

**FIRST CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**MOORE HAVEN CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted April 17-18, 2024

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**I. Overview**

On April 17-18, 2024, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Moore Haven Correctional Facility (MHCF). The survey report was distributed on May 31, 2024. In June 2024, MHCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the MHCF 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 Moore Haven Correctional Facility**

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	12/11/2024	73	10	63

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 41 of the 50 physical health findings were corrected. Nine 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
<p><b><u>Cardiovascular Chronic Illness Clinic:</u></b>  <b>Screen 8:</b> Patients are referred to a specialist for more in-depth treatment as indicated</p>		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
<p><b><u>Endocrine Clinic Chronic Illness Clinic:</u></b>  <b>Screen 6:</b> A dilated fundoscopic examination is completed yearly for diabetic inmates</p>		X			
<p><b>Screen 7:</b> Inmates with HgbA1c over 8% are seen at least every 90 days</p>	X				
<p><b>Screen 11:</b> Patients are receiving insulin as prescribed</p>	X				
<p><b><u>Gastrointestinal Chronic Illness Clinic:</u></b>  <b>Screen 6:</b> Medications appropriate for the diagnosis are prescribed</p>	X				
<p><b>Screen 7:</b> There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection</p>	X				
<p><b>Screen 8:</b> Abdominal ultrasounds are completed at the required intervals</p>	X				
<p><b><u>General Chronic Illness Clinic:</u></b>  <b>Screen 3:</b> The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician</p>	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><b>Immunity Chronic Illness Clinic:</b></u> <b>Screen 4:</b> Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens			X		
<b>Screen 10:</b> There is evidence of hepatitis B vaccination for inmates with no evidence of past infection		X			
<u><b>Neurology Chronic Illness Clinic:</b></u> <b>Screen 6:</b> Medications appropriate for the diagnosis are prescribed and rec'd		X			
<u><b>Respiratory Chronic Illness Clinic:</b></u> <b>Screen 4:</b> A peak flow reading is recorded at each visit	X				
<u><b>Tuberculosis Chronic Illness Clinic:</b></u> <b>Screen 10:</b> The inmate receives TB medications as prescribed		X			
<u><b>Emergency Services:</b></u> <b>Screen 3:</b> Vital signs including weight are documented		X			
<b>Screen 6:</b> Follow-up visits are completed timely	X				
<b>Screen 8:</b> Appropriate documentation is completed for patient's requiring transport to a local emergency room	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
<p><b><u>Outpatient Infirmary Care:</u></b>  <b>Screen 1:</b> Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition</p>	X				
<p><b>Screen 4:</b> Patient evaluations are documented at least once every eight hours</p>	X				
<p><b>Screen 6:</b> The inmate is discharged within 23 hours or admitted to the infirmary for continued care</p>	X				
<p><b>Screen 7:</b> A discharge note containing all of the required information is completed as required</p>	X				
<p><b><u>Inpatient Infirmary Care:</u></b>  <b>Screen 3:</b> A thorough nursing assessment is completed within two hours of admission</p>	X				
<p><b>Screen 4:</b> A Morse Fall Scale is completed at the required intervals</p>	X				
<p><b>Screen 5:</b> Nursing assessments are completed at the required intervals</p>	X				
<p><b>Screen 6:</b> Clinician rounds are completed and documented as required</p>	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
<b>Screen 7:</b> Weekend and holiday clinician phone rounds are completed and documented as required	X				
<b>Screen 8:</b> A discharge note containing all of the required information is completed as required	X				
<b>Screen 9:</b> A discharge summary is completed by the clinician within 72 hours of discharge		X			
<b><u>Sick Call Services:</u></b> <b>Screen 7:</b> Follow-up visits are completed in a timely manner	X				
<b>Screen 8:</b> Clinician orders from the follow-up visit are completed as required	X				
<b><u>Confinement Medical Review:</u></b> <b>Screen 2:</b> All medications are continued as prescribed while in the inmate is held in special housing	X				
<b>Screen 6:</b> All sick call appointments are triaged and responded to within the required time frame	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
<p><b><u>Consultations:</u></b>  <b>Screen 2:</b> The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate</p>	X				
