

**SECOND ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

UNION CORRECTIONAL INSTITUTION

for the

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

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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. In August of 2013, UNICI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the June 2013 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 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. The CAP closure files revealed sufficient evidence to determine that 18 of 21 physical health findings and 21 of 31 mental health findings were corrected. CMA staff conducted a second on-site CAP assessment on June 5, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. 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 1 of the 3 physical health findings were corrected. The remaining two physical health findings will remain open due to lack of demonstrated compliance.

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6(b): In 1 of 2 applicable records (14 reviewed), there was no evidence that a medication taper was considered after two years without seizures.</p>	<p>PH-6(b) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-6(b).</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>(b) In 6 records, the baseline history was incomplete or missing.</p> <p>(c) In 6 records, the baseline physical</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 that an acceptable level of compliance had not been reached, therefore PH-8(b) & (c) will remain open.</p>

Finding	CAP Evaluation Outcome
examination was incomplete or missing.	

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 9 of 10 mental health findings were corrected. The remaining mental health finding will remain open due to insufficient evidence of compliance.

Finding	CAP Evaluation Outcome
<p><u>SELF- HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></p> <p>MH-2(c): In 1 of 2 applicable records (10 reviewed), the inmate was not seen for post-discharge follow-up.</p>	<p>MH-2(c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(c).</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>(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(b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(b) & (c).</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 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4.</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>(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>(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(c) & (d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(c) & (d).</p> <p>MH-5(f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(f).</p> <p>MH-5(g) 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 MH-5(g) will remain open.</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 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>MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-7.</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 CLOSED</p> <p>Adequate evidence was provided to close MH-11.</p>

IV. Conclusion

PH-8(b) & (c) remain open and all other physical health portions will close. MH-5(g) will remain open and all other mental health portions will close. 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 off-site assessment.