

**CORRECTIVE ACTION PLAN
ASSESSMENT**
of
MAYO CORRECTIONAL INSTITUTION ANNEX
for the
Physical and Mental Health Survey
Conducted August, 2023
CMA STAFF
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I. Overview

On August 9-10, 2024, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Mayo Correctional Institution Annex (MAYAN)). The survey report was distributed on September 22, 2023. In October 2023, MAYAN submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the MAYAN 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 Mayo Correctional Institution Annex

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	3/6/24	19	7	12

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 11 of the 17 physical health findings were corrected. Six 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>Endocrine Clinic Chronic Illness Clinic:</u> Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates		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>Respiratory Chronic Illness Clinic:</u> Screen 2: Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication</p>	X				
<p><u>Outpatient Infirmary Care:</u> Screen 7: A discharge note containing all of the required information is completed as required</p>		X			
<p><u>Inpatient Infirmary Care:</u> Screen 7: Weekend and holiday clinician phone rounds are completed and documented as required</p>	X				
<p>Screen 8: A discharge note containing all of the required information is completed as required</p>		X			
<p><u>Medication And Vaccination Administration:</u> Screen 3: If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication noncompliance</p>	X				
<p>Screen 4: There is evidence of pneumococcal vaccination or refusal</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
<u>Intra-System Transfers:</u> Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival	X				
<u>Periodic Screenings:</u> Screen 2: All components of the screening are completed and documented as required	X				
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter		X			
Screen 4: Referral to a clinician occurs if indicated	X				
<u>PREA Medical Review:</u> Screen 3: There is documentation that the alleged victim was provided education on STIs	X				
Screen 7: A mental health referral is submitted following the completion of the medical screening	X				
Screen 8: The inmate is evaluated by mental health by the next working day	X				
Screen 9: The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated			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
<u>Institutional Tour – Infirmary:</u> Screen 5: Medical isolation room(s) have negative air pressure relative to other parts of the facility	X				
<u>Institutional Tour - Inmate Housing Areas:</u> Screen 5: Procedures to assess medical and dental sick call are posted in a conspicuous place	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 2 mental health findings were corrected. One mental health finding 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
<u>Self-Injury and Suicide Prevention Review:</u> Screen 3: Guidelines for SHOS management are observed		X			
<u>Psychiatric Restraints:</u> Screen 3: All interviewed staff are able to provide instructions on the application of restraints	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by MAYAN 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.