

**SECOND OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MADISON CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

Lynne Babchuck, LCSW

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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	Total # Open Findings	Total # Findings Closed
1	11/19/19	12/11/19	On-site	23	8	15
2	3/11/20	4/17/20	Off-site	8	3	5

II. Physical Health Assessment Summary

All physical health findings were closed on the first CAP assessment.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 8 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
<u>Self-Harm Observation Status</u> MH-4: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.		X			
<u>Self-Harm Observation Status</u> MH-5: In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift.		X			
<u>Self-Harm Observation Status</u> MH-6: In 1 record, there was no evidence of daily rounds by the attending clinician.	X				
<u>Self-Harm Observation Status</u> MH-8: In 1 record, staff did not provide post-discharge follow-up.	X				
<u>Self-Harm Observation Status</u> MH-9: In 1 record, documents in the medical record were not timed, dated, stamped, and/or signed.	X				
<u>Psychological Emergencies</u> MH-13: In 2 of 9 applicable records (13 reviewed), follow-up was indicated but not provided.		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>Outpatient Mental Health</u> MH-18: In 6 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.	X				
<u>Outpatient Mental Health</u> MH-19: In 7 of 16 applicable records, the ISP was not reviewed or revised timely.	X				

IV. Conclusion

Physical Health-Main Unit

All physical health findings are closed.

Mental Health-Main Unit

The following mental health findings will close: MH-6, MH-8, MH-9, MH-18, & MH-19. 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 off-site evaluation.