

**SECOND OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**HAMILTON CORRECTIONAL INSTITUTION**

for the

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

**CMA STAFF**

Lynne Babchuck, LCSW

## 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
2	6/26/20	August 27, 2020	Off-site	21	12	9

### 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 six physical health findings were corrected. Three 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
<u><b>Endocrine Clinic</b></u> PH-2: There was no evidence of an annual fundoscopic examination.	X					
<u><b>Neurology Clinic</b></u> PH-3: There was no evidence of a neurological examination.			X			
<u><b>Emergency Care</b></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 two of the eight mental health findings were corrected. Six 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><b>Inmate Requests</b></u> MH-1: The response to the inmate request did not occur as intended.	X					
<u><b>Inmate Requests</b></u> MH-2: A consent for treatment was not signed before the interview was completed.	X					
<u><b>Special Housing</b></u> MH-3: Outpatient treatment did not continue as required while the inmate was held in special housing.			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><b><u>Outpatient Mental Health Services</u></b>            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><b><u>Outpatient Mental Health Services</u></b>            MH-7: The ISP was not signed by the inmate and/or all members of the MDST.</p>			X			
<p><b><u>Outpatient Mental Health Services</u></b>            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
<u><b>Outpatient Mental Health Services</b></u> MH-10: Case management was not provided at the required intervals and there was no evidence of refusal.			X			
<u><b>Mental Health Systems</b></u> MH-11: The institution does not offer a variety of therapeutic groups to meet the needs of the population as required.			X			

#### IV. Physical Health Assessment Summary

##### A. Annex Unit

The CAP closure files revealed sufficient evidence to determine that one of the two physical health findings were corrected. One physical health finding 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><b>Emergency Care</b></u> PH-3: The clinician's documentation was not complete, legible and or timely.	X					
<u><b>Infirmiry Care</b></u> PH-8: In 4 of 12 applicable records, the infirmiry nursing discharge note did not contain all required components.		X				



## Mental Health Assessment Summary

### A. Annex Unit

The CAP closure files revealed sufficient evidence to determine that three of the five mental health findings were corrected. Two 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><b><u>Self-harm Observation Status</u></b>                      MH-1: Mental health staff did not provide post-discharge follow-up within 7 days.</p>	X					
<p><b><u>Outpatient Psychotropic Medication Practices</u></b>                      MH-2: There was no evidence that the inmate received medications as prescribed and there was no evidence of refusal.</p>	X					
<p><b><u>Outpatient Mental Health Services</u></b>                      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><b>Outpatient Mental Health Services</b></u> MH-4: There was no evidence that inmates with psychotic disorders were seen every 30 days as required.					X	
<u><b>Mental Health Systems</b></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-2, PH-6, & PH-7. All other physical health findings will remain open.

##### Mental Health-Main Unit

The following mental health finding will close: MH-1 & MH-2. All other mental health findings will remain open.

##### Physical Health-Annex Unit

The following physical health findings will close: PH-2. All other physical health findings will remain open.

##### Mental Health-Annex Unit

The following mental health findings will close: MH-1 & MH-2. All other 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 off-site evaluation.