

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

LAKE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 6-8, 2018

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

CLINICAL SURVEYORS

Marcellus Taylor, PhD
Pat Meeker, RN

CAP Assessment Distributed on September 6, 2018

CAP Assessment of Lake Correctional Institution

I. Overview

On February 27–March 1, 2018, 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 March 30, 2018. In April 2018, 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 February 2018 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

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 staff conducted an on-site CAP assessment on August 28, 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 24 of 30 physical health findings were corrected. Six physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-1: In 14 records, there was no evidence of an appropriate physical examination.</p> <p>PH-2: In 3 records, there was no evidence that CD4 and HIV viral loads were completed as required.</p>	<p>PH-1 & PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1 & PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-3: In 2 of 10 applicable records (13 reviewed), there was no evidence that abnormal labs were addressed in a timely manner.</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>RESPIRATORY CLINIC</u></p> <p>PH-4: In 8 of 15 records reviewed, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</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>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>PH-5: In 1 record, the diagnosis was not recorded on the problem list.</p> <p>PH-6: In 1 record, there was no evidence of initial and ongoing education.</p> <p>PH-7: In 1 record, there was no evidence of monthly nursing follow-up.</p> <p>PH-8: In 4 records, there was no evidence that AST/ALT labs were completed as ordered.</p> <p>PH-9: In 1 record, there was no evidence that the inmate was given the correct number of doses of INH.</p>	<p>PH-5, PH-6, & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5, PH-6, & PH-7.</p> <p>PH-8 & PH-9 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-8 & PH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-10: In 2 of 9 applicable records, there was no evidence that a referral was made to a higher level of care when indicated.</p> <p>PH-11: In 1 of 3 records, there was no evidence of immediate response by medical staff to a potentially life-threatening condition</p>	<p>PH-10 & PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10 & PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-12: In 2 of 7 applicable records (18 reviewed), there was no evidence that follow-up occurred timely.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY CARE</u></p> <p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-13: In 9 records, there was no evidence that all orders were received and implemented.</p> <p>PH-14: In 8 of 8 applicable records, the nursing discharge note was incomplete or missing.</p> <p>PH-15: In 1 of 2 applicable outpatient records, there was no evidence nursing evaluations were completed at the required intervals.</p>	<p>PH-13 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-13 will remain open.</p> <p>PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p>

Finding	CAP Evaluation Outcome
<p>PH-16: In 3 of 8 applicable inpatient records, there was no evidence nursing evaluations were completed at the required intervals.</p> <p>PH-17: In 4 of 8 applicable records, there was no evidence of clinician rounds as required.</p> <p>PH-18: In 5 of 8 applicable records, there was no evidence of weekend/holiday phone rounds by clinician as required.</p> <p>PH-19: In 2 of 5 applicable records, there was no evidence of a discharge summary completed within 72 hours of discharge.</p>	<p>PH-15 & PH-16 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-15 & PH-16 will remain open.</p> <p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p> <p>PH-18 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-18 will remain open.</p> <p>PH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-20: In 1 of 2 applicable records (17 reviewed), there was no evidence that the alternative treatment plan (ATP) was implemented.</p>	<p>PH-20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-21: In 5 of 16 records reviewed, there was no evidence that the clinician reviewed the medical record within 7 days of arrival.</p>	<p>PH-21 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-22: There was no evidence that necessary equipment was available and in working order.</p>	<p>PH-22 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-22.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-23: In 6 of 17 applicable records, dental appointments were not completed timely.</p> <p>PH-24: In 2 of 7 applicable records, there was no evidence that follow-up appointments needed for sick call or routine care were completed timely and/or adequately.</p> <p>PH-25: In 2 of 7 applicable records, there was no evidence that consultation or specialty services were performed in a timely manner.</p>	<p>PH-23, PH-24, & PH-25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-23, PH-24, & PH-25.</p>

