

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT
of
HERNANDO CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted July 11-13, 2017

CMA STAFF

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CAP Assessment Distributed on January 31, 2018

CAP Assessment of Hernando Correctional Institution

I. Overview

On July 11-13, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Hernando Correctional Institution (HERCI). The survey report was distributed on August 11, 2017. In September 2017, HERCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 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 December 8, 2017, 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 January 23, 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 10 of the 11 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>PH-1: In 3 of 5 applicable records (16 reviewed), there was no evidence that inmates with cardiovascular disease were prescribed low-dose aspirin.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-2: In 1 of 4 applicable records (15 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-3: In 2 of 7 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-4: In 3 records, the consultation was not performed in a timely manner (see discussion).</p> <p>PH-5: In 10 records, the diagnosis was not recorded on the problem list.</p>	<p>PH-4 & PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4 & PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-6: In 1 of 1 applicable record (15 reviewed), information regarding a pending consultation was not added to the consultation log upon inmate's transfer.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS REVIEW</u></p> <p>PH-7: There was no evidence that emergency kit drugs were checked on a monthly basis for expiration.</p> <p>PH-8: There was no evidence that commonly accepted abbreviations were used in the charts</p>	<p>PH-7 OPEN</p> <p>The dental clinic at HERCI is currently closed and clinical services completed at a neighboring institution. This finding will remain open pending the return of dental clinical services at this site.</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>INFECTION CONTROL</u></p> <p>PH-9: Staff were not able to describe the protocol for handling a suspected or identified tuberculosis case.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>PHARMACY SERVICES</u></p> <p>PH-10: Narcotic drugs were not stored properly.</p>	<p>PH-10 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-11: All over-the-counter medications were not available in the dorms.</p>	<p>PH-11 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-11.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 8 of 10 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-1: In 2 of 9 records reviewed, the “Pre-Special Housing Health Evaluation” (DC4-769) was incomplete or missing.</p>	<p>MH-1 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-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-2: In 1 of 4 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-3: In 1 of 4 applicable records, the mental health screening evaluation was not complete.</p> <p>MH-4: In 6 records, Individualized Service Plan (ISP) goals were not objective, behavioral, and/or measurable.</p> <p>MH-5: In 4 records, ISP interventions did</p>	<p>MH-2, MH-3, MH-4, MH-5, & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2, MH-3, MH-4, MH-5, & MH-6.</p>

Finding	CAP Evaluation Outcome
<p>not include the frequency and/or staff responsible.</p> <p>MH-6: In 5 of 13 applicable records, the ISP was not reviewed or revised within 180 days.</p>	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-7: In 3 of 15 applicable records (16 reviewed), the inmate did not receive medications as prescribed.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>MH-8: In 2 of 3 records reviewed, aftercare planning was not addressed on the Individualized Service Plan within 180 days of expiration of sentence (EOS).</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>MH-9: There was not sufficient restraint or self-harm prevention equipment for the inmate population.</p> <p>MH-10: The current system to receive, disperse and respond to inmate requests was inadequate.</p>	<p>MH-9 CLOSED</p> <p>Adequate documentation of correction was provided to close MH-9.</p> <p>MH-10 OPEN</p> <p>Interviews with institutional staff and a tour of the dorms and other areas indicated that the deficiency has not been corrected. MH-10 will remain open.</p>

IV. Conclusion

Physical health finding PH-7 will remain open and all other physical health portions will close. Mental health findings MH-1 and MH-10 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.