

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

of

COLUMBIA CORRECTIONAL INSTITUTION

for the

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

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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. The CAP closure file revealed sufficient evidence to determine that 10 of 26 physical health findings and 2 of 12 mental health findings were corrected. Additionally, 9 of 9 physical health findings and 7 of 13 mental health findings were corrected on the Annex.

On September 21, 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 October 20, 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 16 physical health findings were corrected. Six physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>PH-2: In 7 of 16 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-2 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-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-10: In 4 of 14 applicable records (15 reviewed), there was no evidence of hepatitis B vaccine or refusal.</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>MISCELLANEOUS CLINIC</u></p> <p>PH-11: In 1 of 7 records reviewed, there was no referral to a specialist although indicated.</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>RESPIRATORY CLINIC</u></p> <p>PH-13: In 7 of 13 applicable records (16 reviewed), reactive airway diseases were not classified as mild, moderate, or severe.</p>	<p>PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>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.</p>	<p>PH-16 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 reached. PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-19: In 2 of 9 applicable records, there was no evidence that all orders were implemented.</p> <p>PH-20: In 8 of 9 applicable, there was no evidence of a discharge note or the note was incomplete.</p> <p>PH-22: In 3 of 6 applicable records, patient evaluations by nursing staff were not conducted at the required intervals.</p> <p>PH-23: In 2 of 6 applicable records, there was no evidence that guidelines for 23 hour observation status were observed.</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 reached. PH-19 will remain open.</p> <p>PH-20 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore acceptable level of compliance could not be established. PH-20 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>PH-25: In 4 of 6 applicable records, there was no evidence that clinician rounds were conducted according to policy.</p>	<p>PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-22.</p> <p>PH-23 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore acceptable level of compliance could not be established. PH-23 will remain open.</p> <p>PH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-27: In 3 of 10 applicable records (18 reviewed), there was no evidence that follow-up visits occurred timely.</p>	<p>PH-27 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-28: In 7 of 14 records reviewed, the relevant diagnosis was not recorded on the problem list.</p>	<p>PH-28 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-28.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-32: In 4 of 12 applicable records (18 reviewed), the follow-up response did not occur as intended.</p>	<p>PH-32 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-32.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-34: In 5 of 18 records reviewed, there was no evidence that the clinician reviewed the health record within seven days.</p>	<p>PH-34 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-34.</p>

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

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>CF-4: In 4 of 5 records reviewed, the "Health Information Transfer/Arrival Summary" (DC4-760A) was incomplete.</p>	<p>CF-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-4.</p>

B. Annex

All physical health findings are closed.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed evidence to determine that 4 of 10 mental health findings were corrected. Six mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 8 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-3: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-4: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-5: In 5 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p>	<p>MH-1 & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 & MH-3.</p> <p>MH-4 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 reached. MH-4 will remain open.</p> <p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

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-8: In 2 of 5 applicable records, there was no evidence that initial lab tests were conducted.</p> <p>MH-9: In 2 of 2 applicable records, there was no evidence that abnormal laboratory results were addressed.</p> <p>MH-12: 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>MH-13: In 4 of 4 applicable records, there was no DC4-711A "Refusal of Health Care Services" after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-14: In 17 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>	<p>MH-8, MH-9, MH-12, MH-13, & MH-14 OPEN</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, & MH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-17: In 9 of 15 records reviewed, the Individualized Service Plan (ISP) was not signed by the inmate or a refusal was not documented.</p>	<p>MH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17.</p>

B. Annex

The CAP closure files revealed evidence to determine that 3 of 6 mental health findings were corrected. Three mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-4: In 5 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-5: In 8 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p>	<p>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p> <p>MH-5 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 reached. MH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-10: In 7 of 13 records (16 reviewed), the mental status exam (MSE) was not completed within the required time frame.</p>	<p>MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</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-21: In 11 records, the ISP was not signed by the inmate or a refusal was not documented.</p>	<p>MH-21 & MH-22 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 reached. MH-21 & MH-22 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-22: In 2 of 13 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>MH-23: In 5 records, mental health problems were not listed on the problem list.</p>	<p>MH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-23.</p>

IV. Conclusion

Physical Health Main Unit

The following physical health findings will remain open: PH-2, PH-16, PH-19, PH-20, PH-23, & CF-1. All other physical health findings are closed.

Physical Health Annex

All physical health findings were closed on the second CAP assessment.

Mental Health Main Unit

The following mental health findings will remain open: MH-4, MH-8, MH-9, MH-12, MH- 13, & MH-14. All other mental health findings are closed.

Mental Health Annex

The following mental health findings will remain open: MH-5, MH-21, & MH-22. All other mental health findings are closed.

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.