

**OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SUMTER CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted July 9-10, 2014

CMA STAFF

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CAP Assessment Distributed on December 23, 2014

CAP Assessment of Sumter Correctional Institution

I. Overview

On July 9-10, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Sumter Correctional Institution (SUMCI). The survey report was distributed on July 28, 2014. In August of 2014, SUMCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 2014 survey. These efforts included in-service training and the monitoring of applicable medical records for a period of no less than ninety days. On November 26, 2014, 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 off-site CAP assessment on December 22, 2014 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

The CAP closure files revealed sufficient evidence to determine that 7 of the 14 physical health findings were corrected. Seven physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>PH-1: In 8 of 18 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-2: In 8 of 16 records reviewed, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptance level of compliance had not been reached. Therefore, PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC</u></p> <p>PH-3: In 5 of 9 records reviewed, the baseline information was incomplete or missing.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 8 inmate records revealed the following deficiencies:</p> <p>PH-4: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-5: In 2 records, the baseline information was incomplete or missing.</p>	<p>PH-4 & PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4 & PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>PH-6: In 2 of 8 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>PH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-7: In 4 of 18 records reviewed, there was no documentation of complete vital signs.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY</u></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-8: In 6 of 8 applicable records, there was no evidence that inmates in 23-hour observation status were evaluated by nursing staff upon admission.</p> <p>PH-9: In 2 of 8 applicable records, there was no evidence that appropriate care orders were provided by the clinician for inmates in 23-hour observation status.</p> <p>PH-10: In 4 of 8 applicable records, there was no evidence of a discharge note for inmates in 23-hour observation status.</p> <p>PH-11: In 3 of 4 applicable records, there was no evidence that the inpatient nursing assessment was completed within two hours of admission.</p> <p>PH-12: In 4 of 4 applicable records, there was no evidence that the discharge nurse completed the discharge summary.</p>	<p>PH-8, PH-9, & PH-10 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore an acceptable level of compliance could not be determined. PH-8, PH-9, and PH-10 will remain open.</p> <p>PH-11 OPEN</p> <p>Adequate evidence of in-service training was provided; however after review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached. PH-11 will remain open.</p> <p>PH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore an acceptable level of compliance could not be determined. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-13: In 8 of 13 applicable records (16 reviewed), the new diagnosis was not recorded on the problem list.</p>	<p>PH-13 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. PH-13 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION – PILL LINE OBSERVATION</u></p> <p>PH-14: A review of pill line administration practices revealed that an oral cavity check was not conducted for each inmate.</p>	<p>PH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 2 of 3 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 6 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 6 of 6 records, the DC4-732 “Infirmery/Hospital Admission Nursing Evaluation” was not completed.</p> <p>MH-2: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-3: In 3 records, nursing staff did not</p>	<p>MH-1 & MH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 & MH-2.</p> <p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided; however after a review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached.</p>

Finding	CAP Evaluation Outcome
consistently complete the DC4-673B “Inpatient Daily Nursing Evaluation.”	MH-3 will remain open.

IV. Conclusion

PH-2, PH-8, PH-9, PH-10, PH-11, PH-12, and PH-13 will remain open and all other physical health findings will close. MH-3 will remain open and all other mental health findings will close. Until such time as appropriate corrective actions are undertaken by SUMCI 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 visit, but the option remains open to conduct an on-site evaluation.