

**SEVENTH OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

COLUMBIA CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

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CAP Assessment Distributed on February 26, 2018

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. The CAP closure files revealed sufficient evidence to determine that 10 of 16 physical health findings and 4 of 10 mental health findings were corrected on the Main Unit. Additionally, 3 of 6 mental health findings were corrected on the Annex.

On February 6, 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 conducted an on-site CAP assessment on March 10, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 6 physical health findings and 5 of 6 mental health findings were corrected on the Main Unit. Additionally, 1 of 3 mental health findings were corrected on the Annex.

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 conducted an on-site CAP assessment on June 21, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 3 physical health findings

and 1 of 1 mental health findings were corrected on the Main Unit. Additionally, 1 of 2 mental health findings were corrected at the Annex.

On September 27, 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 conducted an off-site CAP assessment on November 9, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 1 mental health findings were corrected at the Annex.

On January 22, 2018, 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 off-site CAP assessment on February 22, 2018 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

All physical health findings are closed.

B. Annex

All physical health findings are closed.

III. Mental Health Assessment Summary

A. Main Unit

All mental health findings are closed.

B. Annex

The CAP closure files revealed evidence to determine that 0 of 1 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-5: In 8 of 10 records reviewed, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p>	<p>MH-5 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of the records provided by the institution indicated an acceptable level of compliance had not been reached. MH-5 will remain open.</p>

IV. Conclusion

Physical Health Main Unit

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

Physical Health Annex

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

Mental Health Main Unit

All mental health findings were closed on the fifth CAP assessment.

Mental Health Annex

The following mental health finding will remain open: MH-5. 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 off-site evaluation.