

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

HOLMES CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 2023

CMA STAFF

Christine Swift, LCSW

Lynne Babchuck, LCSW

Distributed on July 9, 2024

I. Overview

In December 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Holmes Correctional Institution (HOLCI). The survey report was distributed on January 8, 2024. In February 2024, HOLCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the December CI 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. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

Summary of CAP Assessments for Holmes Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/11/2024	13	4	9

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 7 of the 9 physical health findings were corrected. Two physical health findings 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>Miscellaneous Chronic Illness Clinic:</u> Screen 6: Patients are referred to a specialist for more in-depth treatment as indicated	X				
<u>Inpatient Infirmary Care:</u> Screen 2: All orders are received and implemented		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
Screen 8: A discharge note containing all of the required information is completed as required	X				
<u>Consultations:</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
Screen 6: All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	X				
<u>Medication And Vaccination Administration:</u> Screen 4: There is evidence of pneumococcal vaccination or refusal	X				
<u>Intra-System Transfers:</u> Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival	X				
<u>Periodic Screenings:</u> Screen 2: All components of the screening are completed and documented as required	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>PREA Medical Review:</u> Screen 8: The inmate is evaluated by mental health by the next working day	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 4 mental health findings were corrected. Two 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-Injury and Suicide Prevention Review:</u> Screen 4: The inmate is observed at the frequency ordered by the clinician	X				
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days 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
<p><u>Psychological Emergency:</u> Screen 3: Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts</p>		X			
<p><u>Mental Health Inmate Request:</u> Screen 5: Consent for treatment is obtained prior to conducting an interview</p>		X			

IV. Conclusion

Until appropriate corrective actions are undertaken by HOLCI 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.