

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**RECEPTION AND MEDICAL CENTER**

for the

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

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## **CAP Assessment of Reception and Medical Center**

### **I. Overview**

On October 14-15, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Reception and Medical Center (RMC). The survey report was distributed on November 23, 2015. In December 2015, RMC submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the October 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 February 9, 2016 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 April 6-7, 2016 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**

#### **A. Main Unit**

The CAP closure files revealed sufficient evidence to determine that 10 of the 19 physical health findings were corrected. Nine physical health findings will remain open.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<p><b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b></p> <p><b>PH-1: In 4 of 15 records reviewed, baseline information was incomplete or missing.</b></p>	<p><b>PH-1 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-1 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CARDIOVASCULAR CLINIC</u></b></p> <p><b>PH-2: In 5 of 13 applicable records (20 reviewed), there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p><b>PH-2 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-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>PH-3: In 3 of 15 applicable records (16 reviewed), there was no evidence that abnormal labs were addressed timely.</b></p>	<p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>PH-4: In 6 of 12 applicable records (15 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</b></p>	<p><b>PH-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 had not been met. PH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>PH-5: In 3 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</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>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p><b>PH-6: In 3 of 8 applicable records (11 reviewed), there was no evidence of pneumococcal vaccination or refusal.</b></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>NEUROLOGY CLINIC</u></b></p> <p><b>PH-7: In 3 of 4 applicable records (7 reviewed), there was no evidence that seizures were classified.</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>ONCOLOGY CLINIC</u></b></p> <p><b>PH-8: In 4 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p><b>PH-8 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-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-9: In 9 of 18 records reviewed, the diagnosis was not reflected on the problem list.</b></p>	<p><b>PH-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 had not been met. PH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>DENTAL SYSTEMS</u></b></p> <p><b>PH-10: There was no evidence that appropriate personal protective items were used.</b></p> <p><b>PH-11: There was no evidence that all necessary equipment was working and available.</b></p>	<p><b>PH- 10 &amp; PH-11 OPEN</b></p> <p>Adequate evidence of correction was not provided. PH-10 &amp; PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PILL LINE ADMINISTRATION</u></b></p> <p><b>PH-12: There was no evidence that medical personnel consistently checked the inmate's identification.</b></p> <p><b>PH-13: There was no evidence that medical personnel consistently verified that the medication label matched the medication administration record (MAR).</b></p> <p><b>PH-14: There was no evidence that an oral cavity check for each inmate was conducted to ensure medication(s) were swallowed.</b></p>	<p><b>PH-12, PH-13, &amp; PH-14 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-12, PH-13 &amp; PH-14.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RECEPTION RECORD REVIEW</u></b></p> <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-15: In 9 records, there was no evidence that all diagnostic tests were completed as required (see discussion).</b></p> <p><b>PH-16: In 13 records, there was no evidence that required immunizations were provided.</b></p>	<p><b>PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15</p> <p><b>PH-16 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-16 will remain open.</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-17: There was no evidence that screens or other adequate measures were available to ensure inmate privacy during exams/treatment in the infirmary area or in the intake area at reception.</b></p> <p><b>PH-18: There was no evidence that over-the-counter medications were consistently available in all dorms.</b></p> <p><b>PH-19: There was no evidence that the procedures to access sick call and pill line schedules were posted in all necessary areas.</b></p>	<p><b>PH-17, PH-18, &amp; PH-19 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-17, PH-18 &amp; PH-19.</p>

**B. West**

The CAP closure files revealed sufficient evidence to determine that 21 of the 22 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>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 6 records, baseline information was incomplete or missing.</b></p> <p><b>PH-2: In 5 records, inmates were not seen at the intervals required by their assigned medical grade status.</b></p>	<p><b>PH-1 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1</p> <p><b>PH-2 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-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 4 of 6 applicable records, abnormal laboratory results were not addressed timely.</b></p> <p><b>PH-4: In 1 of 4 applicable records, there was no evidence of the annual fundoscopic examination.</b></p> <p><b>PH-5: In 1 of 2 applicable records, inmates with HgbA1c levels over 8.0 were not seen at the required intervals.</b></p> <p><b>PH-6: In 2 of 5 applicable records, there was no evidence that aspirin therapy was initiated for diabetic inmates with cardiovascular disease.</b></p>	<p><b>PH-3, PH-4, PH-5 &amp; PH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3, PH-4, PH-5 &amp; PH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>PH-7: In 1 of 5 applicable records (9 reviewed), there was no evidence of influenza vaccination or refusal.</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>MISCELLANEOUS CLINIC</u></b></p> <p><b>A comprehensive review of 2 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 1 record, there was no documentation of the control of the disease and patient status.</b></p> <p><b>PH-9: In 1 record, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p><b>PH-8, &amp; PH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8 &amp; PH-9.</p>

