

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

POLK CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted March 19-21, 2019

CMA STAFF

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I. Overview

On March 19-21, 2019, 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 April 18, 2019. In May 2019, 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 POLCI 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 Polk Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	11/19/19	12/4/19	On-site	18	2	16

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 11 of the 11 physical health findings were corrected. All physical health findings are closed.

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
Endocrine Clinic PH-1: In 10 of 14 applicable records, there was no evidence of an appropriate exam for the diagnosis.	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>Endocrine Clinic</u> PH-2: In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</p>	X				
<p><u>Neurology Clinic</u> PH-3: In 3 of 9 applicable records (10 reviewed), there was no evidence that seizures were classified.</p>	X				
<p><u>Oncology Clinic</u> PH-4: In 1 of 4 records reviewed, marker studies and/or radiological studies were not performed as required.</p>	X				
<p><u>Respiratory Clinic</u> PH-5: In 4 of 15 records reviewed, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p>	X				
<p><u>Consultations</u> PH-6: In 2 records, clinical information and the indication for consultation was not documented in the medical record.</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>Consultations</u> PH-7: In 2 of 7 applicable records, there was not an incidental note completed timely to address the consultant's treatment recommendations and the plan of care.</p>	X				
<p><u>Consultations</u> PH-8: In 1 of 2 applicable records, there was no evidence appointments for follow-up or additional diagnostic tests were not completed per the consultant's recommendation.</p>	X				
<p><u>Medication Administration Record Review</u> PH-9: In 3 records, there was no evidence that orders were signed, dated, and/or timed by the clinician.</p>	X				
<p><u>Medication Administration Record Review</u> PH-10: In 5 records, there was no evidence of a corresponding note for all medication orders.</p>	X				
<p><u>Institutional Tour</u> PH-11: First aid kits in the dorms were not checked monthly.</p>	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 5 of the 7 mental health findings were corrected. Two mental health findings 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-Harm Observation Status</u> MH-1: In 1 record, admission orders were not signed/co-signed the next working day.	X				
<u>Self-Harm Observation Status</u> MH-2: In 1 record, the admission order was incomplete.	X				
<u>Self-Harm Observation Status</u> MH-3: In 3 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift.	X				
<u>Self-harm Observation Status</u> MH-4: In 1 record, there was no evidence the clinician conducted a face-to-face evaluation prior to discharge.		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>Self-Harm Observation Status</u> MH-5: In 4 records, mental health staff did not provide post-discharge follow-up within 7 days.	X				
<u>Outpatient Mental Health</u> MH-6: In 3 of 10 applicable records, 11 reviewed, there was no evidence the record was reviewed within 24 hours of arrival.		X			
<u>Mental Health Systems</u> MH-7: Outpatient therapeutic groups were not provided to meet the needs of the inmate population.	X				

IV. Conclusion

Physical Health-Main Unit

All mental health findings are closed.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-2, MH-3, MH-5, & MH-7. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by POLCI 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.