

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MOORE HAVEN CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted November 5-6, 2014

CMA STAFF

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CAP Assessment Distributed on April 27, 2015

CAP Assessment of Moore Haven Correctional Facility

I. Overview

On November 5-6, 2014 the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Moore Haven Correctional Facility (MHCF). The survey report was distributed on November 25, 2014. In December 2014, MHCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 2014 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. In April 2015, CMA staff reviewed 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 April 21, 2015 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 10 of the 12 physical health findings were corrected. Two physical health finding remain open.

| Finding | CAP Evaluation Outcome |
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| <p><u>ENDOCRINE CLINIC</u></p> <p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-1: In 3 records, there was no evidence of completed annual labs.</p> <p>PH-2: In 3 of 4 applicable records, there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every four months.</p> | <p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p> <p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> | <p>PH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached.</p> |

| Finding | CAP Evaluation Outcome |
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| <p>PH-3: In 3 records, there was no evidence of completed annual labs.</p> <p>PH-4: In 3 records, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p> | <p>PH-3 will remain open.</p> <p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>IMMUNITY CLINIC</u></p> <p>PH-5: In 1 of 3 applicable records (14 reviewed), there was no evidence of appropriate opportunistic infection prophylaxis.</p> | <p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>RESPIRATORY CLINIC</u></p> <p>PH-6: In 1 of 3 applicable records (12 reviewed), there was no evidence that an inmate with moderate to severe reactive airway disease was started on anti-inflammatory medication.</p> | <p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-7: In 2 of 5 applicable records (6 reviewed), there was no evidence of pneumococcal vaccine or refusal.</p> | <p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>EMERGENCY CARE</u></p> <p>PH-8: In 1 of 1 applicable record (16 reviewed), there was no evidence that the follow-up assessment was signed by the clinician.</p> | <p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>SICK CALL</u></p> <p>PH-9: In 2 of 7 applicable records (16 reviewed), there was no evidence that the follow-up assessment was signature stamped by the clinician.</p> | <p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>CONSULTATIONS</u></p> <p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-10: In 7 records, the diagnosis was not reflected on the problem list.</p> <p>PH-11: In 3 of 10 applicable records, there was no evidence that the Consultation Appointment Log (DC4-797F) was complete and accurate.</p> | <p>PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-10 will remain open.</p> <p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-12: In 4 of 14 records reviewed, there was no evidence that the clinician reviewed the health record and the Health Information Transfer/Arrival Summary (DC4-760A) within 7 days of arrival.</p> | <p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p> |

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 12 of 18 mental health findings were corrected. Six mental health findings will remain open.

| Finding | CAP Evaluation Outcome |
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| <p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 11 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 4 records, admission orders were not signed/countersigned and/or not dated/timed.</p> <p>MH-2: In 2 of 4 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-3: In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-4: In 3 records, daily rounds were not conducted by the attending clinician.</p> | <p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1.</p> <p>MH-2, MH-3, & MH-4 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-2, MH-3, & MH-4 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>USE OF FORCE</u></p> <p>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</p> <p>MH-5: In 3 records, the post use of force physical exam was not completed in its entirety.</p> <p>MH-6: In 1 of 2 applicable records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p> | <p>MH-5 & MH-6 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the on-site review. Institutional staff will continue to monitor. MH-5 & MH-6 will remain open.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>PSYCHOLOGICAL EMERGENCY</u></p> <p>MH-7: In 4 of 12 records, there was no documentation that the clinician had considered the inmate's history of mental health treatment and past suicide attempts.</p> | <p>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>SPECIAL HOUSING</u></p> <p>MH-8: In 1 of 4 applicable records (13 reviewed), an identified problem in adjustment was not responded to in a clinically appropriate manner.</p> | <p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 26 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 5 of 21 applicable records, informed consents were not present.</p> <p>MH-10: In 2 of 4 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p> | <p>MH-9 & MH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9 & MH-10.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 22 outpatient records revealed the following deficiencies:</p> <p>MH-11: In 2 of 3 applicable records, the Biopsychosocial Assessment (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</p> <p>MH-12: In 6 of 19 applicable records, the Individual Service Plan (ISP) was not individualized and lacked pertinent information.</p> <p>MH-13: In 7 of 19 applicable records, the ISP was not signed by a member or members of the MDST and/or inmate or a refusal was not documented on form DC4-711A.</p> <p>MH-14: In 4 of 19 applicable records, mental health problems were not recorded on the problem list.</p> <p>MH-15: In 1 of 2 applicable records,</p> | <p>MH-11 & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 & MH-12.</p> <p>MH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-13 will remain open.</p> <p>MH-14 & MH-15 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14 & MH-15.</p> |

| Finding | CAP Evaluation Outcome |
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| counseling was not provided for inmates with a psychotic disorder at least every 30 days | |

| Finding | CAP Evaluation Outcome |
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| <p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 10 records of S-3 inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-16: In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days EOS.</p> <p>MH-17: In 3 of 9 applicable records, the Consent and Authorization form (DC-711B) was not dated.</p> | <p>MH-16 & MH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16 & MH-17.</p> |

| Finding | CAP Evaluation Outcome |
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| <p><u>MENTAL HEALTH SYSTEMS REVIEW</u></p> <p>MH-18: Logs were incorrect, illegible, or incomplete.</p> | <p>MH-18 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18.</p> |

IV. Conclusion

PH-3 and PH-10 remain open. All other physical health portions will close. MH-2, MH-3, MH-4, MH-5, MH-6, & MH-13 remain open and all other mental health findings will close. Until such time as appropriate corrective actions are undertaken by MHCF 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 visit.