

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LIBERTY CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted March 11 – 12, 2015

**CMA STAFF**

Kathy McLaughlin, BS  
Matthew Byrge, LCSW

CAP Assessment Distributed on August 6, 2015

## CAP Assessment of Liberty Correctional Institution

### I. Overview

On March 11-12, 2015, 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 March 30, 2015. In April 2015, 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 March 2015 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 July 6, 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 July 31, 2015 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 10 of the 15 physical health findings were corrected. Five physical health findings will remain open.

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 4 of 15 records reviewed, baseline data was incomplete or missing.</b></p> | <p><b>PH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-1 will remain open.</p> |

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>CARDIOVASCULAR CLINIC</u></b></p> <p><b>PH-2: In 5 of 18 records reviewed, there was no evidence of influenza vaccine or refusal.</b></p> | <p><b>PH-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no records that were applicable to this finding during the monitoring period as the vaccine is only available seasonally. Institutional staff will continue to monitor. PH-2 will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 17 inmate records revealed the following deficiencies:</b></p> <p><b>PH-3: In 4 of 16 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-4: In 5 records, there was no evidence of influenza vaccine or refusal.</b></p> | <p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p> <p><b>PH-4 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no records that were applicable to this finding during the monitoring period as the vaccine is only available seasonally. Institutional staff will continue to monitor. PH-4 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>PH-5: In 4 of 14 records reviewed, there was no evidence that hepatitis A &amp; B vaccines were given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p> | <p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-6: In 2 of 10 records reviewed, the evaluation of the control of the disease and patient status was not documented at each CIC visit.</b></p> | <p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>INFIRMARY</u></b></p> <p><b>PH-7: In 3 of 10 applicable records (17 reviewed), there was no evidence weekend telephone orders were countersigned by the clinician.</b></p> | <p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-8: In 6 of 13 records reviewed, the diagnosis was not recorded on the problem list.</b></p> | <p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-9: In 4 of 15 records reviewed, the periodic screening did not include all required elements.</b></p> | <p><b>PH-9 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-9 will remain open.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>DENTAL SYSTEMS</u></b></p> <p><b>PH-10: There was no evidence that all equipment was in working order.</b></p> | <p><b>PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p> |

| Finding   | CAP Evaluation Outcome   |
|---|--|
| <p><b><u>DENTAL CARE</u></b></p> <p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p><b>PH-11:</b> In 8 records, there was no evidence that the DC4-734 “Dental Health Questionnaire” was complete, current, and/or signed and stamped by the dentist.</p> <p><b>PH-12:</b> In 5 records, there was no evidence of an accurate diagnosis and appropriate treatment plan.</p> | <p><b>PH-11 &amp; 12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11 &amp; 12.</p> |

| Finding   | CAP Evaluation Outcome  |
|---|---|
| <p><b><u>INSTITUTIONAL TOUR</u></b></p> <p>A tour of the facility revealed the following deficiencies:</p> <p><b>PH-13:</b> The over-the-counter medications count did not match what was recorded on the inventory logs.</p> <p><b>PH-14:</b> Monthly inspection tags were not current on all first aid kits in the dorm areas.</p> <p><b>PH-15:</b> There was water on the floor in I-dorm in the entry area as well as in the exam room.</p> | <p><b>PH-13 &amp; 14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 &amp; 14.</p> <p><b>PH-15 OPEN</b></p> <p>The necessary repairs are still in progress; therefore PH-15 will remain open.</p> |

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 5 of 8 mental health findings were corrected. Three mental health finding will remain open.

| Finding  | CAP Evaluation Outcome  |
|--|---|
| <p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 10 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 of 4 applicable records, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-2: In 9 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-3: In 2 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</b></p> | <p><b>MH-1, MH-2, &amp; MH-3 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-1, MH-2, &amp; MH-3 will remain open.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-4: In 4 of 12 records reviewed, a DC4-663 “Consent and Authorization for Use and Disclosure, Inspection, and Release of Confidential Information,” was not signed or valid prior to conducting an interview with the inmate.</b></p> | <p><b>MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>MH-5: In 5 of 10 outpatient records reviewed, the Individual Service Plan (ISP) lacked pertinent information.</b></p> | <p><b>MH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p> |

| Finding  | CAP Evaluation Outcome   |
|--|--|
| <p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-6: There was no documentation indicating the clinical staff received 12 hours of relevant in-service training annually.</b></p> <p><b>MH-7: There was no documentation indicating staff (medical, nursing and mental health) received annual training on psychiatric restraints.</b></p> <p><b>MH-8: Paint was peeling from the walls of an Isolation Management Room (IMR).</b></p> | <p><b>MH-6, MH-7, &amp; MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6, MH-7, &amp; MH-8.</p> |

#### **IV. Conclusion**

Physical health findings PH-1, PH-2, PH-4, PH-9, and PH-15 remain open and all other physical health findings will close. Mental health findings MH-1, MH-2, and MH-3 will remain open and all other mental health findings 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 on-site visit.