

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

DESOTO ANNEX CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted Month July 12-14, 2022

CMA STAFF

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I. Overview

On July 10-12, 2022, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Desoto Annex Correctional Institution (DESAN). The survey report was distributed on August 31, 2022. In October 2022, DESAN submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the DESAN 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.

CAP Assessment Summary:

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	2/14/2023	2/22/2023	Off-site	66	22	44

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 23 of the 39 mental health findings were corrected. Sixteen physical 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
<u>Cardiovascular Clinic</u> There was no evidence that inmates were prescribed low-dose aspirin if indicated.	X				
There was no evidence that patients were referred to a specialist for more in-depth treatment as indicated.	X				
<u>General Chronic Illness Clinic</u> There was no evidence of appropriate patient education.		X			
There inmate was not seen at the required intervals.		X			
Laboratory testing was not available prior to the clinic visit.		X			
<u>Miscellaneous Clinic</u> There was no evidence that patients were referred to a specialist for more in-depth treatment as indicated.		X			
<u>Neurology Clinic</u> There was no evidence of an appropriate physical examination.	X				
Annual laboratory testing was not completed as required.	X				
<u>Oncology Clinic</u> There was no evidence of an appropriate physical examination.	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
An evaluation of the control of the disease and the status of the patient was not documented at each visit.	X				
<u>Respiratory Clinic</u> A peak flow reading was not recorded at each visit.	X				
<u>Outpatient Infirmary Care</u> Clinician orders did not specify admission status or were not appropriate for the presenting complaint/condition.		X			
There was no evidence that all orders were received and implemented.		X			
Weekend and/or holiday phone rounds were not documented as required.		X			
A complete discharge note containing the required information was not documented.		X			
<u>Outpatient Infirmary Care</u> Clinician orders did not specify admission status or were not appropriate for the presenting complaint/condition.	X				
The required nursing assessment was not completed within two hours of admission.	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
Weekend and/or holiday phone rounds were not documented as required.		X			
A complete discharge note containing the required information was not documented.		X			
A discharge summary completed by the clinician within 72 hours was not documented.	X				
<u>Sick Call Services</u> The request was not triaged appropriately based on the complaint or condition.	X				
The inmate was not assessed within the appropriate time frame.	X				
The nursing assessment was not completed in its entirety.	X				
Complete vital signs were not documented.	X				
There was no evidence of patient education.	X				
Clinician orders from the follow-up visit were not completed as required.	X				
<u>Consultations</u> The clinical documentation was insufficient to obtain the needed consult.		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>Medication and Vaccine Administration</u> The inmate did not receive medications as prescribed.		X			
The consultation was not completed within the required time frame.		X			
There was no evidence of counseling for medication noncompliance.		X			
There was no evidence of pneumococcal vaccination or refusal.	X				
There was no evidence of influenza vaccination or refusal.	X				
<u>Intra-System Transfers</u> There was no evidence of complete vital signs.	X				
The medical record did not reflect continuity of care for inmates with pending consultations.	X				
Chronic illness clinic visits did not occur at the required intervals	X				
There was no evidence that special passes and/or diets were continued.	X				
There was no evidence that the clinician reviewed the health record within seven days.		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>Period Screenings</u> Diagnostic testing was not completed prior to the screening encounter.		X			
<u>PREA</u> The inmate was not evaluated by mental health within one working day.	X				

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 21 of the 27 mental health findings were corrected. Six 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
<u>Self-Harm Observation Status</u> Guidelines for SHOS management were not observed.	X				
The inmate was not observed at the frequency ordered by the clinician.		X			
There was no evidence of a face-to-face evaluation by the clinician on the day of discharge.		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
There was no evidence of adequate post-discharge follow-up.	X				
The ISP was not updated within 14 days of discharge.		X			
<u>Use of Force</u> A post use-of-force examination was not present in the medical record.	X				
The examination was incomplete.	X				
There was no evidence physical health staff completed a referral to mental health staff.		X			
Documentation did not indicate that mental health staff interviewed the inmate the next working day to determine if a higher level of mental health care was needed.		X			
<u>Psychological Emergency</u> Documentation did not indicate that suicide risk was fully assessed.	X				
There was no evidence of appropriate follow-up after the emergency.	X				
<u>Mental Health Inmate Request</u> The request was not responded to in the required time frame.	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
There was no evidence that the follow-up to the request occurred as intended.	X				
<u>Special Housing</u> The mental status examination was not completed in the required time frame.		X			
Outpatient mental health treatment did not continue as ordered while the inmate was in special housing.	X				
<u>Outpatient Mental Health</u> Documentation of the initial interview included an assessment of mental status and an ISP update.	X				
The Bio-psychosocial assessment (BPSA) is contained in the medical record.	X				
The BPSA is approved by the treatment team within 30 days of initiation of mental health services.	X				
The ISP is individualized and addresses all required components.	X				
The ISP specifies the frequency of interventions and the responsible staff member	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
The ISP is signed by the inmate and all members of the treatment team.	X				
The ISP is reviewed and revised at least every 180 days.	X				
Identified problems are recorded on the problem list	X				
There is evidence the inmate received the mental health services described in the ISP.	X				
Counseling is offered at least once every 60 days.	X				
Case management is provided at least every 60 days for inmates without psychotic disorders.	X				
The frequency of clinical contacts is sufficient.	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by DESAN 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.