

**THIRD 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. The CAP closure files revealed sufficient evidence to determine that 10 of 12 physical health and 1 of 16 mental health findings were corrected.

On April 15, 2019, 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 April 29, 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 2 of the 2 physical health findings were corrected. All physical health findings will close.

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-3: In 3 records, there was no evidence of hepatitis A or B vaccination or refusal.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</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-6: In 2 of 7 applicable records, there was no evidence of a discharge summary completed by the clinician.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 11 of 15 mental health findings were corrected. Four 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 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 will remain open.</p> <p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close</p>

Finding	CAP Evaluation Outcome
<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.</p> <p>MH-5 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-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 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 will remain open.</p> <p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</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 Biopsychosocial 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</p>	<p>MH-8, MH-9, MH-10, MH-12, MH-13, MH-14, MH-15, & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8, MH-9, MH-10, MH-12, MH-13, MH-14, MH-15, & MH-16.</p>

Finding	CAP Evaluation Outcome
<p>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-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>	

IV. Conclusion

The following physical health findings will close: PH-3, & PH-6. All physical health portions will close.

The following mental health findings will close: MH-3, MH-4, MH-7, MH-8, MH-9, MH-10, MH-12, MH-13, MH-14, MH-15, & MH-16. 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.