

**SECOND 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. The CAP closure files revealed sufficient evidence to determine that 11 of 12 physical health findings and 6 of 13 mental health findings were corrected. CAP finding CF-1 was added for in-service training, monitoring, and corrective action.

On August 24, 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 conducted an on-site CAP assessment on September 22, 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 1 of 2 physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-6: In 10 records, the consultation log was incomplete.</b></p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CAP FINDING – CHRONIC ILLNESS CLINIC REVIEW</u></b></p> <p><b>CF-1: In 6 of 12 records reviewed, inmates were not seen in Chronic Illness Clinics at the required intervals or at the frequency ordered by the clinician.</b></p>	<p><b>CF-1 OPEN</b></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. CF-1 will remain open.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 6 of 7 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 12 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 of 2 applicable records, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-2: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p>	<p><b>MH-1 &amp; MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 and MH-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>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.</b></p>	<p><b>MH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-4: In 1 of 5 applicable records, appropriate initial lab tests were not ordered for psychotropic medications.</b></p> <p><b>MH-6: In 1 of 1 applicable record, the use of an Emergency Treatment Order (ETO) was not specified in the clinician's order.</b></p>	<p><b>MH-4 &amp; MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 and MH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-8: In 6 of 13 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties.</b></p>	<p><b>MH-8 OPEN</b></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>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>MH-12: In 2 of 3 applicable records, assistance with Social Security benefits was not provided for eligible inmates.</b></p>	<p><b>MH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12.</p>

#### **IV. Conclusion**

CAP finding CF-1 will remain open and all other physical health portions will close. Mental health finding MH-8 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.