

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
CROSS CITY CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 29-31, 2017

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

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CAP Assessment of Cross City Correctional Institution

I. Overview

On August 29-31, 2017, 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 September 25, 2017. In October 2017, 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 August 2017 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 March 23, 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 staff conducted an on-site CAP assessment on April 10, 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

The CAP closure files revealed sufficient evidence to determine that 13 of the 14 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<u>CHRONIC ILLNESS CLINIC REVIEW</u> PH-1: In 6 of 14 records reviewed, the clinician's documentation was not legible.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<u>GASTROINTESTINAL CLINIC</u> PH-2: In 3 of 13 applicable records (15 reviewed), there was no evidence of pneumococcal vaccination or refusal.	PH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-2.

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-3: In 7 records, there was no evidence of an appropriate examination for the diagnosis.</p> <p>PH-4: In 2 of 5 applicable records, there was no evidence that abnormal labs were addressed in a timely manner.</p>	<p>PH-3 & PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 & PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-5: In 1 of 5 applicable records (9 reviewed), there was no evidence that abnormal labs were addressed in a timely manner.</p>	<p>PH-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 met. PH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-6: In 2 records, the diagnosis was not recorded on the problem list.</p> <p>PH-7: In 1 record, there was no evidence that the inmate was given the correct number of doses of INH.</p>	<p>PH-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-8: In 1 of 5 applicable records (13 reviewed), there was no evidence of a referral to a higher level of care when required by protocol.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-9: In 9 records, the diagnosis was not recorded on the problem list.</p> <p>PH-10: In 3 of 15 applicable records, there was no evidence that the consultant's recommendations were incorporated into the treatment plan.</p> <p>PH-11: In 3 of 13 applicable records, there was no evidence that follow-up appointments were completed as per consultant's recommendations.</p> <p>PH-12: In 3 of 15 applicable records, the consultation log was not complete and/or accurate for the incident.</p>	<p>PH-9, PH-10, PH-11, & PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9, PH-10, PH-11, & PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTs</u></p> <p>PH-13: In 4 of 18 records reviewed, there was no evidence of an appropriate incidental note regarding the inmate request.</p>	<p>PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 15 of 20 mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 3 records, an emergency evaluation was not completed prior to a SHOS admission.</p> <p>MH-2: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-3: In 6 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-4: In 6 records, daily counseling by mental health staff was not completed.</p> <p>MH-5: In 2 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> <p>MH-6: In 2 records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-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. MH-2 will remain open.</p> <p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close 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 met. MH-4 will remain open.</p> <p>MH-5 & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 & MH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>A comprehensive review of 6 psychological emergencies revealed the following deficiencies:</p> <p>MH-7: In 2 records, the psychological emergency evaluation did not include all required information.</p> <p>MH-8: In 2 records, the disposition was not clinically appropriate.</p> <p>MH-9: In 2 of 5 applicable records, there was not adequate follow-up after a psychological emergency when indicated.</p>	<p>MH-7, MH-8, & MH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7, MH-8, & MH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 5 special housing admissions revealed the following deficiencies:</p> <p>MH-10: In 1 record, the “Special Housing Health Appraisal” (DC4-769) was incomplete.</p> <p>MH-11: In 1 record, the initial mental status exam (MSE) was not completed.</p>	<p>MH-10 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. MH-10 will remain open.</p> <p>MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 10 outpatient mental health records revealed the following deficiencies:</p> <p>MH-12: In 2 of 6 applicable records, the “Health Information Arrival/Transfer Summary” (DC4-760A) was not completed within 24 hours of arrival to the institution.</p> <p>MH-13: In 1 of 5 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-14: In 1 of 5 applicable records, the initial mental health screening interview was incomplete.</p> <p>MH-15: In 5 records, the Individualized Service Plan (ISP) did not specify the frequency of interventions.</p> <p>MH-16: In 3 records, the ISP was not signed by all relevant parties.</p> <p>MH-17: In 3 of 9 applicable records, the ISP was not reviewed or revised per protocol.</p> <p>MH-18: In 2 records, counseling was not offered at least every 90 days.</p> <p>MH-19: In 2 records, case management was not offered at least every 90 days.</p>	<p>MH-12, MH-13, MH-14, MH-15, MH-16, & MH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12, MH-13, MH-14, MH-15, MH-16, & MH-17.</p> <p>MH-18 & MH-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 met. MH-18 & MH-19 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-20: There were privacy concerns involving protected health information.</p>	<p>MH-20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-20.</p>

IV. Conclusion

PH-5 remains open and all other physical health portions will close. MH-2, MH-4, MH-10, MH-18, & MH-19 will remain open and all other mental health portions will close. 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 visit, but the option remains open to conduct an on-site evaluation.