

**THIRD OFF-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	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
3	8/25/20	9/21/20	Off-site	3	0	3

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 3 of the 3 mental health findings were corrected. All mental 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
<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>Psychological Emergencies</u> MH-13: In 2 of 9 applicable records (13 reviewed), follow-up was indicated but not provided.	X				

IV. Conclusion

All findings as a result of the June 2019 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.