

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

UNION CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted June 19-20, 2013

CMA STAFF

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CAP Assessment of Union Correctional Institution

I. Overview

On June 19-20, 2013, 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 June 17, 2013. On January 23, 2014, CMA staff conducted an on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the June 2013 survey. 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 and record reviews revealed sufficient evidence to determine that 18 of the 21 physical health findings were corrected. The remaining three physical health findings will remain open due to lack of demonstrated compliance.

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE RECORD REVIEW</u></p> <p>PH-1: In 4 of 16 applicable records (17 reviewed), evidence of patient education appropriate to the presenting complaint was missing.</p>	<p>PH-1 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-1.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL RECORD REVIEW</u></p> <p>PH-2: In 4 of 18 records reviewed, evidence of patient education appropriate to the presenting complaint was missing.</p>	<p>PH-2 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-2.</p>

Finding	CAP Evaluation Outcome
<p><u>CARDIOVASCULAR CLINIC RECORD REVIEW</u></p> <p>PH-3: In 5 of 18 records reviewed, the appropriate diagnosis was not documented on the problem list.</p>	<p>PH-3 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-4: In 3 of 10 applicable records (17 reviewed), there was no evidence that the use of a rescue inhaler occurring more than two times per week was addressed.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(b) In 9 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 8 records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 5 of 14 applicable records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>(e) In 4 records, there was no referral to a specialist for additional treatment although indicated.</p>	<p>PH-5 CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-5(a) – (e).</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 14 inmate records revealed the following deficiencies:</p>	<p>PH-6 (a) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-6(a).</p>

Finding	CAP Evaluation Outcome
<p>(a) In 3 records, the baseline history was incomplete or missing.</p> <p>(b) In 1 of 2 applicable records, there was no evidence that a medication taper was considered after two years without seizures.</p>	<p>PH-6 (b) 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 therefore PH-6 (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>TUBERCULOSIS CLINIC RECORD REVIEW</u></p> <p>PH-7: A comprehensive review of 3 records revealed the following deficiencies:</p> <p>(a) In 1 record, the diagnosis was not appropriately documented on the problem list.</p> <p>(b) In 1 record, the baseline history was incomplete or missing.</p> <p>(c) In 1 record, progress notes were illegible.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7(a) - (c).</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the diagnosis was not appropriately documented on the problem list.</p> <p>(b) In 6 records, the baseline history was incomplete or missing.</p>	<p>PH-8(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(a).</p> <p>PH-8(b) & (c) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated</p>

Finding	CAP Evaluation Outcome
<p>(c) In 6 records, the baseline physical examination was incomplete or missing.</p> <p>(d) In 5 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>that an acceptable level of compliance had not been reached, therefore PH-8(b) & (c) will remain open.</p> <p>PH-8(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(d).</p>

Finding	CAP Evaluation Outcome
<p><u>MEDICATION ADMINISTRATION RECORD REVIEW</u></p> <p>PH-9: In 4 of 12 records reviewed, the medication orders were not signed, dated, or timed.</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>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-10: A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p>(a) In 7 of 14 applicable records, there was no evidence that changes in diagnosis were reflected on the problem list.</p> <p>(b) In 2 of 2 applicable records, the referring clinician did not document a new plan of care following a denial by Utilization Management.</p>	<p>PH-10 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10(a) & (b).</p>

III. Mental Health Assessment Summary

On the same timetable as described above, corrective actions related to the mental health findings identified during the June 2013 survey were evaluated. The results of the assessment are listed below. The CAP closure files and record reviews revealed evidence to determine that 19 of 31 mental health findings were corrected. The remaining 12 mental health findings will remain open due to insufficient evidence of compliance.

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH RESTRAINTS RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 5 mental health restraint episodes revealed the following deficiencies:</p> <p>(a) In 3 records, the appropriate precipitating behavioral signs indicating the need for restraints were not documented in the medical record.</p> <p>(b) In 4 records, less restrictive means of behavioral control were not documented.</p> <p>(c) In 1 record, the physician’s order did not include the maximum duration of the restraint.</p> <p>(d) In 2 records, vital signs upon release of restraint were not documented.</p> <p>(e) In 4 records, calm behavior for 30 minutes prior to the removal of psychiatric restraints was not documented in the medical records.</p>	<p>MH-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1 (a) - (e).</p>

Finding	CAP Evaluation Outcome
<p><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></p> <p>MH-2: A comprehensive review of 10 SHOS records revealed the following deficiencies:</p>	<p>MH-2(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(a).</p>

