

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

for the

Physical and Mental Health Survey
Conducted July 17-19, 2018

CMA STAFF

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Distributed on April 4, 2019

I. Overview

On July 17-19, 2018, 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 16, 2018. In September 2018, 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 COLCI 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.

Summary of CAP Assessments for Columbia Correctional Institution

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	2/14/19	3/28/19 – 3/29/19	On-site	98	30	68

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 19 of the 25 physical health findings were corrected. Six physical health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Chronic Illness Clinic</u> PH-1: In 4 of 16 records reviewed, there was no evidence inmates were seen according to their M-grade.		x				

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Endocrine Illness Clinic</u> PH-2: In 3 of 10 applicable records (16 reviewed), there was no evidence that inmates with HgbA1c over 8.0 were seen every 3 months as required.</p>	x					
<p><u>Gastrointestinal Clinic</u> PH-3: In 3 of 14 applicable records (15 reviewed), there was no evidence of hepatitis A & B vaccination or refusal.</p>				x		
<p><u>Tuberculosis Clinic</u> PH-4: In 1 of 5 records reviewed, there was no evidence the inmate received the correct number of doses of Isoniazid.</p>		x				
<p><u>Emergency Care</u> PH-5: In 8 of 10 applicable records, there was no evidence of timely follow-up by the clinician upon referral.</p>	x					
<p><u>Emergency Care</u> PH-6: In 2 of 6 applicable records, there was no evidence the follow-up was complete and addressed the complaint.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Sick Call</u> PH-7: In 1 of 5 applicable records, there was no evidence of timely follow-up by the clinician upon referral.</p>	x					
<p><u>Sick Call</u> PH-8: In 1 of 4 applicable records, there was no evidence the follow-up was complete and addressed the complaint.</p>	x					
<p><u>Infirmary</u> PH-9: In 4 of 9 applicable records, the nursing discharge note was incomplete</p>		x				
<p><u>Infirmary</u> PH-10: In 3 of 9 applicable records, there was no evidence of daily clinician rounds and progress notes for acute inpatients.</p>	x					
<p><u>Infirmary</u> PH-11: In 3 of 4 applicable records, there was no evidence of weekend and/or holiday telephone rounds.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Consultations</u> PH-12: In 4 records, the diagnosis was not recorded on the problem list.</p>	x					
<p><u>Consultations</u> PH-13: In 3 of 15 applicable records, there was no evidence that follow-up appointments were completed per the consultant's recommendations.</p>		x				
<p><u>Intra-System Transfers</u> PH-14: In 4 of 18 records reviewed, there was no evidence the clinician reviewed the record within 7 days of arrival.</p>	x					
<p><u>Medication Administration</u> PH-15: In 4 of 12 records reviewed, there was no evidence that all medication orders had a corresponding clinician note.</p>	x					
<p><u>Inmate Requests</u> PH-16: In 4 of 15 applicable records (16 reviewed), the outcome did not occur as intended.</p>		x				

