

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

of

MARION CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted 9-11, 2018

CMA STAFF

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CAP Assessment of Marion Correctional Institution

I. Overview

On January 9-11, 2018, 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 February 9, 2018. In March 2018, 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 January 2018 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 June 20, 2018, 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 September 11, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 0 of 12 physical health and 0 of 16 mental health findings were corrected.

On November 9, 2018, 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 January 3, 2019 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 10 of the 12 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>ENDOCRINE CLINIC REVIEW</u> PH-1: In 1 of 2 applicable records (13 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-2: In 2 of 2 applicable records, inmates with known or suspected cirrhosis were not screened for hepatocellular cancer.</p> <p>PH-3: In 3 records, there was no evidence of hepatitis A or B vaccination or refusal.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p> <p>PH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. PH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-4: In 3 of 10 records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</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>INFIRMARY CLINIC</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-5: In 1 of 4 applicable records, there was no evidence of weekend and/or holiday phone rounds.</p> <p>PH-6: In 2 of 7 applicable records, there was no evidence of a discharge summary completed by the clinician.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p> <p>PH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. PH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-7: In 9 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-8: In 3 records, there was no evidence of a corresponding note in the medical record by the provider.</p> <p>PH-9: In 3 records, the documentation on the medication administration record (MAR) was inadequate.</p>	<p>PH-8 & PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 & PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS</u></p> <p>PH-10: There was no evidence of appropriate autoclave testing.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-11: The log for the medical refrigerator was not adequately maintained.</p> <p>PH-12: There was no evidence of regular glucometer testing.</p>	<p>PH-11 & PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11 & PH-12.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 1 of 16 mental health findings were corrected. Fifteen mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>MH-1: In 1 record, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-2: In 1 record, the daily nursing assessment was not completed.</p> <p>MH-3: In 2 records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>MH-1, MH-2, & MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-1, MH-2, & MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 9 records revealed the following deficiencies:</p> <p>MH-4: In 5 records, there was no evidence of a written referral by physical health staff to mental health.</p> <p>MH-5: In 6 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>	<p>MH-4 & MH-5 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and the level of compliance could not be determined. MH-4 & MH-5 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>MH-6: In 7 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>MH-7: In 5 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>	<p>MH-6 & MH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-6 & MH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>MH-8: In 5 of 8 applicable records, the Bio-psychosocial Assessment (BPSA) was not approved by the Multi-Disciplinary Services Team (MDST) within 30 days of initiation of mental health services.</p> <p>MH-9: In 5 of 8 applicable records, the initial Individualized Service Plan (ISP) was not completed within 30 days of initiation of mental health services.</p> <p>MH-10: In 7 of 16 applicable records, the ISP was not signed by the inmate.</p> <p>MH-11: In 5 records, mental health problems were not recorded on the problem list.</p>	<p>MH-8 & MH-9 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated that these findings had not been corrected. MH-8 and MH-9 will remain open.</p> <p>MH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-10 will remain open.</p> <p>MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11.</p>

Finding	CAP Evaluation Outcome
<p>MH-12: In 5 of 15 applicable records, there was no documentation that the inmate received the services listed on the ISP.</p> <p>MH-13: In 4 of 16 applicable records, counseling for inmates without evidence of a psychotic disorder was not provided or refused at least every 90 days.</p> <p>MH-14: In 1 of 2 applicable records, counseling for inmates with evidence of a psychotic disorder was not provided or refused at least every 30 days.</p> <p>MH-15: In 5 records, case management was not provided at least every 90 days.</p> <p>MH-16: In 5 records the frequency of clinical contacts was insufficient.</p>	<p>MH-12, MH-13, MH-14, MH-15, & MH-16 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-12, MH-13, MH-14, MH-15, and MH-16 will remain open.</p>

IV. Conclusion

The following physical health findings will close: PH-1, PH-2, PH-4, PH-5, PH-7, PH-8, PH-9, PH-10, PH-11, and PH-12. All other physical health portions will remain open.

The following mental health findings will close: MH-11. All other mental health findings will remain open.

Until 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 on-site evaluation.