

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

of

LANCASTER CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted May 9-11, 2017

CMA STAFF

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CAP Assessment Distributed on March 30, 2018

CAP Assessment of Lancaster Correctional Institution

I. Overview

On May 9-11, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lancaster Correctional Institution (LANCI). The survey report was distributed on June 5, 2017. In July 2017, LANCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the May 2017 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 November 19, 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 CAP assessment on November 30, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 9 of 12 physical health findings and 2 of 3 mental health findings were corrected.

On February 26, 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 off-site CAP assessment on March 29, 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 2 of the 3 physical health findings were corrected. One physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: In 3 of 11 applicable records (12 reviewed), there was no evidence of hepatitis A vaccination or refusal.</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>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: In 1 record of 1 records reviewed, there was no evidence of influenza vaccination or refusal.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>PH-10: In 3 of 8 records reviewed, there was no evidence that all diagnostic tests were completed as required.</p>	<p>PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. PH-10 will remain open.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 0 of 1 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>MH-1: The guidelines for SHOS management were not observed.</p>	<p>MH-1 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-1 will remain open.</p>

IV. Conclusion

One physical health finding will remain open and all other portions will close. One mental health finding will remain open and all other portions will close.

Until such time as 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 off-site evaluation, but the option remains open to conduct an on-site visit.