

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

of

**MARTIN CORRECTIONAL INSTITUTION**

for the

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

**CMA STAFF**

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CAP Assessment Distributed on May 21, 2017

## **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.

On May 11, 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 conducted an on-site CAP assessment on May 18, 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 2 of 2 physical health findings were corrected. All physical health findings are closed.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<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 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2 and PH-3.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of 5 mental health findings were corrected. Three mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>MH-4: In 5 of 18 records reviewed, the initial mental status exam (MSE) was not completed within the required time frame.</b></p>	<p><b>MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-8: In 4 of 9 applicable records (18 reviewed), follow-up lab tests were not completed as required.</b></p>	<p><b>MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</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-13: In 1 of 1 applicable record, the bio-psychosocial assessment (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiating mental health services.</b></p> <p><b>MH-14: In 10 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.</b></p>	<p><b>MH-13 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-13 will remain open.</p> <p><b>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 met. MH-14 will remain open.</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.</b></p>	<p><b>CF-1 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 met. CF-1 will remain open.</p>

#### **IV. Conclusion**

All physical health findings are closed. MH-13, MH-14, and CF-1 will remain 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.