

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**
of
HERNANDO CORRECTIONAL INSTITUTION
for the
Physical and Mental Health Survey
Conducted March 5-6, 2014

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CAP Assessment of Hernando Correctional Institution

I. Overview

On March 5-6, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Hernando Correctional Institution (HERCI). The survey report was distributed on March 25, 2014. In April, 2014, HERCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the March 2014 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. In August, 2014, 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 September 9, 2014 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 30 of the 33 physical health findings were corrected. Three physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-1: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 6 of 8 applicable records, there was no evidence of an annual dilated fundoscopic exam.</p> <p>(b) In 2 of 4 applicable records, there was no evidence that inmates with vascular disease were prescribed aspirin.</p> <p>(c) In 2 of 7 applicable records, there was no evidence of ACE or ARB therapy or contraindication noted.</p> <p>(d) In 4 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-1(a)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1(a)-(d).</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-2: In 4 of 8 applicable records (9 reviewed) there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-3: In 2 of 8 applicable records (10 reviewed), there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-4: A comprehensive review of 8 inmate records revealed the following deficiencies:</p> <p>(a) In 2 records, there was no evidence that seizures were appropriately classified.</p> <p>(b) In 4 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(c) In 1 of 2 applicable records, there was no evidence of referral to a specialist when indicated.</p>	<p>PH-4(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4(a)-(c).</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 3 inmate records revealed the following deficiencies:</p> <p>(a) In 1 record, the baseline history was incomplete or missing.</p> <p>(b) In 2 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 1 of 2 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-5(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5(a)-(c).</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline physical examination was incomplete or missing.</p> <p>(b) In 5 records, there was no documentation indicating the control of the disease and/or patient status.</p> <p>(c) In 6 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-6(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6(a)-(c).</p>

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE RECORD REVIEW</u></p> <p>PH-7: In 3 of 13 applicable records (17 reviewed), there was no evidence of complete vital signs being documented.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 6 of 8 applicable records, there was no evidence of the new diagnosis on the problem list.</p> <p>(b) In 1 of 3 applicable records, there was no evidence that the consultant's treatment recommendations were incorporated into the treatment plan.</p> <p>(c) In 1 of 1 applicable record, there was no evidence that a new plan of care was initiated following a denial by Utilization Management (UM).</p>	<p>PH-8(a) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. PH-8(a) will remain open.</p> <p>PH-8(b)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached. PH-8(b)-(c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-9: In 4 of 11 records reviewed, the medication orders did not include the strength of the medication.</p>	<p>PH-9 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>PERIODIC SCREENING RECORD REVIEW</u></p> <p>PH-10: In 1 of 5 applicable records (6 reviewed), there was no evidence of a mammography study in the chart.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFER RECORD REVIEW</u></p> <p>PH-11: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, the Health Information Transfer/Arrival Summary (DC4-760A), was not completed by the receiving facility on the day of the transfer.</p> <p>(b) In 5 records, there was no evidence that a clinician reviewed the health record and the DC4-760A within 7 days of arrival.</p>	<p>PH-11(a)-(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11(a)-(b).</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL SYSTEMS REVIEW</u></p> <p>PH-12: A review of the facility dental systems revealed the following deficiencies:</p> <p>(a) The dental licenses were not posted.</p> <p>(b) There were no preventive dentistry/oral hygiene posters displayed. The American Heart Association prophylactic regimens were also not posted.</p> <p>(c) There was no evidence of a dental</p>	<p>PH-12(a)-(f) CLOSED</p> <p>Adequate documentation of correction was provided to close PH-12(a)-(f).</p>

Finding	CAP Evaluation Outcome
<p>stock medications log in the dental clinic.</p> <p>(d) Guidelines were not properly followed when taking radiographs.</p> <p>(e) The emergency eyewash station was located behind a locked door in the lab.</p> <p>(f) Faucets in the dental clinic must be touched to operate and are therefore problematic regarding cross-contamination possibilities.</p>	

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION –PILL LINE OBSERVATION</u></p> <p>PH-13: Observation of the pill line revealed the following deficiencies:</p> <p>(a) Staff did not wash their hands prior to beginning the pill line.</p> <p>(b) Staff did not verify that the medication label matched the MAR.</p>	<p>PH-13(a)-(b) CLOSED</p> <p>Adequate documentation of correction was provided to close PH-13(a)-(b).</p>

Finding	CAP Evaluation Outcome
<p>PH-14: A tour of the facility revealed the following deficiencies:</p> <p>Inmate Housing Area</p> <p>(a) Procedures to access medical and dental sick call and mental health services were not posted in the dorms.</p> <p>(b) Pill line schedules were not posted in the inmate common areas.</p>	<p>PH-14(a)-(b) CLOSED</p> <p>Adequate documentation of correction was provided to close PH-14(a)-(b).</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that all mental health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>(a) In 1 of 2 applicable records, the psychiatric evaluation was not completed prior to initially prescribing psychotropic medication.</p> <p>(b) In 5 of 8 applicable records, abnormal lab tests were not followed-up as required.</p> <p>(c) In 8 of 16 applicable records, informed consents were not present or were not complete.</p> <p>(d) In 3 of 9 applicable records, follow-up lab tests were not completed as required.</p> <p>(e) In 8 of 17 applicable records, follow-up sessions were not conducted at appropriate intervals.</p> <p>(f) In 1 of 1 applicable record, there was no indication that the Baseline AIMS was administered upon initiation of psychotropic medication and/or every six months after.</p>	<p>MH-1(a)-(f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(a)-(f).</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>MH-2: A comprehensive review of 20 outpatient (S2 & S3) records revealed the following deficiencies:</p> <p>(a) In 13 of 19 applicable records, a case manager was not assigned within the required timeframe.</p> <p>(b) In 3 of 14 applicable records, current psychotropic medications were not continued prior to seeing the psychiatrist.</p> <p>(c) In 8 of 18 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>(d) In 1 of 3 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p>	<p>MH-2(a)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(a)-(d).</p>

Finding	CAP Evaluation Outcome
<p><u>AFTERCARE PLANNING RECORD REVIEW</u></p> <p>MH-3: A comprehensive review of 9 outpatient records revealed the following deficiencies:</p> <p>(a) In 6 records, the aftercare plan was not addressed in ISP.</p> <p>(b) In 3 of 3 applicable records, the Summary of Outpatient MH Care (DC4-661) was not completed within 30 days of end of sentence (EOS).</p> <p>(c) In 2 of 2 applicable records, assistance with Social Security benefits was not provided at 90 days of EOS.</p>	<p>MH-3(a)-(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(a)-(c).</p>

IV. Conclusion

Three physical health findings will remain open and all others will close. All mental health findings will close. Until such time as appropriate corrective actions are undertaken by Hernando CI 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.