

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT
of
LIBERTY CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted July 31-August 2, 2018

CMA STAFF

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I. Overview

On July 31 – August 2, 2018, 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 August 30, 2018. In September 2018, 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 July/August 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.

Summary of CAP Assessments for Baker Correctional Institution

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	Location	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	1/7/19	1/28/19	Off-site	5	0	5

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 4 of the 4 physical health findings were corrected. All physical health findings are closed.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Endocrine Clinic Record Review</u> PH-1: In 6 of 14 applicable records, there was no evidence of an annual fundoscopic examination.	x					
<u>Endocrine Clinic Record Review</u> PH-2: In 3 of 15 applicable records, there was no evidence of pneumococcal vaccination or refusal.	x					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Neurology Clinic Record Review</u></p> <p>PH-3: In 4 of 10 applicable records (12 reviewed), there was no evidence that laboratory studies were completed as required.</p>	x					
<p><u>Institutional Tour</u></p> <p>PH-4: Over-the-counter medications were not logged correctly in all dorms.</p>	x					

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of 1 mental health finding was corrected. All mental health findings are closed.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Outpatient Mental Health Services</u> MH-1: In 2 of 10 records reviewed, the S-grade in OBIS did not match the S-grade in the record.	x					

IV. Conclusion

All findings as a result of the July/August 2018 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.