

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LOWELL CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted February 18 -19, 2015

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## CAP Assessment of Lowell Correctional Institution

### I. Overview

On February 18 - 19, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lowell Correctional Institution (LOWCI). The survey report was distributed on March 26, 2015. In April of 2015, LOWCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the February 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 27, 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 August 26 & 27, 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

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 22 of the 46 physical health findings were corrected. Twenty-four physical health findings will remain open and three findings will be added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 5 of 9 chronic illness clinics (CIC) reviewed, inmates were not seen as often as the clinician determined necessary or were seen at intervals greater than 365 days.</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CARDIOVASCULAR CLINIC</u></b></p> <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p>	<p><b>PH-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of</p>

Finding	CAP Evaluation Outcome
<p><b>PH-2: In 4 of 13 applicable records, there was no evidence that abnormal laboratory results were addressed.</b></p> <p><b>PH-3: In 10 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>compliance had not been met. PH-2 will remain open.</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>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 4 records, the physical examination was incomplete or missing.</b></p> <p><b>PH-5: In 6 of 10 applicable records, there was no evidence of the annual fundoscopic examination.</b></p> <p><b>PH-6: In 2 of 7 applicable records, aspirin therapy was not initiated for inmates with vascular disease or other risk factors.</b></p> <p><b>PH-7: In 2 of 9 applicable records, ACE/ARB therapy was not initiated for diabetic inmates experiencing hypertension.</b></p> <p><b>PH-8: In 6 of 14 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-9: In 5 of 14 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	<p><b>PH-4 &amp; PH-5 OPEN</b></p> <p>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. PH-4 &amp; PH-5 will remain open.</p> <p><b>PH-6 &amp; PH-7 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-6 &amp; PH-7 will remain open.</p> <p><b>PH-8 &amp; PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 &amp; PH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p><b>PH-10: In 4 of 16 applicable records, 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-11: In 1 of 3 applicable records, there was no referral to a specialist although indicated.</b></p>	<p><b>PH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-10 will remain open.</p> <p><b>PH-11 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p><b>PH-12: In 3 records, the physical examination was incomplete.</b></p> <p><b>PH-13: In 6 of 8 applicable records, there was no evidence of hepatitis B vaccine or refusal.</b></p> <p><b>PH-14: In 4 records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p><b>PH-12, PH-13, &amp; PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12, PH-13, &amp; PH-14.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-15: In 13 of 13 applicable records (14 reviewed), seizures were not classified.</b></p>	<p><b>PH-15 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-15 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ONCOLOGY CLINIC</u></b></p> <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p><b>PH-16: In 1 record, there was no evidence of an appropriate physical examination.</b></p> <p><b>PH-17: In 2 records, the evaluation of the control of the disease and patient status was not documented.</b></p> <p><b>PH-18: In 2 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-19: In 1 record, there was no evidence of influenza vaccine or refusal.</b></p> <p><b>PH-20: In 1 record, there was no referral to a specialist although indicated.</b></p>	<p><b>PH-16 &amp; PH-17 OPEN</b></p> <p>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. PH-16 &amp; PH-17 will remain open.</p> <p><b>PH-18 &amp; PH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18 &amp; PH-19.</p> <p><b>PH-20 OPEN</b></p> <p>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. PH-20 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-21: In 5 of 17 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p><b>PH-21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p>	<p><b>PH-22, PH-23, &amp; PH-24 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an</p>

Finding	CAP Evaluation Outcome
<p><b>PH-22: In 6 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-23: In 1 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-24: In 1 of 4 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>acceptable level of compliance had not been met. PH-22, PH-23, &amp; PH-24 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CARE</u></b></p> <p><b>PH-25: In 2 of 7 applicable records (17 reviewed), there was no evidence follow-up visits with the clinician were conducted timely.</b></p>	<p><b>PH-25 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-25.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-26: In 3 records, there was no evidence that all orders were implemented.</b></p> <p><b>PH-27: In 5 of 10 applicable records, there was no evidence of a discharge note.</b></p> <p><b>PH-28: In 4 of 6 applicable records, there was no evidence that inmates on 23-hour observation status were evaluated within 30 minutes of admission.</b></p> <p><b>PH-29: In 5 of 6 applicable records, nursing evaluations were not documented at least every eight hours for inmates on 23-hour observation status.</b></p>	<p><b>PH-26, PH-27, PH-28, &amp; PH-29 OPEN</b></p> <p>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. PH-26, PH-27, PH-28, &amp; PH-29 will remain open.</p> <p><b>PH-30 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-30.</p>

