

**FIRST ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

HAMILTON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted May 21-23, 2019

CMA STAFF

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I. Overview

On May 21-23, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Hamilton Correctional Institution (HAMCI). The survey report was distributed on June 17, 2019. In July 2019, HAMCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the HAMCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

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	10/22/19	January 29-30, 2020	On-site	34	21	13

Summary of CAP Assessments for Hamilton Correctional Institution

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that three of the nine 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
Cardiovascular Clinic PH-1: there was no evidence that abnormal labs were addressed in a timely manner.	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>Endocrine Clinic</u> PH-2: There was no evidence of an annual fundoscopic examination.		X				
<u>Neurology Clinic</u> PH-3: There was no evidence of a neurological examination.		X				
<u>Oncology Clinic</u> PH-4: There was no evidence of pneumococcal vaccination or refusal.	X					
<u>Oncology Clinic</u> PH-5: There was no evidence of influenza vaccination or refusal.	X					
<u>Emergency Care</u> PH-6: The emergency transfer documentation was incomplete.		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>Periodic Screenings</u> PH-7: The periodic screening was incomplete.		X				
<u>Dental</u> PH-8: There was no evidence that the head and neck examination had been completed in a timely manner.					X	
<u>Institutional Tour</u> PH-9: Light covers and bulbs were missing in B dorm and C dorm leaving exposed wires showing.						X

III. Mental Health Assessment Summary

B. Main Unit

The CAP closure files revealed sufficient evidence to determine that four of the 12 mental health findings were corrected. Eight 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
<u>Inmate Requests</u> MH-1: The response to the inmate request did not occur as intended.		X				
<u>Inmate Requests</u> MH-2: A consent for treatment was not signed before the interview was completed.		X				
<u>Special Housing</u> MH-3: Outpatient treatment did not continue as required while the inmate was held in special housing.		X				
<u>Outpatient Mental Health Services</u> MH-4: The S-grade in OBIS did not match the S-grade in the medical record.	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-5: The bio-psychosocial assessment (BPSA) was not approved by the multi-disciplinary services team (MDST) within 30 days of the initiation of mental health services.</p>			X			
<p><u>Outpatient Mental Health Services</u> MH-6: The individualized service plan (ISP) was not specific to the inmate.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-7: The ISP was not signed by the inmate and/or all members of the MDST.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-8: The ISP was not reviewed and revised at the required intervals.</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-9: Individual counseling was not provided at the required intervals and there was no evidence of refusal.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-10: Case management was not provided at the required intervals and there was no evidence of refusal.</p>		X				
<p><u>Mental Health Systems</u> MH-11: The institution does not offer a variety of therapeutic groups to meet the needs of the population as required.</p>						X
<p><u>Mental Health Systems</u> MH-12: "Mental Health Emergency, Self-Harm, IMR Admission Log" (DC4-781A) was not updated as required.</p>	X					

IV. Physical Health Assessment Summary

A. Annex Unit

The CAP closure files revealed sufficient evidence to determine that six of the eight physical health findings were corrected. Two 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>Gastrointestinal Clinic</u> PH-1: There was no evidence of screening for hepatocellular carcinoma when indicated.</p>	X					
<p><u>Neurology Clinic</u> PH-2: Seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	X					
<p><u>Emergency Care</u> PH-3: The clinician's documentation was not complete, legible and or timely.</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>Emergency Care</u> PH-4: There was no documentation that required follow-up occurred timely and consistent with medical needs.	X					
<u>Sick Call</u> PH-5: The clinician's documentation was not complete, legible and/or timely.	X					
<u>Sick Call</u> PH-6: There was no documentation that required follow-up occurred timely and consistent with medical needs.	X					
<u>Infirmiry Care</u> PH-7: The clinician care orders were incomplete.	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>Infirmiry Care</u> PH-8: In 4 of 12 applicable records, the infirmiry nursing discharge note did not contain all required components.		X				

V. Mental Health Assessment Summary

A. Annex Unit

The CAP closure files revealed sufficient evidence to determine that none of the five mental health findings were corrected. Five 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: Mental health staff did not provide post-discharge follow-up within 7 days.</p>		X				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-2: There was no evidence that the inmate received medications as prescribed and there was no evidence of refusal.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-3: Identified problems were 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
<u>Outpatient Mental Health Services</u> MH-4: There was no evidence that inmates with psychotic disorders were seen every 30 days as required.		X				
<u>Mental Health Systems</u> MH-5: The institution does not offer a variety of therapeutic groups to meet the needs of the inmate population as required.						X

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-4, and PH-5. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health finding will close: MH-4, MH-6, MH-9, and MH-12. All other mental health findings will remain open.

Physical Health-Annex Unit

The following physical health findings will close: PH-1, PH-2, PH-4, PH-5, PH-6, and PH-7. All other physical health findings will remain open.

Mental Health-Annex Unit

All mental health findings will remain open.

Until appropriate corrective actions are undertaken by HAMCI 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.