

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

of

LAKE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 13 - 14, 2014

CMA STAFF

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CAP Assessment Distributed on July 8, 2015

CAP Assessment of Lake Correctional Institution

I. Overview

On August 13 - 14, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lake Correctional Institution (LAKCI). The survey report was distributed on September 8, 2014. In October 2014, LAKCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the August 2014 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 March 3, 2015, 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 March 17, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 12 of 24 physical health findings and 28 of 48 mental health findings were corrected.

On May 27, 2015, 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 assessment on June 30, 2015 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 6 of the 12 physical health findings were corrected. Six physical health findings will remain open. Additionally, one CAP finding was added for monitoring and corrective action.

| Finding | CAP Evaluation Outcome |
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| <u>ENDOCRINE CLINIC</u> PH-2: In 3 of 15 records reviewed, the baseline information was incomplete or missing. | PH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-2. |

| Finding | CAP Evaluation Outcome |
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| <p><u>NEUROLOGY CLINIC</u></p> <p>PH-4: In 3 of 12 records reviewed, the baseline information was incomplete or missing.</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 |
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| <p><u>ONCOLOGY CLINIC</u></p> <p>PH-7: In 1 of 3 records reviewed, there was no evidence of influenza vaccine or refusal.</p> | <p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 6 inmate records revealed the following deficiencies:</p> <p>PH-11: In 2 of 2 applicable records, there was no evidence that the correct number of doses of Isoniazid (INH) medication was given.</p> <p>PH-12: In 1 of 1 applicable record, there was no evidence that the inmate was seen by the clinician at the completion of therapy.</p> <p>PH-13: In 1 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-14: In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</p> | <p>PH-11 & 12 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to this finding during the monitoring period. Institutional staff will continue to monitor. PH-11 & PH-12 will remain open.</p> <p>PH-13 & PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 & PH-14.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>INFIRMARY CARE</u></p> <p>PH-16: In 1 of 5 applicable records (14 reviewed), there was no evidence of a completed discharge summary by the discharge nurse for an inmate in observation status.</p> | <p>PH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-16 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>CONSULTATIONS</u></p> <p>PH-20: In 5 of 16 records reviewed, the new diagnosis was not reflected on the problem list.</p> | <p>PH-20 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-20 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>PH-21: In 4 of 15 applicable records, the periodic screening was incomplete.</p> <p>PH-22: In 5 of 15 applicable records, all required diagnostic tests were not completed prior to the periodic screening encounter.</p> <p>PH-23: In 4 of 15 applicable records, there was no evidence that health education was provided.</p> | <p>PH-21 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-21 will remain open.</p> <p>PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-22.</p> |

| Finding | CAP Evaluation Outcome |
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| | <p>PH-23 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-23 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>INFIRMARY CARE</u></p> <p>CF-1: In 3 of 3 records reviewed, protocols for the admission and care of inmates in 23 hour observation status were not followed (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 the first record, there were no clinician orders for the observation and care of the inmate. Additionally, an order written on the second day of infirmary observation indicated that the inmate was to remain in 23 hour observation status. According to Department policy, inmates requiring additional care are to be admitted into the infirmary under inpatient status. In the second record, there were no clinician orders for the observation and care of the inmate and no vital signs recorded. In the last record, there were no discharge orders written by the clinician. Lastly, the 23 hour observation nursing forms (DC4-732B) were incomplete in all three records examined.

II. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 4 of 20 mental health findings were corrected. Sixteen mental health findings will remain open.

| Finding | CAP Evaluation Outcome |
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| <p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-7: In 1 record, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-8: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p> | <p>MH-7 & MH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-7 & MH-8 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>SPECIAL HOUSING</u></p> <p>MH-12: In 2 of 6 applicable records (14 reviewed), psychotropic medications ordered were not continued as directed while the patient was held in special housing.</p> | <p>MH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-12 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> | <p>MH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of</p> |

| Finding | CAP Evaluation Outcome |
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| <p>MH-13: In 3 of 9 applicable records, the physician's admission note was not completed within 24 hours of admission.</p> <p>MH-15: In 8 records, physician's orders were not dated, timed, and/or stamped.</p> <p>MH-16: In 7 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-19: In 4 of 15 applicable records, informed consents were not present or appropriate for the medication prescribed.</p> <p>MH-22: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-24: In 4 of 5 applicable records, the rationale for an emergency treatment order (ETO) of medication was not documented and/or not clinically appropriate.</p> <p>MH-25: In 5 of 6 applicable records, the ETO was not accompanied by a physician's order specifying the medication as an ETO or a verbal ETO was not signed by the physician within 24 hours.</p> <p>MH-27: In 3 of 6 applicable records, the ETO medication was not administered in the least restrictive manner.</p> | <p>compliance had not been reached. MH-13 will remain open.</p> <p>MH-15 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-15 will remain open.</p> <p>MH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-16 will remain open.</p> <p>MH-19 & MH-22 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-19 & MH-22 will remain open.</p> <p>MH-24, MH-25, & MH-27 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-24, MH-25, & MH-27.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 inpatient records revealed the following deficiencies:</p> | <p>MH-28 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an</p> |

| Finding | CAP Evaluation Outcome |
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| <p>MH-28: In 15 of 16 applicable records, vital signs were not taken daily for 5 days for new admissions.</p> <p>MH-31: In 10 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-33: In 10 records, the “Inpatient Daily Nursing Evaluation” was not completed as required.</p> <p>MH-34: In 16 records, vital signs were not recorded as required.</p> <p>MH-35: In 17 records, weight was not recorded weekly as required.</p> | <p>acceptable level of compliance had not been reached. MH-28 will remain open.</p> <p>MH-31 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-31 will remain open.</p> <p>MH-33 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-33 will remain open.</p> <p>MH-34 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-34 will remain open.</p> <p>MH-35 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-35 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-38: In 11 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-39: In 1 of 3 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in 1 month.</p> <p>MH-42: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-43: In 3 of 7 applicable records, AIMS were not administered within the appropriate time frame.</p> | <p>MH-38 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-38 will remain open.</p> <p>MH-39 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-39.</p> <p>MH-42 & MH-43 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-42 & MH-43 will remain open.</p> |

IV. Conclusion

PH-2, PH-4, PH-7, PH-13, PH-14, & PH-22 will close and all other physical health portions will remain open. Additionally, CF-1 was added for in-service training, monitoring, and corrective action. MH-24, MH-25, MH-27, & MH-39 will close and all other mental health findings will remain open. Until such time as appropriate corrective actions are undertaken by LAKCI 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.