Finding	CAP Evaluation Outcome
<p><b>PH-30: In 1 of 5 applicable records, weekend and holiday phone rounds were not documented.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-31: In 12 records, there was no evidence that that the DC4-760A “Health Information Transfer/Arrival Summary” was completed by nursing on the date of transfer.</b></p> <p><b>PH-32: In 4 of 16 applicable records, the DC4-760A “Health Information Transfer/Arrival Summary” did not contain all of the required information.</b></p> <p><b>PH-33: In 1 of 5 applicable records, the CIC visit did not take place as indicated.</b></p> <p><b>PH-34: In 5 records, there was no evidence that the clinician reviewed the health record and the DC4-760A “Health Information Transfer/Arrival Summary” within 7 days of arrival.</b></p>	<p><b>PH-31 &amp; PH-32 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-31 &amp; PH-32.</p> <p><b>PH-33 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-33 will remain open.</p> <p><b>PH-34 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-34 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-35: In 4 of 15 applicable records, there was no incidental note contained in the</b></p>	<p><b>PH-35 &amp; PH-36 OPEN</b></p> <p>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. PH-35 &amp; PH-36 will remain open.</p>

Finding	CAP Evaluation Outcome
<p>medical record that the request was received.</p> <p><b>PH-36: In 5 of 14 applicable records, there was no documentation that the interview, appointment, and/or test occurred as intended.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></b></p> <p><b>PH-37: In 1 of 1 applicable record (12 reviewed), there were disruptions in the administration of medication.</b></p>	<p><b>PH-37 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-37.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-38: In 1 of 4 applicable records (13 reviewed), there was no referral to a clinician although indicated.</b></p>	<p><b>PH-38 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-38 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS</u></b></p> <p><b>PH-39: Three of four dental operatories have been broken since October 2014.</b></p>	<p><b>PH-39 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-39.</p>



Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-40: The glucometer strips were expired.</b></p> <p><b>PH-41: The log for medical refrigerators was incomplete.</b></p>	<p><b>PH-40 &amp; PH-41 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-40 &amp; PH-41.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADDITIONAL ADMINISTRATIVE ISSUES</u></b></p> <p><b>PH-42: Medical records were disorganized.</b></p> <p><b>PH-43: Institutional transfers were not documented in the Offender Based Information System (OBIS).</b></p> <p><b>PH-44: Inmates with a history of malignancy were not followed in the oncology clinic.</b></p> <p><b>PH-45: Inmate requests were not answered for the month of December.</b></p> <p><b>PH-46: Wait times for optometry services were lengthy.</b></p>	<p><b>PH-42 &amp; PH-43 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-42 &amp; PH-43.</p> <p><b>PH-44 OPEN</b></p> <p>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. PH-44 will remain open.</p> <p><b>PH-45 &amp; PH-46 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-45 &amp; PH-46.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINICS (CIC)</u></b></p> <p><b>CF-1: In 10 of 10 records reviewed, CIC documentation was incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-1:** *There were multiple instances of CIC documentation that was incomplete or non-compliant with Departmental standards. In many records, documentation of the physical examination did not contain all of the necessary components (e.g. documentation of the skins, nails, and feet in the Endocrine Clinic). In some records, the physical examination was marked “WNL” without specifying what areas were examined and were within normal limits. Additionally, pertinent information, including labs and current medications was frequently left off the CIC forms and “see chart” written in the corresponding areas of the document. Lastly, in seven records, the clinician did not document when the inmate was to return for her next visit.*

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>CF-2: In 4 of 8 records reviewed, consultations and/or specialty services follow-up was not completed timely (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-2:** *In the first record, an inmate with a history of melanoma developed suspicious lesions. The clinician’s note dated 7/11/15 indicated the inmate needed an “urgent” dermatology appointment. However, the consultation request was marked “routine”. The inmate was then not evaluated for almost six weeks. In the second record,*

