

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

WALTON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 20-22, 2019

CMA STAFF

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I. Overview

On August 20-22, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Walton Correctional Institution (WALCI). The survey report was distributed on September 17, 2019. In October 2019, 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 WALCI 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.

Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

Summary of CAP Assessments for Walton Correctional Institution

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	2/6/20	2/27/20	On-site	26	5	21

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 15 of the 19 physical health findings were corrected. Four physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Cardiovascular Clinic PH-1: In 5 of 9 applicable records (16 reviewed), there was no evidence of pneumococcal vaccination or refusal.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Endocrine Clinic</u> PH-2: In 3 of 9 applicable records (16 reviewed), there was no evidence that patients with vascular disease or major risk were prescribed aspirin.</p>	X				
<p><u>Gastrointestinal Clinic</u> PH-3: In 7 of 14 applicable records (16 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</p>		X			
<p><u>Miscellaneous Clinic</u> PH-4: In 1 of 3 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><u>Miscellaneous Clinic</u> PH-5: In 1 of 3 applicable records, there was no evidence of influenza vaccination or refusal.</p>	X				
<p><u>Miscellaneous Clinic</u> PH-6: In 1 of 4 applicable records, there was no evidence of a referral to a specialist when indicated.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Oncology Clinic</u> PH-7: In 1 record, there was no evidence of marker studies and/or radiological studies completed at appropriate intervals.</p>	X				
<p><u>Oncology Clinic</u> PH-8: In 1 of 3 applicable records, there was no evidence of a referral to a specialist when indicated.</p>	X				
<p><u>Respiratory Clinic</u> PH-9: In 4 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</p>	X				
<p><u>Consultations</u> PH-10: In 8 records, the diagnosis was not recorded on the problem list.</p>	X				
<p><u>Consultations</u> PH-11: In 1 of 3 applicable records, there was no evidence the alternate treatment plan (ATP) was documented in the medical record.</p>			X		
<p><u>Consultations</u> PH-12: In 1 of 3 applicable records, there was no evidence the ATP was implemented.</p>			X		

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Periodic Screening</u> PH-13: In 4 of 16 records reviewed, the periodic screening was incomplete.</p>		X			
<p><u>Dental Systems</u> PH-14: There was no evidence that necessary equipment was available and in working order.</p>	X				
<p><u>Dental Care</u> PH-15: In 7 records, there was no evidence that the head and neck examination had been completed in a timely manner.</p>	X				
<p><u>Dental Care</u> PH-16: In 4 of 14 applicable records, there was no evidence of complete and accurate charting.</p>	X				
<p><u>Pill Line Administration</u> PH-17: Staff administering the medications did not wash their hands prior to beginning the pill line.</p>	X				
<p><u>Pill Line Administration</u> PH-18: There was no evidence that an oral cavity check was completed to ensure the inmate swallowed the medication.</p>	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Institutional Tour</u> PH-19: There was no evidence the first aid kits were inspected monthly as required.	X				

III. Mental Health Assessment Summary

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: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>SHOS</u> MH-1: In 2 records, the clinician's orders did not specify the frequency of observations.	X				
<u>SHOS</u> MH-2: In 4 records, mental health staff did not provide post-discharge follow-up within 7 days.	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Outpatient Medication Practices</u> MH-3: In 2 of 10 applicable records, abnormal lab tests were not followed up as required.</p>		X			
<p><u>Outpatient Medication Practices</u> MH-4: In 4 records, the medications ordered were not appropriate based on the documented symptoms and diagnoses.</p>	X				
<p><u>Aftercare Planning</u> MH-5: In 3 of 4 applicable records (9 reviewed) of inmates within 180 days end of sentence (EOS) a DC4-661 "Summary of Outpatient Mental Health Care" was not found.</p>	X				
<p><u>Mental Health Systems</u> MH-6: Therapeutic groups were not provided as required to meet the needs of the inmate population.</p>	X				
<p><u>Mental Health Systems</u> MH-7: One Isolation Management Room had safety concerns.</p>	X				

IV. Conclusion

Physical Health

The following physical health findings will remain open: PH-3, PH-11, PH-12, & PH-13. All other physical health findings will close.

Mental Health

The following physical health finding will remain open: MH-3. All other mental health findings will close.

Until appropriate corrective actions are undertaken by WALCI 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 evaluation.