

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

of

**LAKE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted February 27–March 1, 2018

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## 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. The CAP closure items revealed sufficient evidence to determine that 24 of 30 physical health findings and 20 of 31 mental health findings were corrected.

On November 9, 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 December 6, 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 6 of 6 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 4 records, there was no evidence that AST/ALT labs were completed as ordered.</b></p> <p><b>PH-9: In 1 record, there was no evidence that the inmate was given the correct number of doses of INH.</b></p>	<p><b>PH-8 &amp; PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 &amp; PH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY CARE</u></b></p> <p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p><b>PH-13: In 9 records, there was no evidence that all orders were received and implemented.</b></p> <p><b>PH-15: In 1 of 2 applicable outpatient records, there was no evidence nursing evaluations were completed at the required intervals.</b></p> <p><b>PH-16: In 3 of 8 applicable inpatient records, there was no evidence nursing evaluations were completed at the required intervals.</b></p> <p><b>PH-18: In 5 of 8 applicable records, there was no evidence of weekend/holiday phone rounds by clinician as required.</b></p>	<p><b>PH-13, PH-15, PH-16, &amp; PH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13, PH-15, PH-16, &amp; PH-18.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 5 of 11 mental health findings were corrected. Six mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-7: In 4 of 12 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</b></p>	<p><b>MH-7 OPEN</b></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>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHIATRIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p><b>MH-9:</b> In 1 of 1 applicable records, there was no evidence that abnormal labs were addressed timely.</p> <p><b>MH-11:</b> In 8 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p><b>MH-12:</b> In 7 of 8 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p><b>MH-13:</b> 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><b>MH-9 &amp; MH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 &amp; MH-11.</p> <p><b>MH-12 &amp; MH-13 OPEN</b></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-12 &amp; MH-13 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p>A comprehensive review of 19 inmate records revealed the following deficiencies:</p> <p><b>MH-15:</b> In 2 of 9 applicable records, there was no evidence the clinician reviewed the health record within 7 days.</p> <p><b>MH-20:</b> In 2 of 10 applicable records, the ISP was not reviewed and revised at 180-day intervals.</p>	<p><b>MH-15 &amp; MH-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15 &amp; MH-20.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 14 inpatient records revealed the following deficiencies:</b></p> <p><b>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.</b></p> <p><b>MH-25: In 5 of 9 applicable records, the emergency treatment order (ETO) was not complete.</b></p>	<p><b>MH-23 &amp; MH-25 OPEN</b></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>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-27: In 13 of 17 records reviewed, the required hours of planned structured therapeutic services were not provided.</b></p>	<p><b>MH-27 OPEN</b></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>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>MH-29: In 4 of 7 records reviewed, consent to release information for continuity of care was missing or not completed within 30 days of EOS.</b></p>	<p><b>MH-29 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-29.</p>

#### **IV. Conclusion**

The following physical health findings will close: PH-8, PH-9, PH-13, PH-15, PH-16, & PH-18. All physical health findings are closed.

The following mental health findings will close: MH-9, MH-11, MH-15, MH-20 & MH-29. All other mental health portions will remain open.

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.