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>A comprehensive review of 1 record revealed the following deficiencies:</b></p> <p><b>PH-10: In 1 record, the physical examination was incomplete.</b></p> <p><b>PH-11: In 1 record, the laboratory work was not completed at the required intervals.</b></p>	<p><b>PH-10 &amp; PH-11 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10 &amp; PH-11.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p><b>PH-12: In 2 of 2 records reviewed, reactive airway diseases were not classified as mild, moderate, or severe.</b></p>	<p><b>PH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-13: In 1 record, the baseline information was incomplete.</b></p> <p><b>PH-14: In 1 record, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p><b>PH-13 &amp; PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 &amp; PH-14.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p><b>PH-15: In 7 of 15 records reviewed, there was no incidental note contained in the medical record.</b></p>	<p><b>PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p><b>PH-16: In 1 of 5 applicable records (11 reviewed), there was no referral to the clinician or the necessary follow-up was not completed.</b></p>	<p><b>PH-16 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PILL LINE ADMINISTRATION</u></b></p> <p>A review of pill line administration revealed the following deficiencies:</p> <p><b>PH-17: Pre-poured medications were administered by another individual</b></p> <p><b>PH-18: The individual administering the pill line was unfamiliar with the protocol for addressing inmate medication questions.</b></p>	<p><b>PH-17 &amp; PH-18 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-17 &amp; PH-18.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PHARMACY SERVICES</u></b></p> <p>A tour of the pharmacy area revealed the following deficiencies:</p> <p><b>PH-19: There was no evidence that a narcotics count was conducted at every change of shift</b></p> <p><b>PH-20: Out of date controlled substances were segregated but not labeled as “expired”</b></p>	<p><b>PH-19 &amp; PH-20 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-19 &amp; PH-20.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p>A tour of the facility revealed the following deficiencies:</p> <p><b>PH-21: Personal protective equipment (PPE) was not readily available in the sick call room</b></p>	<p><b>PH-21 &amp; PH-22 CLOSED</b></p> <p>Adequate documentation of correction was provided to close PH-21&amp; PH-22.</p>

Finding	CAP Evaluation Outcome
PH-22: Sharps/needles were not contained in secured storage.	

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed evidence to determine that 20 of 47 mental health findings were corrected. Twenty-seven mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-2: In 3 of 7 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p> <p><b>MH-3: In 2 records, not all entries were dated, timed, signed and/or stamped.</b></p>	<p><b>MH-1 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, institutional monitoring indicated an acceptable level of compliance had not been reached. MH-1 will remain open.</p> <p><b>MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2.</p> <p><b>MH-3 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. MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>MH-4: In 1 of 4 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p>	<p><b>MH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-5: In in 2 of 6 records reviewed, a copy of the inmate request was not present in the medical record.</b></p>	<p><b>MH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PSYCHOLOGICAL EMERGENCIES</u></b></p> <p><b>MH-6: In 2 of 9 records reviewed, there was no appropriate follow-up in response to the psychological emergency.</b></p>	<p><b>MH-6 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p><b>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>MH-7: In 1 of 3 applicable records, psychotropic medications ordered were</b></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>not continued as directed while the inmate was held in special housing (see discussion).</p> <p><b>MH-8: In 3 of 8 applicable records, the mental status exam (MSE) was not completed within the required time frame.</b></p> <p><b>MH-9: In 2 of 10 applicable records, outpatient treatment (psychiatry, case management and individual therapy) was not continued as indicated on the ISP.</b></p>	<p><b>MH-8 &amp; 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 had not been met. MH-8 &amp; MH-9 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 10 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-10: In 2 of 7 applicable records, appropriate initial lab tests were not ordered and/or completed as required.</b></p> <p><b>MH-11: In 3 of 8 applicable records, appropriate follow-up initial lab tests were not ordered and/or completed as required.</b></p> <p><b>MH-12: In 4 records, informed consents were not present or appropriate for the medication prescribed.</b></p> <p><b>MH-13: In 2 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-14: In 6 records, follow-up psychiatric contacts did not reflect necessary information.</b></p> <p><b>MH-15: In 3 of 6 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</b></p>	<p><b>MH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-10 will remain open.</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 had not been met. MH-11 will remain open.</p> <p><b>MH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12.</p> <p><b>MH-13 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, a review of randomly selected records indicated an acceptable level of</p>