Finding	CAP Evaluation Outcome
<p>(a) In 2 records, the clinician's order did not specify observations every 15 minutes.</p> <p>(b) In 2 records, the documentation did not indicate that the inmate was observed at the frequency ordered by the clinician.</p> <p>(c) In 1 of 2 applicable records, the inmate was not seen for post-discharge follow-up.</p>	<p>MH-2(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(b).</p> <p>MH-2(c) OPEN</p> <p>Adequate evidence of in-service training was provided, however records selected for monitoring were not applicable, therefore an adequate level of compliance could not be determined. MH-2 (c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE RECORD REVIEW</u></p> <p>MH-3: A comprehensive review of 7 use of force incidents revealed the following deficiencies:</p> <p>(a) In all records reviewed, a post-use of force physical examination was not present in the medical record.</p> <p>(b) In 3 records, a written referral to mental health staff was not present in the medical record.</p> <p>(c) In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>MH-3(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(a).</p> <p>MH-3(b) & (c) OPEN</p> <p>Adequate evidence of in-service training was provided, however records selected for monitoring were not applicable, therefore an adequate level of compliance could not be determined. MH3 (b) & (c) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUEST RECORD REVIEW</u></p> <p>MH-4: In 4 of 11 records reviewed, the inmate was not seen by mental health staff as indicated in the response to the request.</p>	<p>MH-4 OPEN</p> <p>Adequate evidence of in-service training was provided, however records selected for monitoring were not applicable, therefore an adequate level of compliance could not be determined. MH-4 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>MH-5: A comprehensive review of 15 inpatient records revealed the following deficiencies:</p> <p>(a) In 3 records, vital signs were not documented at required intervals.</p> <p>(b) In 12 records, weekly weight was not documented.</p> <p>(c) In 4 records, the ISP was not signed by the inmate.</p> <p>(d) In 10 records, the required hours of therapeutic services were not documented.</p> <p>(e) In 9 records, weekly documentation of the inmate's in group activities was inconsistent or missing from the medical record.</p> <p>(f) In 5 records, there was no evidence of a behavioral level review or it was not reviewed in the appropriate timeframe.</p> <p>(g) In 1 of 5 applicable CSU records, the risk assessment for violence was not present.</p>	<p>MH-5(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(a).</p> <p>MH-5(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(b).</p> <p>MH-5(c) & (d) 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, therefore MH-5(c) & (d) will remain open.</p> <p>MH-5(e) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(e).</p> <p>MH-5(f) & (g) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that</p>

Finding	CAP Evaluation Outcome
	an acceptable level of compliance had not been reached, therefore MH-5 (f & g) will remain open

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES RECORD REVIEW</u></p> <p>MH-6: A comprehensive review of 15 inpatient records revealed the following deficiencies:</p> <p>(a) In 8 of 13 applicable records, the psychiatric evaluation was missing or not completed within the required timeframe.</p> <p>(b) In 9 of 14 applicable records, follow-up sessions were not conducted at appropriate intervals.</p> <p>(c) In 2 of 8 applicable records, follow-up laboratory tests were not completed within the required timeframe.</p> <p>(d) In 5 of 14 applicable records, the physician's orders were not dated and/or timed.</p> <p>(e) In 3 of 10 applicable records, AIMS were not administered within the appropriate timeframe.</p> <p>(f) In 1 of 2 applicable records, a telephone order signature for the use of an Emergency Treatment Order (ETO) was not dated and/or timed.</p>	<p>MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6(a) - (f).</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>PH-7: In 6 of 21 records reviewed, the</p>	<p>MH-7 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review</p>

Finding	CAP Evaluation Outcome
<p>Individualized Service Plan (ISP) was not signed by members of the Multidisciplinary Service Team (MDST) and/or the inmate and there was no documented refusal.</p>	<p>of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore MH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW- ADMINISTRATIVE ISSUES</u></p> <p>MH-8: Medical records were disorganized with pages often misfiled or missing altogether.</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-8.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW- ADMINISTRATIVE ISSUES</u></p> <p>MH-9: Inpatient mental health dorms S and T had only one set of restraints and T dorm only had one helmet.</p>	<p>MH-9 CLOSED</p> <p>Adequate evidence was provided to close MH-9.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW- ADMINISTRATIVE ISSUES</u></p> <p>MH-10: Cells in O and U dorms had standing water from leaks.</p>	<p>MH-10 CLOSED</p> <p>Adequate evidence was provided to close MH-10.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW- ADMINISTRATIVE ISSUES</u></p> <p>MH-11: Paint was peeling from the walls of multiple cells.</p>	<p>MH-11 OPEN</p> <p>Although documentation of correction was provided, a visual inspection of cells during the on-site CAP assessment revealed that the paint was continuing to peel; therefore MH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW- ADMINISTRATIVE ISSUES</u></p> <p>MH-12: Two inpatient cells had environmental health concerns.</p>	<p>MH-12 CLOSED</p> <p>Adequate evidence was provided to close MH-12.</p>

IV. Conclusion

PH-6 (b) and PH-8(b) & (c) remain open and all other physical health portions will close. MH-2(c), MH-3 (b) & (c), MH-4, MH-5 (c), (d), (f), & (g), MH-7, and MH-11 will remain open. Until such time as appropriate corrective actions are undertaken by UNICI 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 visit.