

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

UNION CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted January 10-13, 2017

CMA STAFF

Lynne Babchuck, LCSW

CLINICAL SURVEYORS

Erik Gooch, DO
Sandi Lewis, PhD

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CAP Assessment of Union Correctional Institution

I. Overview

On January 10-13, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Union Correctional Institution (UNICI). The survey report was distributed on February 21, 2017. In March 2017, UNICI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the January 2017 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 August 25, 2017, 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 October 12, 2017 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 13 of the 19 physical health findings were corrected. Six physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CHRONIC ILLNESS CLINIC REVIEW</u> PH-1: In 3 of 3 applicable records (16 reviewed), there was no evidence that a timely referral to a specialist and/or follow-up was completed when necessary.	PH-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1.

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-2: In 5 of 17 applicable records, there was no evidence that low dose aspirin was prescribed.</p> <p>PH-3: In 7 records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-2 & PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2 & PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-4: In 6 of 15 applicable records (18 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>PH-5: In 11 of 15 applicable records (18 reviewed), there was no evidence of hepatitis B vaccination or refusal.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC</u></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-6: In 4 of 13 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-7: In 7 of 13 applicable records, there was no evidence of influenza vaccination or refusal.</p>	<p>PH-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC</u></p> <p>PH-8: In 9 of 13 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>PH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC</u></p> <p>A comprehensive review of 3 records revealed the following deficiencies:</p> <p>PH-9: In 1 record, the diagnosis was not recorded on the problem list.</p> <p>PH-10: In 1 record, there was no evidence that education was provided.</p> <p>PH-11: In 1 record, there was no evidence that the medication was given as ordered.</p>	<p>PH-9, PH-10, & MH-11 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. PH-9, PH-10, & PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-12: In 3 of 15 records reviewed, the consultation log was not completed for the incident.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION</u></p> <p>PH-13: In 4 of 12 records reviewed, the medication orders were not signature stamped by the ordering clinician.</p>	<p>PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENINGS</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-14: In 6 records, there was no evidence that all required diagnostic tests were performed prior to the screening.</p> <p>PH-15: In 2 of 3 applicable records, there was no evidence that the inmate was seen by the clinician after a referral.</p>	<p>PH-14 & PH-15 OPEN</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-14 & PH-15 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-16: In 1 of 3 applicable records, there was no evidence that a follow-up visit was completed when required.</p> <p>PH-17: In 2 of 2 applicable records, consultation or specialty services were not completed timely.</p>	<p>PH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-16.</p> <p>PH-17 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of institutional records indicated an acceptable level of compliance had not been met. PH-17 will remain open</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL TOUR</u></p> <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-18: The triage area did not ensure inmate privacy/confidentiality.</p> <p>PH-19: There was no evidence that all necessary equipment in inmate housing areas were clean and functional.</p>	<p>PH-18 & PH-19 CLOSED</p> <p>Adequate documentation of correction was provided to close PH-18 & PH-19.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 18 of 23 mental health findings were corrected. Five mental health findings will remain open. Transitional Care Units (TCUs) were closed at UNICI after the publication of the survey report. All survey findings related to TCU care (MH-16 through MH-40) are closed and not included in this CAP assessment.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>A comprehensive review of 22 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 17 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>MH-2: In 5 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed in its entirety.</p>	<p>MH-1 & MH-2 OPEN</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-1 & MH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>A comprehensive review of 5 psychological emergencies revealed the following deficiencies:</p> <p>MH-3: In 1 record, the inmate’s history of mental health treatment and past suicide attempts was not assessed.</p> <p>MH-4: In 1 record, the inmate’s current suicidality was not fully assessed including ideation, plan, and future orientation.</p>	<p>MH-3 OPEN</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>MH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-5: In 4 of 11 records reviewed, the pre-confinement physical was not completed.</p>	<p>MH-5 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION SERVICES</u></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-6: In 2 of 3 records, there was no evidence that abnormal lab results were addressed.</p> <p>MH-7: In 4 of 10 applicable records, follow-up laboratory studies were not ordered and conducted as required for psychotropic medications.</p> <p>MH-8: In 2 of 10 applicable records, medications ordered were not appropriate for symptoms and/or diagnosis.</p> <p>MH-9: In 3 of 12 applicable records, informed consent was not obtained for all psychotropic medications prescribed.</p> <p>MH-10: In 6 records, psychiatric progress notes did not include required information.</p> <p>MH-11: In 2 of 9 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p>MH-6, MH-7, MH-8, MH-9, MH-10, & MH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6, MH-7, MH-8, MH-9, MH-10, & MH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-12: In 1 of 2 applicable records (16 reviewed), consent for sex offender treatment was not obtained.</p>	<p>MH-12 OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING</u></p> <p>A comprehensive review of 20 records of inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-13: In 4 records, consent to release information for continuity of care was missing or incomplete.</p> <p>MH-14: In 4 of 5 applicable records, the summary of outpatient or inpatient mental health care was not completed within 30 days of EOS.</p>	<p>MH-13 & MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13 & MH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS</u></p> <p>MH-15: There were no mattresses available in the infirmary isolation rooms in V Dorm.</p>	<p>MH-15 CLOSED</p> <p>Adequate documentation of correction was provided to close MH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 8 inpatient records revealed the following deficiencies:</p> <p>MH-41: In 1 of 1 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-42: In 2 of 7 applicable records, there was not an informed consent for each medication prescribed or the form did not contain the required information.</p> <p>MH-43: In 4 records, follow-up psychiatric contacts were not conducted at the required intervals.</p> <p>MH-44: In 1 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frame.</p>	<p>MH-41 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-41.</p> <p>MH-42 OPEN</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-42 will remain open.</p> <p>MH-43 & MH-44 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-43 & MH-44.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 9 inpatient records revealed the following deficiencies:</p> <p>MH-45: In 1 of 1 applicable record, the nursing assessment was not completed in its entirety.</p> <p>MH-46: In 6 of 8 applicable records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-47: In 7 records, vital signs were not documented at the required intervals.</p>	<p>MH-45, MH-46, MH-47, & MH-48 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-45, MH-46, MH-47, & MH-48.</p>

Finding	CAP Evaluation Outcome
MH-48: In 7 records, weight was not recorded weekly as required.	

IV. Conclusion

The following physical health findings will remain open: PH-9, PH-10, PH-11, PH-14, PH-15 & PH-17. All other physical health portions will close. The following mental health findings will remain open: MH-1, MH-2, MH-12, & MH-42. All other mental health portions will close.

Until such time as appropriate corrective actions are undertaken by 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.