*an inmate with a history of rectal bleeding and a family history of colon cancer was evaluated by a gastroenterologist who recommended endoscopy and colonoscopy. However, there was no evidence that the institutional clinician reviewed the consultant's treatment recommendations and the diagnostic testing was never ordered. In the third record, an inmate was evaluated by the pulmonologist on 7/17/15. The specialist indicated that the inmate should return in three weeks. However, the consultation request had not been initiated. In the last record, an abnormal mammography report dated 7/14/15 did not appear to have been evaluated by the clinician and no follow-up has been scheduled.*

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>CF-3: In 6 of 6 records reviewed, the periodic screening did not contain all of the required components (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-3:** *In two records, the diagnostic testing was incomplete. In four records, all or part of the periodic screening form was blank.*

## B. Annex

The CAP closure files revealed sufficient evidence to determine that 24 of the 55 physical health findings were corrected. Thirty-one physical health findings will remain open and one physical health finding was added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 4 records, there was no documentation of appropriate diagnosis</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p> <p><b>PH-2 OPEN</b></p>

Finding	CAP Evaluation Outcome
<p>for inclusion in the clinic on all required forms.</p> <p><b>PH-2: In 9 records, baseline information was incomplete or missing.</b></p> <p><b>PH-3: In 4 records, inmates were not seen as often as the clinician determined necessary or were seen at intervals greater than 365 days.</b></p> <p><b>PH-4: In 4 records, there was no evidence labs were available to the clinician or reviewed prior to clinic visits.</b></p> <p><b>PH-5: In 7 records, CIC forms and progress notes were not complete, legible, dated, timed, signed and/or signature stamped.</b></p>	<p>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. PH-2 will remain open.</p> <p><b>PH-3, PH-4, &amp; PH-5 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-3, PH-4, &amp; PH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-6: In 4 of 13 applicable records, there was no evidence of the annual fundoscopic examination.</b></p> <p><b>PH-7: In 4 of 9 applicable records, there was no evidence that patients with HbA1c over 8.0 were seen every 3 months.</b></p> <p><b>PH-8: In 3 of 12 applicable records, ACE/ARB therapy was not initiated for diabetic inmates experiencing hypertension.</b></p>	<p><b>PH-6, PH-7, &amp; PH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-6, PH-7, &amp; PH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p><b>PH-9: In 5 records, there was no evidence that inmates had an annual urinalysis.</b></p> <p><b>PH-10: In 9 of 12 applicable records, 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-11: In 3 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-12: In 4 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p><b>PH-9, PH-10, PH-11, &amp; PH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-9, PH-10, PH-11, &amp; PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p><b>PH-13: In 3 records, the evaluation of the control of the disease and patient status was not documented.</b></p> <p><b>PH-14: In 3 records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p><b>PH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p> <p><b>PH-14 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p><b>PH-15: In 6 records, there was no evidence of hepatitis B vaccine or refusal.</b></p> <p><b>PH-16: In 3 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p><b>PH-15 &amp; PH-16 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-15 &amp; PH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p><b>PH-17: In 7 records, seizures were not classified.</b></p> <p><b>PH-18: In 4 of 13 applicable records, there was no evidence that abnormal labs were addressed in a timely manner.</b></p>	<p><b>PH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p> <p><b>PH-18 OPEN</b></p> <p>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. PH-18 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ONCOLOGY CLINIC</u></b></p> <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p><b>PH-19: In 2 records, there was no evidence of an appropriate physical examination.</b></p> <p><b>PH-20: In 1 record, the evaluation of the control of the disease and patient status was not documented.</b></p>	<p><b>PH-19 &amp; PH-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-19 &amp; PH-20.</p> <p><b>PH-21 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records</p>

