

**OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**JEFFERSON CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted August 24-26, 2021

**CMA STAFF**

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**I. Overview**

On August 24-26, 2021, 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 September 21, 2021. In October 2021, 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 JEFCI 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 Jefferson Correctional Facility**

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/2/22	3/24/22	Off-site	20	10	10

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 8 of the 14 physical health findings were corrected. Six physical 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
<b><u>CARDIOVASCULAR CLINIC</u></b>  PH-1: In 9 of 18 records reviewed, there was no evidence of an appropriate examination	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><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p>PH-2: In 6 of 15 records reviewed, there was no evidence of hepatitis A and/or hepatitis B vaccination or refusal with a history of hepatitis C.</p>					<b>X</b>
<p><b><u>IMMUNITY CLINIC</u></b></p> <p>PH-3: In 4 of 11 records reviewed, there was no evidence recombinant hepatitis B vaccine was given to inmates who have HIV infection and no evidence of past hepatitis B infection.</p>					<b>X</b>
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p>PH-4: In 5 records, the yearly data was missing on the "Chronic Illness Clinic Flowsheets" (DC4-770) for the miscellaneous clinic</p>	<b>X</b>				
<p>PH-5: In 2 records, there was no evidence of influenza vaccination or refusal.</p>		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
PH-6: In 2 records, there was no evidence of a referral to a specialist when indicated.	<b>X</b>				
<p style="text-align: center;"><b><u>RESPIRATORY CLINIC</u></b></p> PH-7: In 3 of 14 records reviewed, reactive airway diseases were not classified as mild, moderate, or severe.		<b>X</b>			
<p style="text-align: center;"><b><u>CONSULTATIONS</u></b></p> PH-8: In 4 of 14 records, the diagnosis was not reflected on the problem list.	<b>X</b>				
<p style="text-align: center;"><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> PH-9: In 3 of 12 records reviewed, there was no evidence the health record and “Health Information Transfer/Arrival Summary” (DC4-760A) were reviewed by a clinician within 7 days of arrival					<b>X</b>

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p>PH-10: In 3 of 12 records reviewed, there was no evidence that diagnostic tests were completed as required</p>					<b>X</b>
<p><b><u>PILL LINE ADMINISTRATION</u></b></p> <p>PH-11: There was no evidence that an oral cavity check for each inmate was conducted by health services or security staff in close proximity to the inmate to ensure medications were swallowed.</p>	<b>X</b>				
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p>PH-12: There was evidence of water on the floor of the walkway in the living areas.</p>	<b>X</b>				
<p>PH-13: There was evidence of wires that could be reached by inmates hanging from the ceiling in the dorm.</p>	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
PH-14: There was evidence of an open ventilation grate in confinement showers with the potential of allowing cloth through the spaces.	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 6 mental health findings were corrected. Four mental health findings will remain open.

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>SELF-INJURY AND SUICIDE PREVENTION (SHOS)</u></b> MH-1: In 1 record, there was no evidence of a thorough assessment prior to placement in SHOS.		<b>X</b>			

MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.		X			
MH-3: In 1 record, the Individualized Service Plan (ISP) was not revised within 14 days of discharge.		X			
<b><u>SPECIAL HOUSING</u></b> MH-4: In 2 of 4 applicable records (8 reviewed), psychotropic medications were not continued as ordered while the inmate was held in confinement.	X				
<b><u>OUTPATIENT MENTAL HEALTH</u></b> MH-5: In 3 of 15 records reviewed mental health problems were not recorded on the problem list.	X				
<b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b> MH-6: In 5 records, the inmate did not receive medications as prescribed, or documentation of refusal was not present in the medical record.		X			

## **IV. Conclusion**

### **Physical Health-Main Unit**

The following physical health findings will close: PH-1, PH-4, PH-6, PH-8, PH-11, PH-12, PH-13, PH-14. All other physical health findings will remain open.

### **Mental Health-Main Unit**

The following mental health findings will close: MH-4 & MH-5. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by JEFCl 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.