

**FOURTH 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 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. The CAP closure files revealed sufficient evidence to determine that 6 of 12 physical health findings and 4 of 20 mental health findings were corrected. Additionally, one physical health finding was added for in-service training, monitoring, and corrective action.

On September 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 assessment on September 29, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 6 physical health findings and 3 of 16 mental health findings were closed. Additionally, one mental health finding was added for in-service training, monitoring, and corrective action.

On February 9, 2016, 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 March 3, 2016 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 5 of the 7 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<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-11 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-11 will remain open.</p> <p>PH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

Finding	CAP Evaluation Outcome
<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 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>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-23: In 4 of 15 applicable records, there was no evidence that health education was provided.</p>	<p>PH-21 & PH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21 & PH-23.</p>

Finding	CAP Evaluation Outcome
<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.</p>	<p>CF-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

II. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 5 of 14 mental health findings were corrected. Nine mental health findings will remain open.

Finding	CAP Evaluation Outcome
<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-7 & MH-8 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 reached. MH-7 & MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-8: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p>	

Finding	CAP Evaluation Outcome
<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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> <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-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</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 reached. MH-15 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 inpatient records revealed the following deficiencies:</p> <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>MH-28, MH-31, MH-33, MH-34, & MH-35 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 reached. MH-28, MH-31, MH-33, MH-34, & MH-35 will remain open.</p>

Finding	CAP Evaluation Outcome
<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-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 an acceptable level of compliance had not been reached. MH-38 will remain open.</p> <p>MH-42 & MH-43 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-42 & MH-43.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>CF-2: In 3 of 10 inpatient records reviewed, daily nursing assessments were not completed according to protocol.</p>	<p>CF-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-2.</p>

III. Conclusion

PH-16, PH-20, PH-21, PH-23, & CF-1 will close and all other physical health portions will remain open. MH-12, MH-13, MH-42, MH-43, & CF-2 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.