

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

of

**JACKSON CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted January 8-10, 2019

**CMA STAFF**

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Distributed on August 7, 2019

## I. Overview

On January 8-10, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Jackson Correctional Institution (JACCI). The survey report was distributed on February 11, 2019. In July 2019, JACCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the JACCI 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.

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	7/10/19	8/1/19	On-site	23	7	16

### Summary of CAP Assessments for Jackson Correctional Institution

## II. Physical Health Assessment Summary

### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 15 of the 17 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
<b>Endocrine Clinic</b> PH-1: In 3 of 14 applicable records (16 reviewed), there was no evidence of fundoscopic examination.	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>Miscellaneous Clinic</u></b> PH-2: In 2 records, the diagnosis was not appropriate for inclusion in the miscellaneous clinic.</p>	x					
<p><b><u>Miscellaneous Clinic</u></b> PH-3: In 3 records, there was no evidence that the medications were evaluated and prescribed at each visit.</p>	x					
<p><b><u>Neurology Clinic</u></b> PH-4: In 3 of 11 records reviewed, there was no evidence that the medications were evaluated and prescribed at each visit.</p>	x					
<p><b><u>Oncology Clinic</u></b> PH-5: In 1 record, there was no evidence of an appropriate examination for the diagnosis.</p>	x					
<p><b><u>Oncology Clinic</u></b> PH-6: In 1 record, marker studies and/or radiological studies were not performed as required.</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><b><u>Oncology Clinic</u></b> PH-7: In 1 record, there was no evidence of pneumococcal vaccination or refusal.</p>	x					
<p><b><u>Tuberculosis Clinic</u></b> PH-8: In 3 of 11 records reviewed, labs were not completed as required.</p>	x					
<p><b><u>Emergency Services</u></b> PH-9: In 4 of 18 records reviewed, there was no evidence of patient education when the inmate was seen for emergency services.</p>	x					
<p><b><u>Consultations</u></b> PH-10: In 5 of 13 records reviewed, the diagnosis was not recorded on the problem list.</p>	x					
<p><b><u>Intra-System Transfer</u></b> PH-11: In 4 records, the Health Information Transfer/Arrival Summary (DC4-760A) was incomplete.</p>	x					
<p><b><u>Intra-System Transfer</u></b> PH-12: In 7 records, there was no evidence the clinician reviewed the health record within 7 days of arrival.</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>Dental Systems</u> PH-13: There was no evidence that all necessary equipment was in working order.	x					
<u>Dental Systems</u> PH-14: Pretreatment rinses and chlorhexidine or equivalent were not available for use prior to dental treatments.	x					
<u>Institutional Tour</u> PH-15: Over-the-counter (OTC) medications were not logged correctly in all dorms.		x				
<u>Institutional Tour</u> PH-16: Procedure to access medical and dental sick call were not posted in the dorms.	x					
<u>Institutional Tour</u> PH-17: First-aid kits were not in compliance with policy.		x				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 6 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><b><u>Self-Harm Observation Status</u></b>            MH-1: In 3 records, inmates were not observed at the frequency ordered by the clinician.</p>		x				
<p><b><u>Self-Harm Observation Status</u></b>            MH-2: In 7 records, the daily mental health nursing assessment was incomplete.</p>		x				
<p><b><u>Self-Harm Observation Status</u></b>            MH-3: In 2 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p>	x					
<p><b><u>Use of Force</u></b>            MH-4: In 6 records, a written referral to mental health by physical health staff was not present.</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><b><u>Use of Force</u></b>            MH-5: In 6 records, inmates were not seen by mental health staff the next working day to determine if a higher level of care was needed.</p>		x				
<p><b><u>Mental Health Systems</u></b>            MH-6: The institution does not offer a variety of therapeutic groups to meet the needs of the population as required.</p>		x				

#### IV. Conclusion

##### Physical Health

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-5, PH-6, PH-7, PH-8, PH-9, PH-10, PH-11, PH-12, PH-13, PH-14 and PH-16. All other physical health findings will remain open.

##### Mental Health

The following mental health finding will close: MH-3. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by JACCI 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.