

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**FRANKLIN CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted March 29 - 31, 2016

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## CAP Assessment of Franklin Correctional Institution

### I. Overview

On March 29 - 31, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Franklin Correctional Institution (FRACI). The survey report was distributed on April 22, 2016. In May 2016, FRACI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the March 2016 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 August 31, 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 September 23, 2016 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 14 of the 15 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 5 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-2: In 8 records, patient education was incomplete or missing.</b></p>	<p><b>PH-1 &amp; PH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1 &amp; PH-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-3: In 4 of 16 records reviewed, abnormal labs were not addressed appropriately and/or in a timely manner.</b></p>	<p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-4: In 2 of 10 records reviewed, there was no documentation indicating the control of the disease or the status of the patient.</b></p>	<p><b>PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-5: In 7 of 11 applicable records (13 reviewed), seizures were not classified.</b></p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CARE</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-6: In 3 records, there was no evidence of complete vital signs.</b></p> <p><b>PH-7: In 3 of 5 applicable records, the follow-up assessment was incomplete and did not adequately address the complaint.</b></p>	<p><b>PH-6 &amp; PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 &amp; PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-8: In 3 of 14 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-9: In 3 records, there was not a corresponding note or other form of evaluation from an advanced level provider for a medication order.</b></p> <p><b>PH-10: In 4 records, the allergy information recorded on the medication administration record (MAR) did not correspond to information on the medication order.</b></p>	<p><b>PH-9 &amp; PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9 &amp; PH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>PH-11: In 5 of 17 records reviewed, the permanent transfer portion of the “Health Information Transfer/Arrival Summary” (DC4-760A) was incomplete or inaccurate.</b></p>	<p><b>PH-11 OPEN</b></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-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS</u></b></p> <p><b>A tour of the dental clinic revealed the following deficiencies:</b></p> <p><b>PH-12: The emergency eyewash station was located behind a locked door.</b></p> <p><b>PH-13: The American Heart Association prophylactic regimens were not posted.</b></p>	<p><b>PH-12 &amp; PH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12 &amp; PH-13.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL CARE</u></b></p> <p><b>PH-14: In 2 of 9 applicable records (18 reviewed) there was no evidence that post-treatment/operative instructions were provided.</b></p>	<p><b>PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>PH-15: A tour of the facility revealed there were expired supplies in the examination rooms.</b></p>	<p><b>PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 10 of 23 mental health findings were corrected. Thirteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 9 records revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p> <p><b>MH-2: In 3 records, daily counseling by mental health staff did not occur or was not documented.</b></p> <p><b>MH-3: In 7 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</b></p>	<p><b>MH-1 &amp; MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 &amp; MH-2.</p> <p><b>MH-3 OPEN</b></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-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-4: In 6 records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p>	<p><b>MH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however institutional monitoring indicated an acceptable level of compliance had not been met. MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCIES</u></b></p> <p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>MH-5: In 3 records, there was no evidence that a mental health or medical staff responded to the emergency within one hour.</b></p> <p><b>MH-6: In 3 records, not all entries were dated, timed, signed, and/or stamped.</b></p>	<p><b>MH-5 &amp; MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 &amp; MH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-7: In 10 of 14 records reviewed, a referral was indicated in the request response but did not occur.</b></p>	<p><b>MH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p><b>MH-8:</b> In 2 records, the mental status exam (MSE) was not present in the medical record.</p> <p><b>MH-9:</b> In 1 of 1 applicable record, outpatient treatment did not continue as indicated on the Individualized Service Plan (ISP) while the inmate was in special housing.</p> <p><b>MH-10:</b> In 2 records, the MSE was not signed.</p>	<p><b>MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p> <p><b>MH-9 OPEN</b></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-9 will remain open.</p> <p><b>MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p><b>MH-11:</b> In 3 of 9 applicable records, there was no indication that health care staff reviewed the chart within 24 hours of the inmate's arrival.</p> <p><b>MH-12:</b> In 5 of 7 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p><b>MH-13:</b> In 3 of 7 applicable records, the mental health screening evaluation was incomplete.</p>	<p><b>MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p> <p><b>MH-12, MH-13, MH-14, MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, &amp; MH-21 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however institutional monitoring indicated an acceptable level of compliance had not been met. MH-12, MH-13, MH-14, MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, &amp; MH-21 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-14:</b> In 3 records, the Individualized Service Plan (ISP) did not specify the type and frequency of interventions.</p> <p><b>MH-15:</b> In 5 records, the ISP was not signed by all members of the Multidisciplinary Service Team (MDST).</p> <p><b>MH-16:</b> In 4 of 7 applicable records, the ISP was not reviewed or revised at the 180 day interval</p> <p><b>MH-17:</b> In 4 records, identified problems were not listed on the problem list.</p> <p><b>MH-18:</b> In 6 of 7 applicable records, the inmate did not receive services described in the ISP.</p> <p><b>MH-19:</b> In 7 of 7 applicable records, counseling was not provided at least once every 90 days.</p> <p><b>MH-20:</b> In 6 of 7 applicable records case management was not provided at least every 90 days.</p> <p><b>MH-21:</b> In 5 of 7 applicable records the documentation was insufficient to follow the course of mental health treatment.</p>	

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS REVIEW</u></b></p> <p><b>MH-22:</b> Confinement rounds were not conducted weekly by mental health staff.</p> <p><b>MH-23:</b> There was no documentation indicating clinical staff were receiving weekly clinical supervision.</p>	<p><b>MH-22 &amp; MH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22 &amp; MH-23.</p>



#### **IV. Conclusion**

The following physical health finding will remain open: PH-11. All other physical health portions will close. Additionally, the following mental health findings will remain open: MH-3, MH-4, MH-9, MH-12, MH-13, MH-14, MH-15, MH-16, MH-17, MH-18, MH-19, MH-20, and MH-21. 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 on-site visit.