OFF-SITE CORRECTIVE ACTION PLAN ASSESSMENT

of

WALTON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey Conducted February 17 - 18, 2016

CMA STAFF

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CAP Assessment Distributed on July 28, 2016

CAP Assessment of Walton Correctional Institution

I. Overview

On February 16 - 18, 2016, the Correctional Medical Authority (CMA) conducted an onsite physical and mental health survey of Walton Correctional Institution (WALCI). The survey report was distributed on February 26, 2016. In March 2016, WALCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the February 2016 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 June 24, 2016, 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 July 26, 2016 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 5 of the 7 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
CHRONIC ILLNESS CLINIC REVIEW	PH-1 & PH-2 CLOSED
A comprehensive review of 16 records revealed the following deficiencies:	Adequate evidence of in-service training and documentation of correction were provided to close PH-1 & PH-2.
PH-1: In 14 records, patient education was incomplete or missing.	
PH-2: In 11 records, inmates were not seen according to their M-grade status.	

Finding	CAP Evaluation Outcome
INTRA-SYSTEM TRANSFERS	PH-3 OPEN
A comprehensive review of 17 records revealed the following deficiencies:	Adequate evidence of in-service training was provided; however after review of the documentation provided
PH-3: In 6 records, the "Health Information Transfer/Arrival Summary" (DC4-760A) was incomplete.	from the medical record, it was determined that an acceptable level of compliance had not been reached. PH-3 will remain open.
PH-4: In 1 of 2 applicable records, pending consultations were not added to the Consultation Log.	PH-4 & PH-5 CLOSED
PH-5: In 1 of 4 applicable records, the chronic illness clinic appointment was not completed as indicated.	Adequate evidence of in-service training and documentation of correction were provided to close PH-4 & PH-5.

Finding	CAP Evaluation Outcome
PERIODIC SCREENINGS	PH-6 CLOSED
PH-6: In 6 of 12 records reviewed, the required health education was not documented.	Adequate evidence of in-service training and documentation of correction were provided to close PH-6.

Finding	CAP Evaluation Outcome
DENTAL SYSTEMS REVIEW	PH-7 OPEN
PH-7: A tour of the dental clinic revealed that necessary equipment was not in proper working order.	Institutional monitoring indicated the X-ray unit had not been repaired or replaced.

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 2 of 2 mental health findings were corrected. All mental health findings are closed.

CAP Evaluation Outcome
MH-1 CLOSED Adequate evidence of in-service raining and documentation of correction were provided to close MH-1.
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Finding	CAP Evaluation Outcome
MENTAL HEALTH SYSTEMS REVIEW	MH-2 CLOSED
MH-2: One Isolation Management Room had a safety concern.	Adequate evidence of correction was provided to close MH-2.

IV. Conclusion

PH-3 & PH-7 will remain open and all other physical health portions will close. All mental health portions are closed. 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 off-site visit, but the option remains open to conduct an on-site evaluation.