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Dental Systems</u> PH-17: There was no evidence that necessary equipment was available and in working order.</p>	x					
<p><u>Dental Clinic</u> PH-18: In 1 of 4 applicable records, there was no evidence follow-up appointments were completed in a timely manner.</p>	x					
<p><u>Dental Clinic</u> PH-19: In 1 of 2 applicable records, there was no evidence consultant's treatment recommendations were incorporated into the treatment plan.</p>	x					
<p><u>Pill Line</u> PH-20: There was no evidence that an oral cavity check was completed by nursing staff.</p>	x					
<p><u>Institutional Tour</u> PH-21: There were no eye wash stations in the medical unit.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Institutional Tour</u> PH-22: The otoscope/ophthalmoscope in the trauma/emergency room did not work.	x					
<u>Institutional Tour</u> PH-23: The over-the-counter medications logs were not current.	x					
<u>Institutional Tour</u> PH-24: Access to sick call posters in Spanish were not posted in the dorms.	x					
<u>Additional Administrative Issues</u> PH-25: Medical records were disorganized.	x					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 23 of the 29 physical health findings were corrected. Six physical health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Chronic Illness Clinic</u> PH-1: In 3 records, the baseline information was incomplete or missing.</p>	x					
<p><u>Chronic Illness Clinic</u> PH-2: In 6 records, there was no evidence that inmates were seen according to their M-grade.</p>	x					
<p><u>Endocrine Clinic</u> PH-3: In 2 of 8 applicable records, there was no evidence of the annual fundoscopic examination.</p>	x					
<p><u>Endocrine Clinic</u> PH-4: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>				x		
<p><u>Endocrine Clinic</u> PH-5: In 4 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Gastrointestinal Clinic</u> PH-6: In 2 of 4 applicable records, there was no evidence that inmates with known or suspected cirrhosis were screened for hepatocellular cancer annually.</p>				x		
<p><u>Gastrointestinal Clinic</u> PH-7: In 4 of 8 applicable records, there was no evidence of influenza vaccination or refusal.</p>	x					
<p><u>Immunity Clinic</u> PH-8: In 1 of 4 applicable records, there was no evidence that abnormal labs were addressed timely.</p>	x					
<p><u>Immunity Clinic</u> PH-9: In 3 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>	x					
<p><u>Tuberculosis Clinic</u> PH-10: In 1 of 5 records reviewed, there was no evidence the inmate received the correct number of doses of Isoniazid.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Sick Call</u> PH-11: In 3 of 11 applicable records (18 reviewed), follow-up appointments were not completed as required.</p>		x				
<p><u>Emergency Care</u> PH-12: In 2 of 8 applicable records (17 reviewed), follow-up appointments were not completed as required.</p>	x					
<p><u>Consultations</u> PH-13: In 2 of 10 applicable records, there was no evidence that the consultation request was completed timely.</p>	x					
<p><u>Consultations</u> PH-14: In 3 records, there was no evidence that the clinician entered an incidental note documenting the consultant's recommendations.</p>	x					
<p><u>Consultations</u> PH-15: In 7 records, the diagnosis was not recorded on the problem list.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Consultations</u> PH-16: In 4 of 10 applicable records, the consultant's treatment recommendations were not incorporated into the treatment plan.</p>		x				
<p><u>Consultations</u> PH-17: In 3 of 8 applicable records, there was no evidence of follow-up diagnostic testing.</p>		x				
<p><u>Consultations</u> PH-18: In 4 records, the consultation log was incomplete or inaccurate.</p>	x					
<p><u>Consultations</u> PH-19: In 1 of 1 applicable record, the alternative treatment plan (ATP) was not documented in the medical record.</p>	x					
<p><u>Consultations</u> PH-20: In 1 of 1 applicable record, the ATP was not implemented.</p>	x					
<p><u>Medical Inmate Requests</u> PH-21: In 3 of 9 applicable records (15 reviewed), the response to the inmate request did not occur as intended.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Medical Inmate Requests</u> PH-22: In 2 of 4 applicable records (15 reviewed), there was no evidence the inmate was referred to the clinician as intended.	x					
<u>Dental Systems</u> PH-23: Preventive dentistry/oral hygiene posters were not displayed in the dental clinic.	x					
<u>Dental Record Review</u> PH-24: In 4 records, there was no evidence of a head and neck examination.	x					
<u>Dental Record Review</u> PH-25: In 3 of 15 applicable records, there was no evidence of an accurate diagnosis and treatment plan.	x					
<u>Institutional Tour</u> PH-26: Over-the-counter medications were not available in all dormitory areas.		x				
<u>Additional Administrative Issues</u> PH-27: Nursing staff were unable to explain the procedure for handling a known or suspected case of tuberculosis.	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Additional Administrative Issues</u> PH-28: Medical records were disorganized.	x					
<u>Additional Administrative Issues</u> PH-29: Inmates with a history of cancer or active malignancy were not enrolled in the oncology clinic.	x					

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of the 23 mental health findings were corrected. Sixteen mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Self-harm Observation Status</u> MH-1: In 2 records, the “Infirmity Admission Nursing Evaluation” (DC4-732) was not completed as required.</p>		x				
<p><u>Self-harm Observation Status</u> MH-2: In 1 of 5 applicable records, the guidelines for SHOS management were not observed.</p>				x		
<p><u>Use of Force</u> MH-3: In 1 of 4 applicable records (7 reviewed), there was no follow-up care when indicated.</p>					x	
<p><u>Inmate Requests</u> MH-4: In 6 records, a copy of the inmate request form was not present in the medical record.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Inmate Requests</u> MH-5: In 3 of 12 applicable records, a referral did not occur as intended in response to an inmate request.</p>	x					
<p><u>Special Housing</u> MH-6: In 3 records, the "Special Housing Health Appraisal" (DC4-769) was incomplete or missing.</p>	x					
<p><u>Special Housing</u> MH-7: In 3 of 9 applicable records, psychotropic medications were not continued as ordered while the inmate was in special housing.</p>		x				
<p><u>Outpatient Mental Health Services</u> MH-8: In 4 records, the S-grade in the medical record did not match the S-grade in OBIS.</p>	x					
<p><u>Outpatient Mental Health Services</u> MH-9: In 1 of 4 applicable records, psychotropic medications were not continued upon the inmate's arrival.</p>		x				

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Mental Health Services</u> MH-10: In 2 of 4 applicable records, the inmate was not seen by psychiatry prior to the expiration of prescriptions from the sending institution.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-11: In 4 records, individualized service plan (ISP) interventions were not written according to protocol.</p>					X	
<p><u>Outpatient Mental Health Services</u> MH-12: In 7 records, the ISP was not signed by all relevant parties.</p>					X	
<p><u>Outpatient Mental Health Services</u> MH-13: In 5 records, problems were not recorded on the problem list.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-14: In 7 records, the inmate did not receive the interventions as listed on the ISP.</p>					X	

