

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

LIBERTY CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted April 11-13, 2023

CMA STAFF

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I. Overview

On April 11-13, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Liberty Correctional Institution (LIBCI). The survey report was distributed on May 15, 2023. In June 2023, LIBCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the LIBCI 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 Liberty Correctional Institution

| CAP # | CAP Assessment Date | Total # Survey Findings | Total # Open Findings | Total # Findings Closed |
|-------|---------------------|-------------------------|-----------------------|-------------------------|
| 1 | 10/30/23 | 9 | 2 | 7 |

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 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 |
|---|--------|---|---|---|---|
| General Chronic Illness Clinic: Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician | | X | | | |
| Oncology Chronic Illness Clinic: Screen 2: There is evidence of an appropriate physical examination | 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 |
|--|---------------|--|--|--|--|
| <u>Consultations:</u> Screen 3: The consultation is completed in a timely manner as dictated by the clinical needs of the inmate | | X | | | |
| <u>Medication And Vaccination Administration:</u> Screen 1: The inmate receives medications as prescribed | X | | | | |
| Screen 4: There is evidence of pneumococcal vaccination or refusal | X | | | | |
| Screen 5: There is evidence of influenza vaccination or refusal | X | | | | |
| <u>PREA Medical Review:</u> Screen 8: The inmate is evaluated by mental health by the next working day | X | | | | |

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 mental health findings were corrected. All mental 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>Self-Injury and Suicide Prevention</u> <u>Review:</u> Screen 3: Guidelines for SHOS management are observed | X | | | | |
| Screen 4: The inmate is observed at the frequency ordered by the clinician | X | | | | |

IV. Conclusion

Until appropriate corrective actions are undertaken by LIBCI 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.