FIFTH OFF-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 Distributed on August 15, 2018

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 (JEFCI). The survey report was distributed on December 23, 2016. In January 2017, JEFCI 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. The CAP closure files revealed sufficient evidence to determine that 1 of 2 physical health findings and 6 of 7 mental health findings were corrected.

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 conducted an on-site CAP assessment on December 22, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 1 physical health and 1 of 1 mental health findings were corrected.

On March 23, 2018, 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 off-site CAP assessment on April 18, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 1 physical health findings were corrected.

On July 24, 2018, 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 off-site CAP assessment on August 14, 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 1 of 1 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
CAP FINDING – CHRONIC ILLNESS CLINIC REVIEW 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.	CF-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close CF-1.

III. Mental Health Assessment Summary

All mental health portions closed on the third CAP assessment.

IV. Conclusion

All findings as a result of the December 2016 survey are closed and no further action is required. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.