

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**MADISON CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted June 4-6, 2019

**CMA STAFF**

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## I. Overview

On June 4-6, 2019, 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 July 7, 2019. In August 2019, 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 MADCI 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 Madison Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings <sup>1</sup>	Total # Open Findings	Total # Findings Closed
1	11/19/19	12/11/19	On-site	23	8	15

## II. Physical Health Assessment Summary

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: 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>Chronic Illness Clinic</b> PH-1: In 7 records, baseline information was incomplete or missing.	X				

<sup>1</sup> At the time of the survey, MADCI housed and provided services to S3 inmates. However, at the time of the CAP assessment, MADCI's mission had changed and no psychiatric services were provided. Therefore, all findings applicable to only S3 inmates were not assessed and will be removed from the overall number of survey findings. For the sake of continuity all finding titles (e.g. MH-2, MH-3, etc.) will remain as noted in the original published report. The removed findings are not included in this report.

<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><u>Chronic Illness Clinic</u></b> PH-2: In 6 records, inmates were not seen according to their assigned M-grade.	<b>X</b>				
<b><u>Gastrointestinal Clinic</u></b> PH-3: In 3 of 14 applicable records (16 reviewed), there was no evidence that inmates were screened for hepatocellular carcinoma at appropriate intervals.	<b>X</b>				
<b><u>Dental Clinic</u></b> PH-4: In 5 of 19 records reviewed, there was no evidence of complete and accurate charting of dental findings.	<b>X</b>				

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 11 of the 19 mental health findings were corrected. Eight 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><b><u>Self-Harm Observation Status</u></b>  MH-1: In 2 records, clinician's orders did not specify the frequency of safety observations as either continuous or every fifteen minutes.</p>	X				
<p><b><u>Self-Harm Observation Status</u></b>  MH-2: In 1 record, the "Infirmery/Hospital Admission Nursing Evaluation" (DC4-732) was not completed within two hours of an SHOS admission.</p>	X				
<p><b><u>Self-Harm Observation Status</u></b>  MH-3: In 1 record, the guidelines for SHOS management were not observed.</p>	X				
<p><b><u>Self-Harm Observation Status</u></b>  MH-4: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered 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>Self-Harm Observation Status</b></u> MH-5: In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift.		X			
<u><b>Self-Harm Observation Status</b></u> MH-6: In 1 record, there was no evidence of daily rounds by the attending clinician.		X			
<u><b>Self-Harm Observation Status</b></u> MH-7: In 1 record, there was no evidence the clinician conducted a face-to-face evaluation prior to discharge or the discharge was not clinically appropriate.	X				
<u><b>Self-Harm Observation Status</b></u> MH-8: In 1 record, mental health staff did not provide post-discharge follow-up.			X		
<u><b>Self-Harm Observation Status</b></u> MH-9: In 1 record, documents in the medical record were not timed, dated, stamped, and/or signed.		X			
<u><b>Use of Force</b></u> MH-10: In 1 of 5 applicable records, a written referral to mental health by physical health staff was not present.	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
<p><b><u>Use of Force</u></b>  MH-11: In 2 of 5 applicable 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>	<b>X</b>				
<p><b><u>Use of Force</u></b>  MH-12: In 1 of 5 applicable records, the post use-of-force evaluation did not address changes in the inmate's mental health condition.</p>	<b>X</b>				
<p><b><u>Psychological Emergencies</u></b>  MH-13: In 2 of 9 applicable records (13 reviewed), follow-up was indicated but not provided.</p>		<b>X</b>			
<p><b><u>Inmate Requests</u></b>  MH-14: In 5 of 13 applicable records (15 reviewed), the interview or referral did not occur as intended in response to an inmate request.</p>	<b>X</b>				
<p><b><u>Special Housing</u></b>  MH-16: In 1 of 2 applicable records, there was no evidence of appropriate response by staff when problems in adjustment were identified.</p>	<b>X</b>				

<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><u>Outpatient Mental Health</u></b> MH-18: In 6 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.					<b>X</b>
<b><u>Outpatient Mental Health</u></b> MH-19: In 7 of 16 applicable records, the ISP was not reviewed or revised timely.					<b>X</b>
<b><u>Mental Health Systems</u></b> MH-29: Therapeutic groups were not provided to meet the needs of the inmate population.	<b>X</b>				
<b><u>Mental Health Systems</u></b> MH-30: One hour of accrued clinical supervision was not provided to each mental health professional weekly.	<b>X</b>				

#### **IV. Conclusion**

##### **Physical Health-Main Unit**

All physical health findings are closed.

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

The following mental health findings will close: MH-1, MH-2, MH-3, MH-7, MH-10, MH-11, MH-12, MH-14, MH-16, MH-29, & MH-30. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by MADCI 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.