

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

of

SOUTH BAY CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted October 9-11, 2018

CMA STAFF

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I. Overview

On October 9-11, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Bay Correctional Facility (SBCF). The survey report was distributed on November 7, 2018. In December 2018, SBCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the SBCF 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.

Summary of CAP Assessments for Columbia Correctional Institution

| 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 | 3/12/19 | 4/11/2019 | On-site | 43 | 9 | 34 |
| 2 | 6/11/19 | 6/25/19 | On-site | 43 | 3 | 40 |

II. Physical Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 0 of the 2 physical health findings were corrected. Two physical 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>Gastrointestinal Clinic</u> PH-3: In 1 of 2 applicable records, hepatitis C treatment was not started according to the priority time frame.</p> | | x | | | | |
| <p><u>Inmate Requests</u> PH-20: In 3 of 13 applicable records, the outcome did not occur as intended.</p> | | x | | | | |

III. Mental Health Assessment Summary

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 6 of the 7 mental health findings were corrected. One mental 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 |
|--|--------|--|--|---|---|-------|
| <p><u>Self-harm Observation Status</u> MH-1: In 3 records, the “Infirmary Admission Nursing Evaluation” (DC4-732) was not completed as required.</p> | x | | | | | |
| <p><u>Self-harm Observation Status</u> MH-2: In 2 of 5 applicable records, the guidelines for SHOS management were not observed.</p> | x | | | | | |
| <p><u>Self-harm Observation Status</u> MH-3: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</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>Inmate Requests</u> MH-11: In 8 of 15 records reviewed, the inmate request was not present in the record.</p> | x | | | | | |
| <p><u>Special Housing</u> MH-12: In 6 records, the "Special Housing Health Appraisal" (DC4-769) was incomplete or missing.</p> | x | | | | | |
| <p><u>Special Housing</u> MH-13: In 3 records, the initial mental status examination (MSE) was not completed as required.</p> | x | | | | | |
| <p><u>Outpatient Mental Health Services</u> MH-15: In 4 of 17 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties.</p> | x | | | | | |

IV. Conclusion

Physical Health

No physical health findings will close. All physical health findings will remain open.

Mental Health

The following mental health findings will close: MH-1, MH-2, MH-11, MH-12, MH-13, and MH-15. All other mental health findings will remain open.

Until appropriate corrective actions are undertaken by SBCF 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.