



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**South Bay Correctional Facility**

in

**South Bay, Florida**

on

**June 18-19, 2014**

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# DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1891	Male	Close	4

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1895	<b>Current Main Unit Census</b>	1891
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1895	<b>Total Current Census</b>	1891

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1471	259	181	2	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1485	123	304	0	0	27

## Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		31	18	0	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	12	2
LPN	14	2
CMT-C	1	0
Dentist	1	0
Dental Assistant	1	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	2	1
Psychiatrist	1	0
Behavioral Specialist	5	1
Mental Health RN	1	0

## OVERVIEW

South Bay Correctional Facility (SBCF) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4 and psychology (S) grades 1, 2, and 3. SBCF consists of a Main Unit only.

The overall scope of services provided at SBCF includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at SBCF on June 18-19, 2014. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

### **Exit Conference and Final Report**

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

# **PHYSICAL HEALTH FINDINGS**

South Bay Correctional Facility (SBCF) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SBCF:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires visits to the physician more often than every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in seven of the chronic illness clinics; the items to be addressed are indicated in the tables below.

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care, sick call services, or infirmary care.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of consultations, medication administration, or periodic screenings. There was a finding requiring corrective action in the review of intra-system transfers; the item to be addressed is indicated in the table below.

### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental systems or dental care.

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control, pharmacy services, or the administration of the pill line.

### **INSTITUTIONAL TOUR**

There were no findings requiring corrective action as a result of the institutional tour.

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 9 of 18 records reviewed, the baseline information was incomplete or missing (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:*** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current "Chronic Illness Clinic Flowsheets" (DC4-770). Per policy [Health Services Bulletins (HSB) 15.12.03 and 15.03.05], the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: In 3 of 14 records reviewed, there was no evidence of influenza vaccine or refusal (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:** Per HSB 15.03.30 inmates with immunosuppressed conditions, certain chronic diseases such as COPD, diabetes mellitus, hepatic disease, and cardiovascular disease, as well as those aged 65 or older should receive the influenza vaccine. All three records indicated a diagnosis of diabetes mellitus in these inmates.*

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 inmate records revealed the following deficiencies:</b></p> <p><b>PH-3: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-4: In 6 records, there was no evidence of hepatitis A &amp; B vaccine given to inmates with hepatitis C infection and no prior history of A &amp; B infection (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-4:** Health Services Bulletin 15.03.30 states that the hepatitis B vaccine shall be given to inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection. The HSB also indicates the hepatitis A vaccine is recommended for inmates with evidence of liver disease.*

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: In 3 of 13 records reviewed, the baseline information was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 6 inmate records revealed the following deficiencies:</b></p> <p><b>PH-6: In 2 records, the diagnosis was not included on the problem list and/or the chronic illness clinic flow sheet.</b></p> <p><b>PH-7: In 2 records, the baseline information was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 3 of 14 records reviewed, the baseline information was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 1 of 2 applicable records (6 reviewed), there was no evidence of discontinuation of medication in an inmate with an adverse reaction (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-9:** *Per HSB 15.03.18, a referral to the clinician should be done if adverse effects develop and the medication should be interrupted if the ALT and AST is elevated (i.e. equal to or greater than three times the upper limits of the normal range) and/or the inmate has any signs or symptoms of adverse effects. In this record, the inmate was not referred to the clinician and INH was continued despite noted side effects.*

## Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 3 of 13 records reviewed, the Health Information Transfer/Arrival Summary (DC4-760A) was incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who have recently transferred from another institution to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-10:** *The Nursing Manual states that a transfer form shall be completed for all transfers, and receiving facilities are to assess the transferred inmate and complete the DC4-760A within eight hours of arrival. Department Procedure 401.017 states that health care staff will complete the permanent column of the DC4-760A on each arriving inmate. In one record the time of arrival and the vital signs were missing. In another record, the vital signs were missing. In the third record, medications were not listed and the date and time of arrival were missing.*

## **CONCLUSION**

The physical health staff at SBCF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 223 records and found deficiencies in 66 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Overall, medical charts were well organized and documents were filed in a timely manner. When surveyors were unable to locate documents, institutional staff were able to find and retrieve many of those documents. Interviews conducted by CMA indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. All areas on the compound were clean and neat.

