

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MARION CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted July 8-9, 2014

CMA STAFF

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CAP Assessment Distributed on December 23, 2014

CAP Assessment of Marion Correctional Institution

I. Overview

On July 8-9, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Marion Correctional Institution (MARCI). The survey report was distributed on July 28, 2014. In August and September of 2014, MARCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 2014 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 November 25, 2014, 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 December 16, 2014 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 22 of the 31 physical health findings were corrected. Nine physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p>PH-1: In 16 records, the baseline information was incomplete or missing.</p> <p>PH-2: In 8 records, there was no evidence of completed annual labs.</p> <p>PH-3: In 4 of 13 applicable records, there was no evidence that inmates with known ASCVD were prescribed low dose aspirin.</p> <p>PH-4: In 10 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-1 & PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1 & PH-2.</p> <p>PH-3 & PH-4 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore PH-3 & PH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-5: In 5 records, the diagnosis was not reflected on the problem list and/or other required forms.</p> <p>PH-6: In 9 records, the baseline information was incomplete or missing.</p> <p>PH-7: In 3 records, there was no evidence of completed annual labs.</p> <p>PH-8: In 9 of 13 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-9: In 6 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-5, 7, & 9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5, 7, & 9.</p> <p>PH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-6 will remain open.</p> <p>PH-8 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore PH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-10: In 9 of 15 records reviewed, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore PH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>PH-11: In 4 of 6 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-11 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-12: In 6 records, the baseline information was incomplete or missing.</p> <p>PH-13: In 2 of 10 applicable records, there was no evidence that seizures were classified.</p>	<p>PH-12 & 13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12 & 13.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>A comprehensive review of 4 inmate records revealed the following deficiencies:</p> <p>PH-14: In 1 record, the baseline information was incomplete or missing.</p> <p>PH-15: In 1 record, there was no evidence of an appropriate physical examination.</p>	<p>PH-14, 15, & 16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14, 15, & 16.</p>

Finding	CAP Evaluation Outcome
<p>PH-16: In 3 records, there was no evidence of pneumococcal vaccine or refusal.</p>	

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC</u></p> <p>PH-17: In 7 of 15 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 6 inmate records revealed the following deficiencies:</p> <p>PH-18: In 4 records, there was no evidence that the correct number of doses of Isoniazid medication (INH) was given.</p> <p>PH-19: In 2 of 3 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-20: In 2 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-18, 19, & 20 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18, 19, & 20.</p>

Finding	CAP Evaluation Outcome
<p><u>OTHER CHRONIC ILLNESS CLINIC</u></p> <p>PH-21: A comprehensive review of inmate records revealed the following deficiencies:</p> <p>The yearly data was missing on the DC4-770 “Chronic Illness Clinic Flowsheets” in the cardiovascular, endocrine, neurology, and oncology clinics.</p> <ul style="list-style-type: none"> • In 16 of 18 cardiovascular records, the DC4-770 was not complete. • In 3 of 15 endocrine records, the DC4-770 was not complete. • In 5 of 11 neurology records, the DC4-770 was not complete. • In 2 of 4 oncology records, the DC4-770 was not complete. 	<p>PH-21 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-21 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE</u></p> <p>PH-22: In 2 of 5 applicable records (17 reviewed), there was no evidence of a follow-up assessment.</p>	<p>PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-22.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-23: In 1 of 3 applicable records, the care orders for an outpatient stay were incomplete.</p> <p>PH-24: In 1 of 4 applicable records, there was no evidence that the inmate was discharged after 23 hours or admitted to the infirmary (see discussion).</p> <p>PH-25: In 2 of 9 applicable records, the care orders for an inpatient stay were incomplete.</p>	<p>PH-23, 24, & 25 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-23, 24, & 25.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CLINIC</u></p> <p>PH-26: In 4 of 18 records reviewed, there was no evidence of complete and accurate charting of dental findings.</p>	<p>PH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-26.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-27: In 3 of 10 applicable records, there was no evidence that the referring clinician signed, stamped, and/or dated the DC4-702 "Consultation Request/Consultant's Report."</p>	<p>PH-27 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-27.</p>

Finding	CAP Evaluation Outcome
<p>PH-28: In 10 of 12 applicable records, the new diagnosis was not reflected on the problem list.</p> <p>PH-29: In 2 of 8 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan.</p>	<p>PH-28 & 29 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-28 & 29 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-30: In 5 of 17 records reviewed, there was no evidence that the clinician reviewed the health record and the DC4-760A "Health Information Transfer/Arrival Summary" within 7 days of arrival.</p>	<p>PH-30 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-30.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>PH-31: The procedures to access dental sick call were not posted in the housing areas.</p>	<p>PH-31 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-31.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 4 of 5 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 3 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 1 record, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-2: In 2 records, there was no evidence the attending clinician conducted a face-to-face evaluation prior to discharge from SHOS.</p>	<p>MH-1 & MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 & MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUESTS</u></p> <p>MH-3: In 3 of 6 applicable records (12 reviewed), an interview or referral was indicated in the inmate request response but had not occurred as intended.</p>	<p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-4: In 2 of 2 applicable records (14 reviewed), a refusal form (DC4-711A) for sex offender treatment was not present.</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>MENTAL HEALTH SYSTEMS</u></p> <p>MH-5: The procedures to access mental health services were not posted in the housing areas.</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

PH-3, PH-4, PH-6, PH-8, PH-10, PH-11, PH-21, PH-28, & PH-29 remain open and all other physical health portions will close. MH-3 remains open and all other mental health portions will close. Until such time as appropriate corrective actions are undertaken by 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 visit, but the option remains open to conduct an on-site evaluation.