

**SECOND OFF-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
2	6/26/20	8/31/20	Off-site	5	0	5

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 4 of the 4 physical health findings were corrected. All physical health findings are closed.

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>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>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				
<p><u>Periodic Screening</u> PH-13: In 4 of 16 records reviewed, the periodic screening was incomplete.</p>	X				

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 mental health findings were corrected. All mental health findings are closed.

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>Outpatient Medication Practices</u> MH-3: In 2 of 10 applicable records, abnormal lab tests were not followed up as required.	X				

IV. Conclusion

All findings as a result of the August 2019 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.