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Psychotropic Medication Practices</u> MH-15: In 2 of 8 applicable records, follow-up laboratory studies were not conducted as required.</p>					X	
<p><u>Psychotropic Medication Practices</u> MH-16: In 15 records, the inmate did not receive medication as prescribed.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-17: In 15 records, follow-up psychiatry services were not conducted at appropriate intervals.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-18: In 3 of 4 applicable records, the Abnormal Involuntary Movements Scale (AIMS) was not completed as required.</p>		X				
<p><u>Psychotropic Medication Practices</u> MH-19: In 1 of 1 applicable record, the rationale for Emergency Treatment Order (ETO) was not clearly documented.</p>			X			

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Psychotropic Medication Practices</u> MH-20: In 1 of 1 applicable record, an order for medications without inmate consent was not documented as an ETO.			x			
<u>Psychotropic Medication Practices</u> MH-21: In 1 of 1 applicable record, there was no documentation that the ETO was administered in the least restrictive manner.			x			
<u>Aftercare Planning</u> MH-22: In 5 of 11 records reviewed, consent for aftercare was not obtained within 30 days of expiration of sentence (EOS).	x					
<u>Additional Administrative Issues</u> MH-23: Medical records were disorganized.	x					

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 19 of the 21 mental health findings were corrected. Two mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Self-harm Observation Status</u> MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p>	x					
<p><u>Self-harm Observation Status</u> MH-2: In 1 record, the order for SHOS was incomplete.</p>	x					
<p><u>Self-harm Observation Status</u> MH-3: In 1 record, the "Infirmiry Admission Nursing Evaluation" (DC4-732) was not completed as required.</p>	x					
<p><u>Self-harm Observation Status</u> MH-4: In 1 record, the inmate was not observed at the frequency ordered by the clinician.</p>		x				

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Self-harm Observation Status</u> MH-5: In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed as required.</p>	x					
<p><u>Self-harm Observation Status</u> MH-6: In 1 record, the attending clinician did not interview the inmate on the day of discharge.</p>	x					
<p><u>Self-harm Observation Status</u> MH-7: In 1 record, mental health staff did not provide post-discharge follow-up within 7 days.</p>	x					
<p><u>Use of Force</u> MH-8: In 2 of 4 records reviewed, the post use of force exam was not completed.</p>	x					
<p><u>Special Housing</u> MH-9: In 7 records, the initial mental status examination (MSE) was not completed within the required time frame.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Special Housing</u> MH-10: In 5 of 7 applicable records, the follow-up MSE was not completed.	x					
<u>Special Housing</u> MH-11: In 8 records, outpatient treatment did not continue while the inmate was in special housing.	x					
<u>Outpatient Mental Health Services</u> MH-12: In 4 of 15 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.	x					
<u>Outpatient Mental Health Services</u> MH-13: In 4 records, the bio-psychosocial assessment (BPSA) was not present in the record.		x				
<u>Outpatient Mental Health Services</u> MH-14: In 4 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Mental Health Services</u> MH-15: In 3 of 14 applicable records, the ISP was not reviewed or revised per protocol.</p>	x					
<p><u>Outpatient Mental Health Services</u> MH-16: In 4 records, problems were not recorded on the problem list.</p>	x					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-17: In 9 of 18 records reviewed, the inmate did not receive medication as prescribed.</p>	x					
<p><u>Aftercare Planning</u> MH-18: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p>	x					
<p><u>Aftercare Planning</u> MH-19: In 1 of 5 applicable records, a "Summary of Outpatient Mental Health Care" (DC4-657) was not completed for inmates within 30 days of EOS.</p>	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Mental Health Systems</u> MH-20: Psychiatric restraint training was not provided to medical, nursing, and mental health staff.	x					
<u>Mental Health Systems</u> MH-21: One hour of accrued clinical supervision was not provided to each mental health professional weekly.	x					

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-2, PH-5, PH-6, PH-7, PH-8, PH-10, PH-11, PH-12, PH-14, PH-15, PH-17, PH-18, PH-19, PH-20, PH-21, PH-22, PH-23, PH-24, and PH-25. All other physical health findings will remain open.

Physical Health-Annex Unit

The following physical health findings will close: PH-1, PH-2, PH-3, PH-5, PH-7, PH-8, PH-9, PH-10, PH-12, PH-13, PH-14, PH-15, PH-18, PH-19, PH-20, PH-21, PH-22, PH-23, PH-24, PH-25, PH-27, PH-28 and PH-29. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-4, MH-5, MH-6, MH-8, MH-13, MH-22, and MH-23. All other mental health findings will remain open.

Mental Health-Annex Unit

The following mental health findings will close: MH-1, MH-2, MH-3, MH-5, MH-6, MH-7, MH-8, MH-9, MH-10, MH-11, MH-12, MH-14, MH-15, MH-16, MH-17, MH-18, MH-19, MH-20 and MH-21. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by COLCI 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 evaluation.