

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MADISON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted March 15 - 17, 2016

CMA STAFF

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CAP Assessment Distributed on August 23, 2016

CAP Assessment of Madison Correctional Institution

I. Overview

On March 15 – 17, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Madison Correctional Institution (MADCI). The survey report was distributed on April 5, 2016. In April 2016, MADCI 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 2016 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, 2016, 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 19, 2016 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 7 of the 7 physical health findings were corrected. All physical health findings are closed.

Finding	CAP Evaluation Outcome
<u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u> PH-1: In 10 of 16 records reviewed, the baseline information was incomplete or missing.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<u>NEUROLOGY CLINIC</u> PH-2: In 2 of 8 applicable records (11 reviewed), seizures were not classified.	PH-2 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-2.

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-3: In 3 of 14 applicable records (15 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-4: In 3 of 15 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICAL INMATE REQUESTS</u></p> <p>PH-5: In 3 of 11 applicable records (17 reviewed), there was no evidence the interview/appointment/test/etc. indicated in the response occurred.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-6: In 7 records, there was no evidence of an accurate diagnosis and/or treatment plan.</p>	<p>PH-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p>PH-7: In 7 of 11 applicable records, there was no evidence that post-treatment/operative instructions were given.</p>	

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 5 of 5 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 3 of 3 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-2: In 3 records, “Infirmary/Hospital Admission Nursing Evaluation” (DC4-732) was either missing or incomplete.</p> <p>MH-3: In 3 records, the daily nursing evaluation not completed as required.</p>	<p>MH-1, MH-2, & MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, & MH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-4: In 7 of 12 records reviewed, the mental status exam (MSE) were not sufficient to identify adjustment problems.</p>	<p>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-5: In 3 of 13 records reviewed, the Individualized Service Plan (ISP) was not signed by the inmate and there was no documentation of a refusal.</p>	<p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

IV. Conclusion

All findings as a result of the March 2016 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.