Finding	CAP Evaluation Outcome
	<p>compliance had not been met. MH-13 will remain open.</p> <p><b>MH-14 &amp; MH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14 &amp; MH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 12 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-16: In 9 records, a risk assessment for violence was not completed in the required time frame.</b></p> <p><b>MH-17: In 3 of 11 applicable records, Individualized Service Plans (ISP) were not initiated or reviewed within the appropriate time frame.</b></p> <p><b>MH-18: In 11 of 11 applicable records, the required hours of planned structured therapeutic services were not provided or were not clinically appropriate.</b></p> <p><b>MH-19: In 10 of 11 applicable records, weekly documentation of the inmate's participation in the group activity was not present in the medical record.</b></p> <p><b>MH-20: In 10 of 11 applicable records, nursing evaluations were not documented or completed as required.</b></p> <p><b>MH-21: In 10 of 11 applicable records, there was no documentation that the</b></p>	<p><b>MH-16, MH-17, MH-18, MH-19, MH-20, MH-21 &amp; MH-22 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-16, MH-17, MH-18, MH-19, MH-20, MH-21 &amp; MH-22.</p>

Finding	CAP Evaluation Outcome
<p><b>Multi-disciplinary Service Team (MDST) met within the appropriate time frame.</b></p> <p><b>MH-22: In 2 of 4 applicable records, an inpatient discharge summary was not completed prior to the inmate's discharge from the CSU.</b></p>	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 12 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-23: In 2 of 4 applicable records, there was no evidence that initial lab tests were conducted.</b></p> <p><b>MH-24: In 1 of 5 applicable records, follow-up lab tests were not ordered and/or conducted as required.</b></p> <p><b>MH-25: In 4 of 11 applicable records, physician's orders were not dated, timed, and/or stamped.</b></p> <p><b>MH-26: In 10 of 11 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-27: In 3 of 4 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</b></p> <p><b>MH-28: In 3 of 4 applicable records, there was no "Refusal of Health Care Services" (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</b></p>	<p><b>MH-23 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-23 will remain open.</p> <p><b>MH-24, MH-25 &amp; MH-26 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. MH-24, MH-25 &amp; MH-26 will remain open.</p> <p><b>MH-27 &amp; MH-28 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-27 &amp; MH-28 will remain open.</p> <p><b>MH-29, MH-30 &amp; MH-31 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. MH-29, MH-30 &amp; MH-31 will remain open.</p>



Finding	CAP Evaluation Outcome
<p><b>MH-29:</b> In 8 records, informed consents were not present or appropriate for the medication prescribed.</p> <p><b>MH-30:</b> In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-31:</b> In 4 of 6 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p>	

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 15 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-32:</b> In 5 of 8 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</p> <p><b>MH-33:</b> In 6 of 12 applicable records, the ISP was not updated within 14 days of arrival.</p> <p><b>MH-34:</b> In 5 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p><b>MH-35:</b> In 2 of 2 applicable records, the BPSA was not approved by the MDST within 30 days.</p> <p><b>MH-36:</b> In 2 of 3 applicable records, the ISP was not completed within 30 days after assignment of S2 or S3 grade.</p> <p><b>MH-37:</b> In 4 records, the ISP did not address all required information.</p>	<p><b>MH-32 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-32.</p> <p><b>MH-33, MH-34, MH-35, MH-36, MH-37, MH-38 &amp; MH-39 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. MH-33, MH-34, MH-35, MH-36, MH-37, MH-38 &amp; MH-39 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-38:</b> In 3 of 13 applicable records, there was no documentation that the inmate received the services listed in the ISP.</p> <p><b>MH-39:</b> In 1 of 5 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p>	

