

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

of

LAKE CORRECTIONAL INSTITUTION

for the

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

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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. The CAP closure files revealed sufficient evidence to determine that 5 of 7 physical health findings and 5 of 14 mental health findings were corrected.

On May 12, 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 June 27, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 2 physical health findings and 1 of 9 mental health findings were corrected.

On September 21, 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 October 4, 2016. The CAP closure files revealed sufficient evidence to determine that 2 of 2 physical health findings and 3 of 8 mental health findings were corrected.

On February 17, 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 assessment on March 30, 2017. 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

All physical health findings were closed on the sixth CAP assessment.

II. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 1 of 5 mental health findings were corrected. Four mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-7: In 1 of 4 records reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</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-28, MH-31, MH-34, & 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-28, MH-31, MH34, & MH-35 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>MH-31: In 10 records, the required hours of planned structured therapeutic services were not provided.</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>	

III. Conclusion

All physical health portions are closed. MH-7 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.