

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

of

UNION CORRECTIONAL INSTITUTION

for the

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

CMA STAFF

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CAP Assessment Distributed on February 19, 2018

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. The CAP closure files revealed sufficient evidence to determine that 13 of 19 physical health findings and 18 of 23 mental health findings were corrected.

On December 12, 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 February 13, 2018 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 6 of the 6 physical health findings were corrected. All physical health findings are closed.

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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9, PH-10, & PH-11.</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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-14 & PH-15.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE</u></p> <p>PH-17: In 2 of 2 applicable records (18 reviewed), consultation or specialty services were not completed timely.</p>	<p>PH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-17.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 5 of 5 mental health findings were corrected. All mental health findings are closed.

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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 & MH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>MH-3: In 1 of 5 records reviewed, the inmate’s history of mental health treatment and past suicide attempts was not assessed.</p>	<p>MH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>MH-42: In 2 of 7 applicable records (8 reviewed), there was not an informed consent for each medication prescribed or the form did not contain the required information.</p>	<p>MH-42 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-42.</p>

IV. Conclusion

All findings as a result of the January 2017 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.