> <p><b>MH-27: In 3 of 7 applicable records, assistance with social security benefits was not provided at 90 days of EOS for applicable inmates.</b></p>	<p><b>MH-26 &amp; MH-27 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-26 &amp; MH-27.</p>

#### **IV. Conclusion**

##### **Physical Health Main Unit**

The following physical health findings will close: PH-1, PH-5, PH-30, PH-31, PH-35, PH-36, PH-37, PH-38, CF-2, & CF-3. All other physical health findings will remain open.

##### **Physical Health Annex**

The following physical health findings will close: PH-1, PH-2, PH-5, PH-6, PH-10, PH-11, PH-12, PH-13, & PH-14. All physical health findings are closed.

##### **Mental Health Main Unit**

The following mental health findings will close: MH-16 & MH-20. All other mental health findings will remain open.

##### **Mental Health Annex**

The following mental health findings will close: MH-13, MH-14, MH-18, MH-24, MH-25, MH-26, & MH-27. All other mental health findings will remain open.

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.