Finding	CAP Evaluation Outcome
<p><b>PH-21: In 1 record, there was no referral to a specialist although indicated.</b></p>	<p>indicated an acceptable level of compliance had not been met. PH-21 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-22: In 11 of 13 records reviewed, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</b></p>	<p><b>PH-22 OPEN</b></p> <p>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. PH-22 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>PH-23: In 4 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-24: In 4 records, there was no evidence of initial or ongoing education.</b></p> <p><b>PH-25: In 4 records, there was no documentation of monthly nursing follow-up.</b></p> <p><b>PH-26: In 3 records, there was no evidence the correct number of doses of INH were given.</b></p>	<p><b>PH-23 OPEN</b></p> <p>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. PH-23 will remain open.</p> <p><b>PH-24 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-24.</p> <p><b>PH-25 &amp; PH-26 OPEN</b></p> <p>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. PH-25 &amp; PH-26 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CLINIC</u></b></p> <p><b>PH-27: In 3 of 15 records reviewed, there was no evidence of patient education.</b></p>	<p><b>PH-27 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-28: In 5 records, there was no evidence the clinician provided complete and appropriate care orders.</b></p> <p><b>PH-29: In 6 records, there was no evidence of a discharge note.</b></p> <p><b>PH-30: In 3 records, the separate inpatient chart was incomplete.</b></p> <p><b>PH-31: In 3 records, there was no evidence that the nursing assessment was completed within 2 hours of admission.</b></p> <p><b>PH-32: In 5 records, inpatient clinician rounds were not documented as required.</b></p>	<p><b>PH-28, PH-29, &amp; PH-30 OPEN</b></p> <p>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. PH-28, PH-29, &amp; PH-30 will remain open.</p> <p><b>PH-31 &amp; PH-32 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-31 &amp; PH-32.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-33: In 3 records, there was no evidence that the consultation occurred timely.</b></p>	<p><b>PH-33 &amp; PH-34 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-33 &amp; PH-34 will remain open.</p>



Finding	CAP Evaluation Outcome
<p><b>PH-34: In 11 records, the diagnosis was not reflected on the problem list.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-35: In 6 records, there was no evidence the patient’s vital signs were taken.</b></p> <p><b>PH-36: In 2 of 6 applicable records, inmates assigned to chronic illness clinics were not seen as scheduled or as necessary upon transfer.</b></p> <p><b>PH-37: In 6 records, there was no evidence the clinician reviewed the inmate’s health record within 7 days.</b></p>	<p><b>PH-35 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-35.</p> <p><b>PH-36 &amp; PH-37 OPEN</b></p> <p>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. PH-36 &amp; PH-37 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-38: In 4 records, there was no evidence of an inmate request form in the medical record.</b></p> <p><b>PH-39: In 3 of 13 applicable records, the inmate request was not responded to in an appropriate time frame.</b></p> <p><b>PH-40: In 5 of 12 applicable records, there was no documentation that the interview, appointment, callout, and/or test occurred as intended.</b></p>	<p><b>PH-38 &amp; PH-39 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-38 &amp; PH-39.</p> <p><b>PH-40 OPEN</b></p> <p>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. PH-40 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></b></p> <p><b>PH-41: In 1 of 2 applicable records, there was no evidence of counseling after missing three consecutive doses of medications.</b></p>	<p><b>PH-41 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-41 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-42: In 3 records, the screening encounter did not occur within one month of the due date.</b></p> <p><b>PH-43: In 3 records, the screening did not include all required elements.</b></p> <p><b>PH-44: In 6 records, there was no evidence required diagnostic tests were performed 7-14 days prior to the screening.</b></p>	<p><b>PH-42 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-42 will remain open.</p> <p><b>PH-43 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-43.</p> <p><b>PH-44 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-44 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS</u></b></p> <p><b>PH-45: There was no evidence that the senior dentist or pharmacist checked and documented the expiration dates of emergency kit drugs on a monthly basis.</b></p>	<p><b>PH-45 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-45.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL CARE</u></b></p> <p><b>PH-46: In 4 of 18 records, there was no evidence of an accurate diagnosis or appropriate treatment plan.</b></p>	<p><b>PH-46 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-46.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PHARMACY SERVICES</u></b></p> <p><b>PH-47: Out-of-date controlled substances were not segregated from other medications.</b></p>	<p><b>PH-47 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-47.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-48: Personal protective equipment for universal precautions was not readily available in the exam rooms.</b></p> <p><b>PH-49: There was no evidence that the negative air pressure in the medical isolation room was checked daily.</b></p> <p><b>PH-50: Over-the-counter medication counts in the dorms did not match the number indicated on the log.</b></p> <p><b>PH-51: The dialysis room was in disarray.</b></p> <p><b>PH-52: Oxygen tanks were not stored properly.</b></p> <p><b>PH-53: The medicine room in T-dorm was in disrepair.</b></p>	<p><b>PH-48, PH-49, PH-50, PH-51, PH-52, &amp; PH-53 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-48, PH-49, PH-50, PH-51, PH-52, &amp; PH-53.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADDITIONAL ADMINISTRATIVE ISSUES</u></b></p> <p><b>PH-54: Medical records were disorganized.</b></p> <p><b>PH-55: Offender Based Information System (OBIS) appointments in all areas were often inaccurate with no mechanism to ensure follow-up or rescheduling for missed appointments.</b></p>	<p><b>PH-54 &amp; PH-55 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-54 &amp; PH-55.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINICS (CIC)</u></b></p> <p><b>CF-1: In 10 of 10 records reviewed, the physical examinations did not contain all of the required components (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-1:** *The requirements for physical examinations are outlined in the Health Services Bulletins that govern the chronic illness clinics and each physical examination varies by disease state. In all of the records above, the physical examination was incomplete.*

