

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT
of
CROSS CITY CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted September 6-7 and 12-14, 2023

CMA STAFF

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Distributed on March 11, 2024

I. Overview

On September 13-14, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Cross City Correctional Institution (CROCI). The survey report was distributed on October 16, 2023. In November 2023, CROCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the CROCI 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. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

Summary of CAP Assessments for Cross City Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/11/24	27	19	8

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 7 of the 24 physical health findings were corrected. Seventeen physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Endocrine Clinic Chronic Illness Clinic:</u> Screen 2: There is evidence of an appropriate physical examination		X			
Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Screen 11: Patients are receiving insulin as prescribed		X			
<u>Gastrointestinal Chronic Illness Clinic:</u> Screen 3: At each visit there is an evaluation of the control of the disease and the status of the patient	X				
Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		X			
<u>Respiratory Chronic Illness Clinic:</u> Screen 4: A peak flow reading is recorded at each visit	X				
<u>Emergency Services:</u> Screen 3: Vital signs including weight are documented	X				
<u>Outpatient Infirmary Care:</u> Screen 2: All orders are received and implemented	X				
<u>Inpatient Infirmary Care:</u> Screen 2: All orders are received and implemented		X			
Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Screen 8: A discharge note containing all of the required information is completed as required		X			
Screen 9: A discharge summary is completed by the clinician within 72 hours of discharge		X			
<u>Sick Call Services:</u> Screen 4: Complete vital signs including weight are documented	X				
<u>Medication And Vaccination Administration:</u> Screen 1: The inmate receives medications as prescribed		X			
Screen 3: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance		X			
Screen 4: There is evidence of pneumococcal vaccination or refusal		X			
<u>Intra-System Transfers:</u> Screen 3: The inmate's medications reflect continuity of care		X			
Screen 4: The medical record reflects continuity of care for inmate's pending consultations		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Periodic Screenings:</u> Screen 1: The periodic screening encounter is completed within one month of the due date	X				
Screen 2: All components of the screening are completed and documented as required		X			
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter		X			
Screen 5: All applicable health education is provided	X				
<u>PREA Medical Review:</u> Screen 7: A mental health referral is submitted following the completion of the medical screening		X			
Screen 8: The inmate is evaluated by mental health by the next working day		X			

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 3 mental health findings were corrected. Two mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Self-Injury and Suicide Prevention Review: Screen 4: The inmate is observed at the frequency ordered by the clinician		X			
Screen 8: There is evidence of a face-to-face evaluation by the clinician prior to discharge	X				
Psychological Emergency: Screen 8: There is appropriate follow-up as indicated in response to the emergency		X			

IV. Conclusion

Until appropriate corrective actions are undertaken by CROCI 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.