

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MARION CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
August 16-18, 2022

CMA STAFF

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I. Overview

On August 16-18, 2022, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Marion Correctional Institution (MARCI). The survey report was distributed on September 27, 2022. In October 2022, MARCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the MARCI 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 Marion Correctional Institution

CAP #	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/8/2023	Off-site	26	10	16

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 12 of the 19 physical health findings were corrected. Seven 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
<u>Cardiovascular Chronic Illness Clinic</u> Screen 5: Abnormal labs are reviewed and addressed in a timely manner.	X				

<p><u>Endocrine Clinic Chronic Illness Clinic</u> Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates.</p>	X				
<p><u>General Chronic Illness Clinic</u> Screen 3: The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician.</p>					X
<p><u>Respiratory Chronic Illness Clinic</u> Screen 4: A peak flow reading is recorded at each visit.</p>	X				
<p><u>Emergency Services</u> Screen 4: There is evidence of appropriate and applicable patient education.</p>	X				
<p><u>Outpatient Infirmiry Care</u> Screen 2: All orders are received and implemented. Screen 3: The inmate is evaluated within one hour of being placed in observation status.</p>		X			
<p>Screen 7: A discharge note containing all of the required information is completed as required.</p>	X				
<p><u>Inpatient Infirmiry Care</u> Screen 2: All orders are received and implemented.</p>		X			
<p>Screen 8: A discharge note containing all of the required information is completed as required.</p>	X				

<u>Sick Call Services</u> Screen 7: Follow-up visits are completed in a timely manner.	X				
<u>Medication And Vaccination Administration</u> Screen 4: There is evidence of pneumococcal vaccination or refusal.		X			
Screen 5: There is evidence of influenza vaccination or refusal.		X			
<u>Intra-System Transfers</u> Screen 7: A clinician reviewed the health record and DC4-760A within seven (7) days of arrival.					X
<u>Periodic Screenings</u> Screen 3: All diagnostic tests are completed prior to the periodic screening encounter.					X
<u>Dental Care</u> Screen 5: Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment.	X				
Screen 9: Dental findings are accurately documented.	X				
<u>Institutional Tour - Inmate Housing Areas</u> Screen 4: Over-the-counter medications (OTC) are available and logged.	X				
Screen 5: Procedures to assess medical and dental sick call are posted in a conspicuous place.	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that four of the seven mental health findings were corrected. Three 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>Special Housing</u> Screen 2: Psychotropic medications continue as ordered while inmates are held in special housing.</p>	X				
<p>Screen 5: MSEs are sufficient to identify problems in adjustment.</p>	X				
<p><u>Outpatient Mental Health Services</u> Screen 16: The ISP is signed by the inmate and all members of the treatment team.</p>				X	
<p><u>Outpatient Psychotropic Medications</u> Screen 8: The inmate receives medication(s) as prescribed.</p>	X				
<p>Screen 9: The nurse who met with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.</p>		X			

Screen 10: The inmate signed DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.		X			
Screen 15: Abnormal Involuntary Movement Scale (AIMS) are Completed at the required intervals	X				

IV. Conclusion

Physical Health-Main Unit

The CAP closure files revealed sufficient evidence to determine that 12 of the 19 physical health findings were corrected. Seven physical health findings remain open.

Mental Health-Main Unit

The CAP closure files revealed sufficient evidence to determine that four of the seven mental health findings were corrected. Three mental health findings will remain open.

Until appropriate corrective actions are undertaken by MARCI 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 four months. Follow-up assessment by the CMA will most likely take place through an off-site evaluation.