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 21 of 28 mental health findings were corrected. Seven mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>A comprehensive review of 4 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 record, a post use of force exam was not present.</b></p> <p><b>MH-2: In 2 of 3 applicable records, the post use of force physical exam was not completed in its entirety.</b></p> <p><b>MH-3: In 4 records, a written referral to mental health by physical health staff was not present.</b></p> <p><b>MH-4: In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p>	<p><b>MH-1 &amp; MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 &amp; MH-2.</p> <p><b>MH-3 OPEN</b></p> <p>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. MH-3 will remain open.</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>MENTAL HEALTH INMATE REQUESTS</u></b></p> <p><b>A comprehensive review of 18 inmate requests revealed the following deficiencies:</b></p> <p><b>MH-5: In 2 of 6 records, a copy of the inmate request form was not present.</b></p> <p><b>MH-6: In 3 of 14 applicable records, the identified request was not responded to within 10 days or less.</b></p>	<p><b>MH-5, MH-6, &amp; MH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5, MH-6, &amp; MH-7.</p>

Finding	CAP Evaluation Outcome
MH-7: In 4 of 12 applicable records, not all entries were dated, timed, signed and/or stamped.	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 19 outpatient records revealed the following deficiencies:</p> <p><b>MH-8:</b> In 8 of 13 applicable records, follow-up lab tests were not completed as required.</p> <p><b>MH-9:</b> In 5 records, clinician’s orders were not dated, timed, and/or stamped.</p> <p><b>MH-10:</b> In 12 records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record.</p> <p><b>MH-11:</b> In 3 of 15 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p><b>MH-12:</b> In 1 of 3 applicable records, there was no DC4-711A “Refusal of Health Care Services” after 3 consecutive medication refusals or 5 in one month.</p> <p><b>MH-13:</b> In 7 records, informed consents were not present or did not reflect information relevant to the medication prescribed.</p> <p><b>MH-14:</b> In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-15:</b> In 6 of 9 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p><b>MH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-8 will remain open.</p> <p><b>MH-9 &amp; MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 &amp; MH-10.</p> <p><b>MH-11 &amp; MH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-11 &amp; MH-12 will remain open.</p> <p><b>MH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p> <p><b>MH-14 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
	<p><b>MH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-16:</b> In 7 of 14 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p><b>MH-17:</b> In 4 of 14 applicable records, the initial mental health screening evaluation or Individualized Service Plan (ISP) was not updated.</p> <p><b>MH-18:</b> In 1 of 4 applicable records, the initial ISP was not completed within 30 days of initiating mental health services.</p> <p><b>MH-19:</b> In 5 of 15 applicable records, the ISP was not signed by a member or members of the multidisciplinary treatment team (MDST) and/or inmate or a refusal was not documented on form DC4-711A.</p> <p><b>MH-20:</b> In 3 of 13 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p><b>MH-21:</b> In 4 records, mental health problems were not recorded on the problem list.</p>	<p><b>MH-16, MH-17, &amp; MH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16, MH-17, &amp; MH-18.</p> <p><b>MH-19 &amp; MH-20 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-19 &amp; MH-20 will remain open.</p> <p><b>MH-21 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>A comprehensive review of 18 records of S3 inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-22: In 9 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</b></p> <p><b>MH-23: In 1 of 4 applicable records, the DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of EOS.</b></p> <p><b>MH-24: In 1 of 3 applicable records, assistance with Social Security benefits was not provided within 90 days of EOS.</b></p>	<p><b>MH-22, MH-23, &amp; MH-24 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22, MH-23, &amp; MH-24.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADDITIONAL ADMINISTRATIVE ISSUES</u></b></p> <p><b>MH-25: Episodes of SHOS and psychological emergencies were not kept on the correct logs.</b></p> <p><b>MH-26: Sex Offender groups were not conducted for inmates on the waiting list and within two years EOS.</b></p> <p><b>MH-27: There was no documentation indicating the clinical staff received twelve hours of relevant in-service training annually.</b></p> <p><b>MH-28: Medical records were disorganized with pages often misfiled or missing altogether.</b></p>	<p><b>MH-25, MH-26, MH-27, &amp; MH-28 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-25, MH-26, MH-27, &amp; MH-28.</p>



