

**FIRST ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

RECEPTION AND MEDICAL CENTER CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted November 13-15, 2018

CMA STAFF

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I. Overview

On November 13-15, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Reception Medical Center (RMC). The survey report was distributed on December 7, 2018. In January 2019, 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 RMC 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.

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	7/10/19	9/19/19 – 9/20/19	On-site	31	9	22

Summary of CAP Assessments for Reception and Medical Center Correctional Institution

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 8 of the 8 physical health findings were corrected. All physical health findings are closed.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Endocrine Clinic</u> PH-1: In 2 of 8 applicable records (17 reviewed), inmates with HgbA1c levels over 8% were not seen at the required intervals.	X					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Gastrointestinal Clinic</u> PH-2: In 5 of 14 applicable records (16 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	X					
<p><u>Miscellaneous Clinic</u> PH-3: In 2 of 9 applicable records, there was no evidence labs were completed as required.</p>	X					
<p><u>Miscellaneous Clinic</u> PH-4: In 2 of 9 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	X					
<p><u>Miscellaneous Clinic</u> PH-5: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X					

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Respiratory Clinic</u> PH-6: In 3 of 9 applicable records (16 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p>	X					
<p><u>Medication Administration</u> PH-7: In 6 of 12 records reviewed, there was no evidence of a corresponding note from the clinician for a medication order.</p>	X					
<p><u>Institutional Tour</u> PH-8: The over-the-counter medications were not available for all days of the months reviewed.</p>	X					

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 7 of the 15 mental health findings were corrected. Eight mental health findings will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Special Housing</u> MH-1: In 5 of 9 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p>	X					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-2: In 4 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p>		X				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-3: In 2 of 7 applicable records, there was no evidence of nursing education provided to the inmate after 2 consecutive medication refusals.</p>		X				

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Psychotropic Medication Practices</u> MH-4: In 2 of 6 applicable records, there was no evidence of a signed refusal after 3 consecutive medication refusals or 5 in a month.</p>	X					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-5: In 3 records, follow-up psychiatric session notes did not reflect required information.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-6: In 4 records, the S-grade in OBIS did not match the profile sheet.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-7: In 2 of 4 applicable records, there was no evidence of refusal for sex offender treatment.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-8: In 5 records, the bio-psycho-social assessment (BPSA) was not completed as required.</p>			X			

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Mental Health Services</u> MH-9: In 1 of 4 applicable records, the initial Individualized Service Plan (ISP) was not completed as required after assignment of S2/S3 grade.</p>			X			
<p><u>Outpatient Mental Health Services</u> MH-10: In 12 records, the ISP was not signed by all relevant parties.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-11: In 7 records, the ISP was not updated per protocol.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-12: In 3 of 15 applicable records, the inmate did not receive the services listed on the ISP.</p>		X				

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Inpatient Psychotropic Medication Practices</u> MH-13: In 2 of 10 applicable records, the psychiatric evaluation was not completed within 3 days of admission.</p>	X					
<p><u>Inpatient Psychotropic Medication Practices</u> MH-14: In 1 of 3 applicable records, follow-up laboratory tests were not conducted as required.</p>	X					
<p><u>Inpatient Mental Health Services</u> MH-15: In 6 of 13 inpatient records reviewed, the BPSA was not completed as required.</p>	X					

IV. Physical Health Assessment Summary

A. West Unit

The CAP closure files revealed sufficient evidence to determine that 4 of the 5 physical health findings were corrected. One physical health finding will remain open.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Immunity Clinic</u> PH-1: In 1 record, there was no evidence of hepatitis B vaccination or refusal.	X					
<u>Immunity Clinic</u> PH-2: In 1 record, there was no evidence of influenza vaccination or refusal.	X					
<u>Neurology Clinic</u> PH-3: In 1 of 4 records reviewed, abnormal labs were not addressed timely.	X					
<u>Institutional Tour</u> PH-4: First-aid kits were not inspected monthly.						X
<u>Institutional Tour</u> PH-5: Over-the-counter medications were not logged in all dormitories.	X					

V. Mental Health Assessment Summary

A. West Unit

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 mental health findings were corrected. All mental health findings are closed.

Finding	Closed	Open: 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.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Psychotropic Medication Practices</u> MH-1: In 3 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p>	X					
<p><u>Outpatient Psychotropic Medication Practices</u> MH-2: In 1 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not present in the medical record.</p>	X					
<p><u>Aftercare Planning</u> MH-3: In one applicable record reviewed, the "Summary of Outpatient Mental Health Care" (DC4-661) was not completed within 30 days of EOS.</p>	X					

IV. Conclusion

Physical Health-Main Unit

All physical health findings will close.

Mental Health-Main Unit

The following mental health findings will close: MH-1, MH-4, MH-6, MH-7, MH-13, MH-14, MH-15. All other mental health findings will remain open.

Physical Health-West Unit

The following physical health findings will close: PH-1, PH-2, PH-3, PH-5. PH-4 will remain open.

Mental Health-West Unit

All mental health findings will close.

Until 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 evaluation.