

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**MARTIN CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted July 12-14, 2017

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## CAP Assessment of Martin Correctional Institution

### I. Overview

On July 12-14, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Martin Correctional Institution (MATCI). The survey report was distributed on August 1, 2016. In September 2016, MATCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the August 2016 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 February 2, 2017, 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 February 23, 2017 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 5 of the 7 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 9 of 14 records reviewed, the baseline information was incomplete or missing.</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>A comprehensive review of 9 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 5 records, there was no evidence of a complete discharge note by the nurse.</b></p> <p><b>PH-3: In 2 of 5 applicable records, there was no evidence of weekend clinician telephone rounds.</b></p>	<p><b>PH-2 &amp; PH-3 OPEN</b></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 reached. PH-2 &amp; PH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p>A tour of the facility revealed the following deficiencies:</p> <p><b>PH-4: There was not a sink available for hand washing in the sick call/triage area in the medical unit or in the confinement dorm sick call area.</b></p> <p><b>PH-5: Personal protective equipment for universal precautions were not readily available in the infirmary or sick call area.</b></p> <p><b>PH-6: The first aid kit in C-dorm had been opened and used items not replaced.</b></p> <p><b>PH-7: Three fire extinguishers in C-dorm were in the red zone indicating the need for replacement.</b></p>	<p><b>PH-4, PH-5, PH-6, &amp; PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4, PH-5, PH-6, &amp; PH-7.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 15 of 19 mental health findings were corrected. CF-1 will be added for in-service training, monitoring, and corrective action. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p><b>MH-1: In 1 of 1 applicable records, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-2: In 1 of 5 applicable records, daily rounds were not completed by the attending clinician.</b></p>	<p><b>MH-1, MH-2, &amp; MH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, &amp; MH-3.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-3: In 5 records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>A comprehensive review of 18 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>MH-4: In 5 records, the initial mental status exam (MSE) was not completed within the required time frame.</b></p> <p><b>MH-5: In 3 of 11 applicable records, follow-up MSEs were not completed within the required time frame.</b></p> <p><b>MH-6: In 5 of 14 applicable records, outpatient treatment did not continue as indicated on the Individualized Service Plan (ISP) while the inmate was in special housing.</b></p>	<p><b>MH-4 OPEN</b></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 reached. MH-4 will remain open.</p> <p><b>MH-5 &amp; MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 &amp; MH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-7: In 4 of 4 applicable records, a thorough psychiatric evaluation was not completed prior to initiating treatment with psychotropic medications.</b></p> <p><b>MH-8: In 4 of 9 applicable records, follow-up lab tests were not completed as required.</b></p>	<p><b>MH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p> <p><b>MH-8 OPEN</b></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 reached. MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-9:</b> In 7 of 17 applicable records, informed consents were not completed for each psychotropic medication prescribed.</p> <p><b>MH-10:</b> In 7 records, follow-up psychiatric sessions were not conducted at appropriate intervals.</p>	<p><b>MH-9 &amp; MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 &amp; MH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-11:</b> In 2 of 9 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p><b>MH-12:</b> In 2 of 9 applicable records, staff did not provide information on how to access health care services to newly arriving inmates.</p> <p><b>MH-13:</b> In 1 of 1 applicable record, the biopsychosocial assessment (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiating mental health services.</p> <p><b>MH-14:</b> In 10 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.</p> <p><b>MH-15:</b> In 4 of 16 applicable records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p>	<p><b>MH-11 &amp; MH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 &amp; MH-12.</p> <p><b>MH-13 &amp; MH-14 OPEN</b></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 reached. MH-13 &amp; MH-14 will remain open.</p> <p><b>MH-15 &amp; MH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15 &amp; MH-16.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-16: In 4 of 16 applicable records, case management services were not provided or refused at least every 90 days.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>MH-17: In 3 of 4 applicable records (11 reviewed), assistance with Social Security benefits was not provided.</b></p>	<p><b>MH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-18: There was no documentation that the MDST met at regularly scheduled intervals.</b></p> <p><b>MH-19: There was not an inadequate tracking mechanism to reflect mental health related admissions and discharges from the infirmary.</b></p>	<p><b>MH-18 &amp; MH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18 &amp; MH-19.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CAP FINDING – OTHER MENTAL HEALTH</u></b></p> <p><b>CF-1: In 1 of 1 record reviewed, the disposition for an inmate who made a suicidal gesture was inadequate (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-1:** *In one record, nursing staff reported an “attempted hanging”. The on-call clinician was contacted but there was no evidence that the phone contact with nursing occurred for almost two hours. The inmate had previously been returned to confinement without evidence of a suicide assessment.*

#### **IV. Conclusion**

PH-2 & PH-3 remain open and all other physical health portions will close. MH-4, MH-8, MH-13, & MH-14 will remain open and all other mental health portions will close. CF-1 will be added for in-service training, monitoring, and corrective action. 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.