<p><b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate</p>	X				
<p><b>Screen 6:</b> All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations</p>	X				
<p><b><u>Medication And Vaccination Administration:</u></b>  <b>Screen 1:</b> The inmate receives medications as prescribed</p>	X				
<p><b>Screen 2:</b> Allergies are listed on the MAR or the medication page in the EMR</p>	X				
<p><b>Screen 3:</b> If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance</p>	X				
<p><b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal</p>	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
<b>Screen 5:</b> There is evidence of influenza vaccination or refusal	X				
<b>Intra-System Transfers:</b> <b>Screen 3:</b> The inmate's medications reflect continuity of care	X				
<b>Screen 5:</b> For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	X				
<b>Periodic Screenings:</b> <b>Screen 1:</b> The periodic screening encounter is completed within one month of the due date		X			
<b>Screen 2:</b> All components of the screening are completed and documented as required	X				
<b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter	X				
<b>Screen 5:</b> All applicable health education is provided	X				
<b>PREA Medical Review:</b> <b>Screen 7:</b> A mental health referral is submitted following the completion of the medical screening	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
<p><b><u>Dental Systems:</u></b>  <b>Screen 6:</b> X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed</p>	X				
<p><b><u>Institutional Tour - Inmate Housing Areas:</u></b>  <b>Screen 2:</b> Sinks and toilets are clean and operational</p>	X				
<p><b>Screen 5:</b> Procedures to assess medical and dental sick call are posted in a conspicuous place</p>	X				
<p><b><u>Institutional Tour - Pharmacy</u></b>  <b>Screen 5:</b> Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly</p>	X				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 22 of the 23 mental health findings were corrected. One mental health finding 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><b><u>Self-Injury and Suicide Prevention Review:</u></b>  <b>Screen 2:</b> The nursing evaluation is completed within 2 hours of admission</p>	X				
<p><b>Screen 3:</b> Guidelines for SHOS management are observed</p>	X				
<p><b>Screen 4:</b> The inmate is observed at the frequency ordered by the clinician  <b>Screen 5:</b> Nursing evaluations are completed once per shift</p>	X				
<p><b>Screen 7:</b> There is evidence of daily counseling provided by mental health staff</p>	X				
<p><b>Screen 8:</b> There is evidence of a face-to-face evaluation by the clinician prior to discharge</p>	X				
<p><b>Screen 9:</b> There is evidence of adequate post-discharge follow-up by mental health staff</p>	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
<b>Screen 10:</b> The Individualized Services Plan (ISP) is revised within 14 days of discharge	X				
<b><u>Outpatient Psychotropic Medication Practices:</u></b> <b>Screen 3:</b> Appropriate initial laboratory tests are ordered.	X				
<b>Screen 4:</b> Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	X				
<b>Screen 5:</b> Appropriate follow-up laboratory studies are ordered and conducted as required.	X				
<b>Screen 8:</b> The inmate receives medication(s) as prescribed	X				
<b>Screen 9:</b> The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	X				
<b>Screen 10:</b> The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	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
<b>Screen 12:</b> Informed consents are signed for each medication prescribed	X				
<b>Screen 14:</b> Documentation of psychiatric encounters is complete and accurate	X				
<b><u>Mental Health Inmate Request:</u></b> <b>Screen 2:</b> The request is responded to within the appropriate time frame	X				
<b>Screen 4:</b> The follow-up to the request occurs as intended	X				
<b><u>Special Housing:</u></b> <b>Screen 2:</b> Psychotropic medications continue as ordered while inmates are held in special housing	X				
<b><u>Outpatient Mental Health Services:</u></b> <b>Screen 16:</b> The ISP is signed by the inmate and all members of the treatment team		X			
<b><u>Aftercare Services:</u></b> <b>Screen 2:</b> The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 3:</b> Appropriate patient care summaries are completed within 30 days of EOS	<b>X</b>				
<u><b>Mental Health Services:</b></u> <b>Screen 3:</b> Outpatient group therapy is offered	<b>X</b>				

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by MHC 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.