

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

for the

Physical and Mental Health Survey
Conducted December 6-8, 2016

CMA STAFF

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CAP Assessment of Jefferson Correctional Institution

I. Overview

On December 6-8, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Jefferson Correctional Institution (JEF CI). The survey report was distributed on December 23, 2016. In January 2017, JEF CI 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 2016 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 May 3, 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 May 25, 2017 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 11 of the 12 physical health findings were corrected. CAP finding CF-1 was added for in-service training, monitoring, and corrective action. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-1: In 4 of 15 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</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>MISCELLANEOUS CLINIC</u></p> <p>PH-2: In 2 of 5 applicable records (8 reviewed), there was no evidence of influenza vaccination or refusal.</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 7 of 13 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</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>SICK CALL</u></p> <p>PH-4: In 4 of 18 records reviewed, the nursing assessment was incomplete or not appropriate for the complaint.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-5: In 6 records, the diagnosis was not recorded on the problem list.</p> <p>PH-6: In 10 records, the consultation log was incomplete.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p> <p>PH-6 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. PH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-7: There is no evidence the autoclave was tested appropriately.</p> <p>PH-8: There was no evidence that necessary equipment was available and in working order.</p>	<p>PH-7 & PH-8 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-7 & PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>PH-9: In 6 of 18 records reviewed, there was no evidence of an accurate diagnosis and appropriate treatment plan.</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>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-10: Over-the-counter medications in the dorms were not distributed and recorded correctly.</p> <p>PH-11: There was no evidence that dorm first aid kits were inspected monthly.</p> <p>PH-12: There was no evidence that the medical isolation room was tested daily for negative air pressure.</p>	<p>PH-10, PH-11, & PH-12 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-10, PH-11, & PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC (CIC) RECORD REVIEW</u></p> <p>CF-1: In 6 of 12 records reviewed, inmates were not seen in CICs at the required intervals or at the frequency ordered by the clinician (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-1: *In two records, the doctor requested the inmates return in six months, but there was a ten-month interval between CIC visits. In one record, the interval between CIC visits was 14 months. In one record, an M3 inmate was required to be seen at 90 days, however, this inmate went longer than six months between clinic visits. In another record, the clinician requested the inmate to return in six months, however the inmate has not been seen for almost one year. In the last record, an M3 inmate who is required to be seen at 90-day intervals has not been seen for six months. Additionally, a CT scan ordered to rule out metastatic disease ordered in 2016 has not been completed.*

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 6 of 13 mental health findings were corrected. Seven mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 12 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-2: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-1 & MH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance has not been met. MH-1 & MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-3: In 1 of 5 applicable records (9 reviewed), there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-4: In 1 of 5 applicable records, appropriate initial lab tests were not ordered for psychotropic medications.</p> <p>MH-5: In 3 of 8 applicable records, follow-up lab tests were not completed as required.</p> <p>MH-6: In 1 of 1 applicable record, the use of an Emergency Treatment Order (ETO) was not specified in the clinician's order.</p> <p>MH-7: In 1 of 1 applicable record, an ETO was given without evidence of less restrictive intervention.</p>	<p>MH-4 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-4 will remain open.</p> <p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p> <p>MH-6 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-6 will remain open.</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>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 13 outpatient records revealed the following deficiencies:</p> <p>MH-8: In 6 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.</p> <p>MH-9: In 3 of 8 applicable records, counseling was not provided to inmates with a diagnosis of Schizophrenia or other psychotic disorders at least once every 30 days or a refusal was not present.</p>	<p>MH-8 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-8 will remain open.</p> <p>MH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 12 records of eligible inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-10: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-11: In 3 of 8 applicable records, the “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p> <p>MH-12: In 2 of 3 applicable records, assistance with Social Security benefits was not provided for eligible inmates.</p>	<p>MH-10 & MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10 & MH-11.</p> <p>MH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-13: Psychological testing folders were not kept behind two locking mechanisms.</p>	<p>MH-13 CLOSED</p> <p>Adequate documentation of correction was provided to close MH-13.</p>

IV. Conclusion

Physical health finding PH-6 will remain open and all other physical health portions will close. CF-1 was added for in-service training, monitoring, and corrective action.

Mental health findings MH-1, MH-2, MH-3, MH-4, MH-6, MH-8, & MH-12 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 on-site visit.