

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MARTIN CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted December 7-9, 2021

CMA STAFF

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I. Overview

On December 7-9, 2021, 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 January 12, 2022. In February 2022, 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 MATCI 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. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

Summary of CAP Assessments for Martin Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/7/2022	6/27/22	Off-site	41	16	25

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 9 of the 17 physical health findings were corrected. Eight physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Chronic Illness Clinic</u> PH-1: In 4 of 14 records reviewed, there was no evidence inmates were seen according to their medical grade.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Cardiovascular Clinic</u></p> <p>PH-2: In 4 of 16 records reviewed, there was no evidence the patient was prescribed low-dose aspirin.</p>	X				
<p><u>Gastrointestinal Clinic</u></p> <p>PH-3: In 5 of 13 applicable records (15 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	X				
<p><u>Respiratory Clinic</u></p> <p>PH-4: In 4 of 16 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><u>Tuberculosis Clinic</u></p> <p>PH-5: In 1 of 2 applicable records, there was no evidence the monthly nursing follow-up was completed.</p>			X		

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
PH-6: In 1 of 2 applicable records, there was no evidence of pneumococcal vaccination or refusal.			X		
<p style="text-align: center;"><u>Emergency Services</u></p> PH-7: In 6 of 16 records reviewed, there was no evidence of complete vital signs.		X			
<p style="text-align: center;"><u>Infirmiry</u></p> PH-8: In 4 records, the discharge note from nursing was incomplete.			X		
PH-9: In 2 of 10 applicable records, there was no evidence the nursing assessment was completed within two hours of admission.			X		
PH-10: In 2 of 10 applicable records, the Morse Fall Scale was not completed as required.			X		

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
PH-11: In 2 of 10 applicable records, there was no evidence nursing rounds were completed as required.			X		
PH-12: In 2 of 7 applicable records, there was no evidence weekend telephone rounds were completed as required.			X		
<p style="text-align: center;"><u>Sick Call</u></p> PH-13: In 11 of 17 records reviewed, there was no evidence the patient was seen in a timely manner.	X				
<p style="text-align: center;"><u>Consultations</u></p> PH-14: In 6 of 16 records reviewed, the diagnosis was not recorded on the problem list.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Pill Line</u></p> <p>PH-15: There was no evidence that an oral cavity check was done to ensure medications were swallowed.</p>	X				
<p><u>Institutional Tour</u></p> <p>PH-16: Over-the-counter (OTC) medications were not available in all dorms.</p>	X				
<p>PH-17: Procedures to access medical and dental sick call were not posted in the dorms.</p>	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 16 of the 24 mental health findings were corrected. Eight mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Self-harm Observation Status</u></p> <p>MH-1: In 2 records, a thorough clinical assessment was not completed prior to SHOS admission.</p>	X				
<p>MH-2: In 2 of 2 applicable records, SHOS guidelines were not observed.</p>	X				
<p>MH-3: In 3 records, the patient was not observed at the frequency ordered by the clinician.</p>		X			
<p>MH-4: In 3 records, nursing assessments were not completed once per shift.</p>	X				
<p>MH-5: In 2 records, daily counseling by mental health staff was not conducted on all business days.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-6: In 2 records, mental health staff did not provide adequate post-discharge follow-up.		X			
MH-7: In 5 of 5 applicable records, the Individualized Service Plan (ISP) was not reviewed after discharge.		X			
<p><u>Psychological Emergencies</u></p> <p>MH-8: In 3 of 8 applicable records (14 reviewed), follow-up after a psychological emergency was indicated but did not occur.</p>	X				
<p><u>Special Housing</u></p> <p>MH-9: In 1 of 5 applicable records, psychotropic medications were not continued as ordered.</p>		X			
MH-10: In 1 of 4 applicable records, follow-up mental status exams were not completed as required.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Outpatient Mental Health Services</u></p> <p>MH-11: In 5 records, the consent for treatment was not signed prior to initiating services and annually thereafter.</p>	X				
<p>MH-12: In 2 of 6 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p>	X				
<p>MH-13: In 4 records, the Bio-psycho-social Assessment (BPSA) was not present in the record.</p>	X				
<p>MH-14: In 4 records, the Individualized Service Plan (ISP) was not individualized or did not contain the required components.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-15: In 13 of 13 applicable records, the ISP was not signed by all relevant parties.		X			
MH-16: In 10 of 13 applicable records, the ISP was not reviewed or revised at the required intervals.	X				
MH-17: In 8 records, identified problems were not recorded on the problem list.	X				
MH-18: In 6 of 13 applicable records, the inmate did not receive the services listed on the ISP.	X				
<p data-bbox="247 1110 583 1170"><u>Outpatient Psychotropic Medication Practices</u></p> <p data-bbox="218 1211 613 1341">MH-19: In 1 of 5 applicable records, follow-up laboratory studies were not conducted as required.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-20: In 8 of 14 records, the inmate did not receive the medications as prescribed.		X			
MH-21: In 4 of 7 applicable records, nursing did not meet with the inmate after two consecutive days of refusing psychotropic medication.			X		
MH-22: In 4 of 5 applicable records, the inmate did not sign a refusal after 3 consecutive or 5 medication refusals in one month.		X			
<p style="text-align: center;"><u>Aftercare Planning</u></p> <p>MH-23: In 2 records, the inmate was within 180 days End of Sentence (EOS) and aftercare plans were not addressed.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
MH-24: In 1 of 1 applicable record, a summary of outpatient mental health care was not completed and forwarded to the community provider within 30 days of EOS.	X				

IV. Conclusion

Physical Health-Main Unit

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-13, PH-14, PH-15, PH-16, & PH-17. All other physical health findings will remain open.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-2, MH-4, MH-5, MH-8, MH-10, MH-11, MH-12, MH-13, MH-14, MH-16, MH-17, MH-18, MH-19, MH-23 & MH-24. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by MATCI 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 evaluation.