

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

LANCASTER CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted September 21-23, 2021

CMA STAFF

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I. Overview

On September 21-23, 2021, 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 October 26, 2021. In November 2021, 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 LANCI 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. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

Summary of CAP Assessments for Lancaster Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/29/22	5/7/22	Off-site	26	9	17

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 9 physical health findings were corrected. All physical health findings are closed.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>CARDIOVASCULAR CLINIC</u> PH-1: In 4 records, there was no evidence of pneumococcal vaccination or refusal.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
PH-2: In 4 records, there was no evidence of influenza vaccination or refusal.	X				
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-3: In 2 of 7 records reviewed, there was no evidence of a referral to a specialist when indicated.</p>	X				
<p><u>ONCOLOGY CLINIC</u></p> <p>PH-4: In 1 of 2 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-5: In 1 of 2 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><u>CONSULTATIONS</u></p> <p>PH-6: In 4 of 18 records, the diagnosis was not reflected on the problem list.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>MEDICATION ADMINISTRATION</u></p> <p>PH-7: In 12 of 12 records reviewed, there was no evidence medication orders were signed, dated, and/or timed by the clinician.</p>	X				
<p><u>PILL LINE ADMINISTRATION</u></p> <p>PH-8: Medical personnel did not wash their hands prior to beginning the pill line.</p>	X				
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-9: There was no evidence that out-of-date medications were segregated.</p>	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 8 of the 17 mental health findings were corrected. Nine mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>SELF-INJURY AND SUICIDE PREVENTION (SHOS)</u></p> <p>MH-1: In 3 records, inmates were not observed at the frequency ordered by the clinician.</p>		X			
<p>MH-2: In 1 of 5 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	X				
<p>MH-3: In 4 of 5 applicable records, the Individualized Service Plan (ISP) was not revised within 14 days of discharge.</p>		X			
<p><u>USE OF FORCE</u></p> <p>MH-4: In 1 record, a written referral to mental health by physical health staff was not present.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-5: In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.		X			
MH-6: In 1 record, the progress note did not include the inmate's condition, clinical changes, or medication refusals or adjustments.		X			
<p style="text-align: center;"><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-7: In 5 records, the psychological emergency was not responded to within 1 hour</p>	X				
MH-8: In 1 out of 2 applicable records, there was no evidence follow-up occurred timely.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>INMATE REQUESTS</u></p> <p>MH-9: In 3 of 12 applicable records (14 reviewed), an interview or referral did not occur as intended in response to an inmate request.</p>	X				
<p><u>SPECIAL HOUSING</u></p> <p>MH-10: In 4 of 9 records reviewed, the initial mental status examination (MSE) was not completed as required.</p>	X				
<p><u>OUTPATIENT MH SERVICES</u></p> <p>MH-11: In 4 records, nursing staff did not review the record within 24 hours of the inmate's arrival to ensure there were no delays in medication or treatment.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-13: In 4 of 9 applicable records, the Individualized Service Plan (ISP) was not updated within 30 days of receiving S-2 or S-3 grade at this institution.		X			
MH-14: In 4 records, the ISP was not individualized and/or did not contain required components.		X			
<p><u>AFTERCARE PLANNING</u></p> <p>MH-15: In 4 of 12 records reviewed, aftercare plans were not addressed on the ISP for inmates within 180 days of end of sentence.</p>		X			
<p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-16: Outpatient therapeutic groups were not provided to meet the needs of the inmate population.</p>		X			

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-17: There was no evidence that a " <i>Mental Health Emergency Log</i> " (DC4-781A) was maintained.	X				

IV. Conclusion

Physical Health-Main Unit

All physical health findings will close.

Mental Health-Main Unit

The following mental health findings will close: MH-2, MH-4, MH-7, MH-8, MH-9, MH-10, MH-11, MH-12, and MH-17. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by LANCI 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.