Finding	CAP Evaluation Outcome
<p><b><u>RECEPTION PROCESS</u></b></p> <p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p><b>MH-40:</b> In 2 records, there was no consent to mental health evaluation signed prior to initiating the reception screening.</p> <p><b>MH-41:</b> In 4 of 8 applicable records, there was an interruption of the inmate’s psychotropic medication after arrival from the county jail.</p> <p><b>MH-42:</b> In 2 of 8 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</p> <p><b>MH-43:</b> In 1 of 3 applicable records, there was no signed release or refusal for past treatment records and no documentation that those records were requested for inmates who had been at the reception center for 60 days.</p>	<p><b>MH-40 &amp; MH-41 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-40 &amp; MH-41.</p> <p><b>MH-42 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-42 will remain open.</p> <p><b>MH-43 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-43.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p>A comprehensive review of 10 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p><b>MH-44:</b> In 2 records, aftercare plans were not addressed on the ISP.</p> <p><b>MH-45:</b> In 4 of 7 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p> <p><b>MH-46:</b> In 1 of 1 applicable record, a social security benefit application was not forwarded between 45 and 30 days EOS for eligible inmates.</p>	<p><b>MH-44 &amp; MH-45 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. MH-44 &amp; MH-45 will remain open.</p> <p><b>MH-46 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however, no applicable episodes were available for review. MH-46 will remain open</p>

Finding	CAP Evaluation Outcome
<p><b><u>OTHER ADMINISTRATIVE ISSUES</u></b></p> <p><b>MH-47:</b> The procedure for requesting mental health services was inadequate.</p>	<p><b>MH-47 CLOSED</b></p> <p>Adequate documentation of correction was provided to close MH-47.</p>

**B. West**

The CAP closure files revealed evidence to determine that 5 of 10 mental health findings were corrected. Five mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 12 outpatient records revealed the following deficiencies:</p>	<p><b>MH-1 &amp; MH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 &amp; MH-2.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-1: In 4 of 11 applicable records, there was no evidence that initial laboratory tests were conducted.</b></p> <p><b>MH-2: In 2 of 4 applicable records, there was no evidence that abnormal laboratory results were addressed.</b></p> <p><b>MH-3: In 2 of 5 applicable records, follow-up laboratory tests were not completed as required.</b></p> <p><b>MH-4: In 7 records, informed consents were not present or appropriate for the medication prescribed.</b></p> <p><b>MH-5: In 10 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-6: In 6 of 8 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame or was not present in the medical record.</b></p>	<p><b>MH-3 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. MH-3 will remain open.</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> <p><b>MH-6 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. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>MH-7: In 2 of 6 records reviewed, documentation indicated the inmate request was received but there was no response from mental health.</b></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>AFTERCARE PLANNING</u></b></p> <p><b>A comprehensive review of 2 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-8: In 2 records, the “Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information” (DC4-711B) was not signed by the inmate.</b></p> <p><b>MH-9: In 1 of 2 applicable records, the “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</b></p> <p><b>MH-10: In 1 of 1 applicable record, assistance with social security benefits was not provided at 90 days EOS for the eligible inmate.</b></p>	<p><b>MH-8, MH-9 &amp; MH-10 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. MH-8, MH-9 &amp; MH-10 will remain open.</p>

#### **IV. Conclusion**

##### **Physical Health Main Unit**

The following physical health findings will remain open: PH-1, PH-2, PH-4, PH-5, PH-8 - PH-11, and PH-16. All other physical health portions will close.

##### **Physical Health West Unit**

The following physical health finding will remain open: PH-2. All other physical health portions will close.

##### **Mental Health Main Unit**

The following mental health findings will remain open: MH-1, MH-3, MH-8, MH-9, MH-10, MH-11, MH-13, MH-23, MH-24, MH-25, MH-26, MH-27, MH-28, MH-29, MH-30, MH-31, MH-33, MH-34, MH-35, MH-36, MH-37, MH-38, MH-39, MH-42, MH-44, MH-45, and MH-46. All other mental health portions will close.

### **Mental Health West Unit**

The following mental health findings will remain open: MH-3, MH-6 MH-8, MH-9, and MH-10 will remain open. All other mental health portions will close.

Until such time as appropriate corrective actions are undertaken by RMC 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.