

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**POLK CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted January 14-15, 2015

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CAP Assessment Distributed on July 2, 2015

## **CAP Assessment of Polk Correctional Institution**

### **I. Overview**

On January 14-15, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Polk Correctional Institution (POLCI). The survey report was distributed on February 4, 2015. In March 2015, POLCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the January 2015 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 May 27, 2015, 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 July 1, 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 10 physical health findings were corrected. All physical health findings are closed.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<b><u>CARDIOVASCULAR CLINIC</u></b>  <b>PH-1: In 8 of 19 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</b>	<b>PH-1 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<b><u>ENDOCRINE CLINIC</u></b>  <b>PH-2: In 6 of 15 records reviewed, the physical examination was incomplete.</b>	<b>PH-2 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close PH-2.

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p><b>PH-3:</b> In 7 of 12 applicable records, there was no evidence of hepatitis A &amp; B vaccine or refusal.</p> <p><b>PH-4:</b> In 5 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p><b>PH-3 &amp; PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3 &amp; PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>PH-5:</b> In 3 of 7 applicable records (11 reviewed), there was no evidence of hepatitis B vaccine or refusal.</p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ONCOLOGY CLINIC</u></b></p> <p><b>PH-6:</b> In 1 of 5 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p><b>PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p><b>PH-7: In 8 of 17 records reviewed, there was no evidence that a clinician reviewed the health record and the DC4-760A “Health Information Transfer/Arrival Summary” within 7 days of arrival.</b></p>	<p><b>PH-7 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-8: In 4 of 17 records reviewed, there was no evidence that the periodic screening was conducted within one month of the due date.</b></p>	<p><b>PH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-9: The over-the-counter medications count did not match what was recorded on the inventory logs.</b></p> <p><b>PH-10: The infirmary is not within sight or sound of the nurse’s station.</b></p>	<p><b>PH-9 &amp; PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9 &amp; PH-10.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 13 of 13 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 6 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1:</b> In 1 of 4 applicable records, daily counseling by mental health staff did not occur.</p> <p><b>MH-2:</b> In 2 of 5 applicable records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> <p><b>MH-3:</b> In 2 of 4 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p><b>MH-1, MH-2, &amp; MH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1, MH-2, &amp; MH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>A comprehensive review of 9 inmate requests revealed the following deficiencies:</b></p> <p><b>MH-4:</b> In 2 records, the request was not responded to within 10 days.</p> <p><b>MH-5:</b> In 2 of 6 applicable records, the inmate was not seen by mental health as indicated in the response to the request.</p>	<p><b>MH-4 &amp; MH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 &amp; MH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 10 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-6: In 2 records, the biopsychosocial assessment (BPSA) was not present and/or completed in the medical record.</b></p> <p><b>MH-7: In 4 records, the Individual Service Plan (ISP) lacked pertinent information.</b></p> <p><b>MH-8: In 3 of 7 applicable records, the ISP was not reviewed or revised at the 180 day interval.</b></p> <p><b>MH-9: In 4 records, mental health problems were not recorded on the problem list.</b></p> <p><b>MH-10: In 5 of 9 applicable records, there was a lack of documentation indicating the inmate received the mental health interventions and services described in the ISP.</b></p> <p><b>MH-11: In 3 records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder.</b></p> <p><b>MH-12: In 3 records, case management was not conducted at least every 90 days.</b></p> <p><b>MH-13: In 10 records, the frequency of the clinical contacts was not sufficient and clinically appropriate.</b></p>	<p><b>MH-6, MH-7, MH-8, MH-9, MH-10, MH-11, MH-12, &amp; MH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6, MH-7, MH-8, MH-9, MH-10, MH-11, MH-12, &amp; MH-13.</p>

#### IV. Conclusion

All physical and mental health findings are closed, and all outstanding issues related to the CMA survey of POLCI are adequately resolved. No further action is required.