**B. Annex**

The CAP closure files revealed evidence to determine that 20 of 32 mental health findings were corrected. Twelve mental health findings will remain open

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHIATRIC RESTRAINT</u></b></p> <p>A comprehensive review of 1 psychiatric restraint episode revealed the following deficiencies:</p> <p><b>MH-1: The physician’s order did not contain the maximum duration of the restraint episode.</b></p> <p><b>MH-2: The inmate’s behavior was not documented every 15 minutes on the DC4-650A “Restraint Observation Checklist”.</b></p> <p><b>MH-3: There was no indication that respiration and circulation checks were performed as required.</b></p> <p><b>MH-4: Vital signs were not taken or recorded when the inmate was released from restraints.</b></p> <p><b>MH-5: There was no discharge order to release the inmate from restraints.</b></p>	<p><b>MH-1, MH-2, MH-3, MH-4, &amp; MH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, MH-3, MH-4 &amp; MH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p>A comprehensive review of 24 SHOS admissions revealed the following deficiencies:</p> <p><b>MH-6: In 11 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p>	<p><b>MH-6 &amp; MH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 &amp; MH-7.</p> <p><b>MH-8 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records</p>

Finding	CAP Evaluation Outcome
<p><b>MH-7:</b> In 5 records, the DC4-732 “Infirmery/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</p> <p><b>MH-8:</b> In 12 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p> <p><b>MH-9:</b> In 5 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p>	<p>indicated an acceptable level of compliance had not been met. MH-8 will remain open.</p> <p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p>A comprehensive review of 7 use of force episodes revealed the following deficiencies:</p> <p><b>MH-10:</b> In 5 records, a post use of force exam was not present.</p> <p><b>MH-11:</b> In 2 of 2 applicable records, the post use of force physical exam was not completed in its entirety.</p> <p><b>MH-12:</b> In all records, a written referral to mental health by physical health staff was not present.</p> <p><b>MH-13:</b> In 2 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p><b>MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p> <p><b>MH-11 &amp; MH-12 OPEN</b></p> <p>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. MH-11 &amp; MH-12 will remain open.</p> <p><b>MH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p>A comprehensive review of 18 records of inmates in special housing revealed the following deficiencies:</p> <p><b>MH-14:</b> In 10 records, the DC4-769 “Special Housing Health Appraisal” was not present or completed in its entirety.</p> <p><b>MH-15:</b> In 7 of 8 applicable records, psychotropic medications were not continued as directed while the inmate was held in special housing.</p> <p><b>MH-16:</b> In 1 of 2 applicable records, follow-up mental status exams (MSEs) were not completed within the required time frame.</p>	<p><b>MH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p> <p><b>MH-15 OPEN</b></p> <p>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. MH-15 will remain open.</p> <p><b>MH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p><b>MH-17:</b> In 5 records, physician’s orders were not dated, timed, and/or stamped.</p> <p><b>MH-18:</b> In 8 of 13 applicable records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record.</p> <p><b>MH-19:</b> In 4 of 6 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p>	<p><b>MH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17.</p> <p><b>MH-18, MH-19, &amp; MH-20 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-18, MH-19, &amp; MH-20 will remain open.</p> <p><b>MH-21 &amp; MH-22 CLOSED</b></p>

