

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

PUTNAM CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted September 7 - 8, 2022

CMA STAFF

Christine Swift, LCSW
Monica Dodrill, RN

CMA SURVEYORS

Leanne Barfield, APRN
Marty Swanbrow-Becker, PhD

Distributed on June 23, 2023

I. Overview

On September 7 – 8, 2022, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Putnam Correctional Institution (PUTCI). The survey report was distributed on October 4, 2022. On November 3, 2022, PUTCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the PUTCI 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 Putnam Correctional Institution

CAP #	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	June 13, 2023	Off-site	14	0	14

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 will close.

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>Endocrine Clinic Chronic Illness Clinic Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates.</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
<p><u>Gastrointestinal Chronic Illness Clinic</u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection.</p>	X				
<p><u>Sick Call Services</u> Screen 1: The sick call request is appropriately triaged based on complaint or condition.</p>	X				
<p>Screen 3: The nursing assessment is completed in its entirety.</p>	X				
<p>Screen 6: Referrals to a higher level of care are made in accordance with protocols.</p>	X				
<p>Screen 7: Follow-up visits are completed in a timely manner.</p>	X				
<p><u>Medical Inmate Requests</u> Screen 3: The response to the request is direct, addresses the stated need and is clinically appropriate.</p>	X				
<p><u>Intra-System Transfers</u> Screen 7: A clinician reviewed the health record and DC4-760A within seven (7) days of arrival.</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>Periodic Screenings</u> Screen 1: The periodic screening encounter is completed within one month of the due date.	X				
Screen 3: All diagnostic tests are completed prior to the periodic screening encounter.	X				

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that four of four mental health findings were corrected. All mental health findings will close.

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>Psychological Emergency</u> Screen 8: There is appropriate follow-up as indicated in response to the emergency.	x				
<u>Outpatient Mental Health Services</u> Screen 16: The ISP is signed by the inmate and all members of the treatment team.	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
Screen 18: Identified problems are recorded on the problem list.	x				
<u>Institutional Tour - Mental Health</u> Screen 3: Outpatient group therapy is offered.	x				

IV. Conclusion

Physical Health-Main Unit

All physical health findings are closed.

Mental Health-Main Unit

All mental health findings are closed.

All findings as a result of the September 2022 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.