

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of  
**MAYO CORRECTIONAL INSTITUTION ANNEX**  
for the  
Physical and Mental Health Survey  
Conducted March 21-23, 2017

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CAP Assessment Distributed on April 20, 2018

## CAP Assessment of Mayo Correctional Institution Annex

### I. Overview

On March 21-23, 2017, 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 April 10, 2017. In May 2017, 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 March 2017 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 September 27, 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 October 5, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. On March 23, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted for the second CAP assessment. Based on the documents provided, CMA staff conducted an on-site CAP assessment on April 18, 2018. 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 two of the three physical health findings were corrected. One physical health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-2: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-3: In 8 records, inmates were not seen according to their M-grades.</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>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC RECORD REVIEW</u></b></p> <p><b>PH-5: In 3 of 6 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</b></p>	<p><b>PH-5 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. PH-5 will remain open.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that two of seven mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p> <p><b>MH-3: In 3 records, the “Infirmity/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of an SHOS admission.</b></p> <p><b>MH-4: In 2 of 2 applicable records, the guidelines for SHOS management were not observed.</b></p> <p><b>MH-7: In 4 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge from SHOS.</b></p>	<p><b>MH-1, MH-3 &amp; 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 has not been met. MH-1, MH-3 and MH-4 will remain open.</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>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 11 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-9: In 6 of 8 applicable records, the Biopsychosocial Assessment (BPSA) was not approved by the multi-disciplinary services team within 30 days of initiation of mental health services, or change in S-grade.</b></p> <p><b>MH-10: In 6 records, short term goals on the Individualized Service Plan (ISP) were not written as required.</b></p> <p><b>MH-11: In 4 records, the ISP was not signed by all relevant parties.</b></p>	<p><b>MH-9 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 has not been met. MH-9 will remain open.</p> <p><b>MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p> <p><b>MH-11 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 has not been met. MH-11 will remain open.</p>

**IV. Conclusion**

One physical health finding remains open and all other portions will close. Five mental health findings will remain open and all other 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 on-site evaluation.