There were some deficiencies noted in consultation services and the neurology clinic that did not rise to the level of a finding but warrant further discussion. Two consultation records revealed appointment delays that could result in negative treatment outcomes. In the first record, an inmate with decreasing vision, a history of glaucoma, and bilateral cataracts was approved for a consultation with a corneal specialist on 4/8/14 but had not been seen as of the date of this survey. Staff provided notes indicating that Reception and Medical Center (RMC) had been contacted four times for scheduling but have been unsuccessful to date. In the second record, an inmate with pterygium received a consultation on 5/6/14 recommending he see an eye surgeon. Documentation indicated that when staff tried to schedule the follow-up appointment, they were told that the surgeon would not be available for over two months and that the patient would need to have a new evaluation at that time. Although pterygium is usually not a serious condition, in rare cases it can continue growing until it covers the pupil of the eye and interferes with vision. Surveyors expressed concern that these delays could have an impact on treatment status or continuity of care.

The other area of concern was in regard to an inmate enrolled in the neurology chronic clinic. Documentation indicated that the inmate "didn't receive Tegretol" and had sub-therapeutic levels. The medication was then discontinued without an order from the physician. Surveyors expressed concern that this medication was discontinued without being tapered.

Survey findings indicated the overall medical care provided at SBCF fell within Department standards and adequately reflected standards commensurate with the professional health care community at large. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates.

## **MENTAL HEALTH FINDINGS**

South Bay Correctional Facility (SBCF) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at SBCF:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

### **CLINICAL RECORDS REVIEW**

#### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were no findings requiring corrective action in the review of Self-harm Observation Status (SHOS).

#### **USE OF FORCE REVIEW**

There were no findings requiring corrective action in the review of use of force episodes.

#### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were no findings requiring corrective action in the review of psychological emergencies and special housing. There was a finding requiring corrective action in the review of inmate requests; the item to be addressed is indicated in the table below.

#### **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient psychotropic medications. There were findings requiring corrective action in the review of outpatient mental health services; the items to be addressed are indicated in the table below.

#### **AFTERCARE PLANNING REVIEW**

There was a finding requiring corrective action in the review of aftercare planning; the item to be addressed is indicated in the table below.

#### **MENTAL HEALTH SYSTEMS REVIEW**

There were no findings requiring corrective action in the review of mental health systems.

## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 3 of 12 records reviewed, an interview or referral was indicated in the inmate request response but had not occurred as intended (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten mental health inmate request episodes to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** In one record, the request dated 5/8/14 indicated that the inmate was not receiving his mental health medication. According to the MAR he did not receive medication from 5/8/14 to 5/20/14, despite a valid prescription for the medication. Surveyors felt this request required a more immediate response. In another record, the response dated 5/27/14 indicated that mental health would be contacted, but there was no indication such contact had been made. In another record, the inmate requested to see a psychiatrist about medication. The request was dated 4/29/14 and as of the date of the survey, the inmate had not been seen by mental health in reference to the request.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-2: In 3 of 12 applicable records, a case manager was not assigned within three working days of arrival.</b></p> <p><b>MH-3: In 5 of 12 applicable records, current psychotropic medications prescribed at the sending institution were not continued prior to the inmate's appointment with the psychiatrist at SBCF (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***MH-3:** Inmates transferred from a sending institution to a receiving institution should continue to take medications as prescribed by the psychiatrist at the sending institution. These medications should not be changed or discontinued until the inmate is seen by the psychiatrist at the receiving institution.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: In 1 of 2 applicable records (11 reviewed), assistance with Social Security benefits was not provided within 30 to 45 days of end of sentence (EOS).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates within 30 days EOS to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## CONCLUSION

South Bay Correctional Facility provides outpatient mental health services. At the time of the survey, outpatient services, including case management and counseling, were being provided to over 425 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed.

After reviewing all requested records, documentation, and conducting an institutional tour, there were four items with deficiencies that require a corrective action plan. Although there are relatively few findings, it is important to note the gap of the administration of mental health medications and response to inmate requests findings are related to direct care. The findings listed above are correctible and should benefit from corrective action. In addition, there were multiple areas of the survey in which no trends of deficiencies were present. The areas of SHOS, psychological emergencies, special housing, outpatient psychotropic medication, use of force, and mental health systems review were without findings and will not require corrective action.

With the exception of the findings listed above, surveyors noted that the medical record consistently reflected quality treatment. Treatment plans were goal directed and individualized and the course of treatment was easy to follow from the documentation. On many occasions, staff was seeing inmates more frequently than required in an effort to problem solve or provide crisis intervention. It was also clear that those inmates being prescribed psychiatric medications were seen regularly. Staff interviews revealed competency with policy and current treatment standards as well as familiarity with assigned caseloads. Lastly, the inmates on the mental health caseload expressed satisfaction with the mental health services provided to them. It appears mental health staff at SBCF is providing quality mental health care

## SURVEY PROCESS

The goals of every survey performed by the CMA are:

- (1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- (2) to promote ongoing improvement in the correctional system of health services; and,
- (3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)

- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.