Finding	CAP Evaluation Outcome
<p><b>MH-20: In 4 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-21: In 3 records, documentation of follow-up psychiatric contacts did not contain the required clinical information.</b></p> <p><b>MH-22: In 1 of 4 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</b></p>	<p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21 &amp; MH-22.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-23: In 3 of 8 applicable records, the DC4-760A “Health Information Arrival/Transfer Summary” was incomplete or missing.</b></p> <p><b>MH-24: In 3 of 4 applicable records, psychiatric medication was not continued upon the inmate’s arrival at the institution.</b></p> <p><b>MH-25: In 8 records, the ISP was not signed by the inmate and a refusal was not documented on form DC4-711A.</b></p> <p><b>MH-26: In 5 records, mental health problems were not recorded on the problem list.</b></p> <p><b>MH-27: In 2 of 6 applicable records, the DC4-729 “Behavioral Risk Assessment” was either incomplete or inaccurate.</b></p>	<p><b>MH-23, MH-24, MH-25, &amp; MH-26 OPEN</b></p> <p>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. MH-23, MH-24, MH-25, &amp; MH-26 will remain open.</p> <p><b>MH-27 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-27.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>MH-28: In 2 of 10 records, the DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of end of sentence (EOS).</b></p>	<p><b>MH-28 OPEN</b></p> <p>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. MH-28 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADDITIONAL ADMINISTRATIVE ISSUES</u></b></p> <p><b>MH-29: Medical records were disorganized with pages often misfiled or missing altogether.</b></p> <p><b>MH 30: There is no evidence that 12 hours of in-service training was provided annually to staff.</b></p> <p><b>MH-31: Sex Offender groups were not conducted for inmates on the waiting list and within two years of EOS.</b></p> <p><b>MH-32: Episodes of SHOS and psychological emergencies were not kept on the correct logs.</b></p>	<p><b>MH-29, MH-30, MH-31, &amp; MH-32 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-29. MH-30, MH-31, &amp; MH-32.</p>

#### IV. Conclusion

##### Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-3, PH-8, PH-9, PH-12, PH-13, PH-14, PH-18, PH-19, PH-21, PH-25, PH-30, PH-31, PH-32, PH-37, PH-39, PH-40, PH-41, PH-42, PH-43, PH-45, and PH-46. All other physical health findings will remain open. The following CAP findings will be added for in-service training, monitoring, and corrective action: CF-1, CF-2, and CF-3.

##### Physical Health-Annex

The following physical health findings will close:: PH-1, PH-13, PH-17, PH-19, PH-20, PH-24, PH-27, PH-31, PH-32, PH-35, PH-38, PH-39, PH-45, PH-46, PH-47, PH-48, PH-

49, PH-50, PH-51, PH-52, PH-53, PH-54, and PH-55. All other physical health findings will remain open. The following CAP finding will be added for in-service training, monitoring, and corrective action: CF-1.

### **Mental Health-Main Unit**

The following mental health findings will close: MH-1, MH-2, MH-4, MH-5, MH-6, MH-7, MH-9, MH-10, MH-13, MH-15, MH-16, MH-17, MH-18, MH-21, MH-22, MH-23, MH-24, MH-25, MH-26, MH-27, and MH-28. All other mental health findings will remain open.

### **Mental Health-Annex**

The following mental health findings will close: MH-1, MH-2, MH-3, MH-4, MH-5, MH-6, MH-7, MH-9, MH-10, MH-13, MH-14, MH-16, MH-17, MH-21, MH-22, MH-27, MH-29, MH-30, MH-31, and MH-32. All other mental health findings will remain open

Until such time as appropriate corrective actions are undertaken by LOWCI 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 evaluation.