Finding	CAP Evaluation Outcome
<p><u>PHARMACY</u></p> <p>A tour of the pharmacy revealed the following deficiencies:</p> <p>PH-26: There was no evidence that the narcotic count was conducted as required.</p> <p>PH-27: There was no evidence that out of date controlled substances were labeled as expired and segregated from other medications.</p> <p>PH-28: There was no evidence of a stock level perpetual inventory sheet for each pharmaceutical storage area</p>	<p>PH-26, PH-27, & PH-28 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-26, PH-27, & PH-28.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-29: There was no evidence the medical isolation room was inspected as required.</p> <p>PH-30: Procedures to access sick call services and pill line schedules were not posted in A-dorm.</p>	<p>PH-29 & PH-30 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-29 & PH-30.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 20 of 31 mental health findings were corrected. Eleven mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 23 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 12 records, there was no evidence of a thorough assessment prior to placement in SHOS.</p> <p>MH-2: In 3 of 4 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-3: In 12 records, the daily nursing evaluation was incomplete or missing.</p>	<p>MH-1, MH-2, & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, & MH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 10 use of force episodes revealed the following deficiencies:</p> <p>MH-4: In 4 of 9 applicable records, there was no evidence of a written referral by physical health staff to mental health.</p> <p>MH-5: In 2 of 9 applicable records, 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-4 & MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 & MH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-6: In 7 of 17 records reviewed, there was no evidence that the inmate’s history of suicide attempts and self-injurious behaviors were assessed.</p>	<p>MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-7: In 4 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p>MH-8: In 2 of 3 applicable records, there was no evidence of appropriate follow-up when problems in adjustment were identified.</p>	<p>MH-7 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-7 will remain open.</p> <p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHIATRIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p>MH-9: In 1 of 1 applicable records, there was no evidence that abnormal labs were addressed timely.</p> <p>MH-10: In 4 of 14 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p>MH-11: In 8 records, the inmate did not</p>	<p>MH-9 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-9 will remain open.</p> <p>MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p>

Finding	CAP Evaluation Outcome
<p>receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-12: In 7 of 8 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-13: In 7 of 8 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-14: In 2 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frames.</p>	<p>MH-11 & MH-12 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-11 & MH-12 will remain open.</p> <p>MH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-13 will remain open.</p> <p>MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 19 inmate records revealed the following deficiencies:</p> <p>MH-15: In 2 of 9 applicable records, there was no evidence the clinician reviewed the health record within 7 days.</p> <p>MH-16: In 2 of 9 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>MH-17: In 2 of 9 applicable records, the mental health screening evaluation did not include the required components.</p>	<p>MH-15 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-15 will remain open.</p> <p>MH-16, MH-17, MH-18, & MH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16, MH-17, MH-18, & MH-19.</p>

Finding	CAP Evaluation Outcome
<p>MH-18: In 1 of 1 applicable record, the Individualized Service Plan (ISP) was not completed within 30 days of initiation of mental health services.</p> <p>MH-19: In 9 records, the ISP was not signed by all relevant parties.</p> <p>MH-20: In 2 of 10 applicable records, the ISP was not reviewed and revised at 180-day intervals.</p> <p>MH-21: In 6 records, mental health problems were not listed on the Problem List.</p>	<p>MH-20 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-20 will remain open.</p> <p>MH-21 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-22: In 2 of 5 applicable records, an approved Drug Exception Request (DER) was not completed.</p> <p>MH-23 In 3 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-24: In 2 of 6 applicable records, informed consents for medications were not present or complete.</p>	<p>MH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22.</p> <p>MH-23 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-23 will remain open.</p> <p>MH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-24.</p>

Finding	CAP Evaluation Outcome
<p>MH-25: In 5 of 9 applicable records, the emergency treatment order (ETO) was not complete.</p>	<p>MH-25 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-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> <p>MH-26: In 5 records, a risk assessment for violence was not completed as required.</p> <p>MH-27 In 13 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-28: In 10 records, nursing evaluations were not documented or completed as required.</p>	<p>MH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-26.</p> <p>MH-27 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-27 will remain open.</p> <p>MH-28 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-28.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 7 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-29: In 4 records, consent to release information for continuity of care was missing or not completed within 30 days of EOS.</p> <p>MH-30: In 1 of 1 applicable record, assistance with Social Security benefits was not provided for inmates who met the criteria.</p>	<p>MH-29 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-29 will remain open.</p> <p>MH-30 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-28.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-31: The system for filing SHOS observation checklists was inadequate.</p>	<p>MH-31 CLOSED</p> <p>Adequate documentation of correction was provided to close MH-31.</p>

IV. Conclusion

The following physical health findings will remain open: PH-8, PH-9, PH-13, PH-15, PH-16, & PH-18. All other physical health portions will close.

The following mental health findings will remain open: MH-7, MH-9, MH-11, MH-12, MH-13, MH-15, MH-20, MH-23, MH-25, MH-27, & MH-29. All other mental health portions will close.

Until 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.