



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Florida State Prison

in

Raiford, Florida

on

November 14-16, 2017

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**Distributed on December 11, 2017
CAP Due Date: January 10, 2017**

DEMOGRAPHICS

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

| INSTITUTIONAL INFORMATION | | | |
|---------------------------|------|---------------|---------------|
| Population | Type | Custody Level | Medical Level |
| 2072 | Male | Maximum | 4 |

Institutional Potential/Actual Workload

| | | | |
|----------------------------|------|-----------------------------|------|
| Main Unit Capacity | 1460 | Current Main Unit Census | 1259 |
| West Unit Capacity | 802 | West Unit Census | 813 |
| Satellite Unit(s) Capacity | NA | Current Satellite(s) Census | NA |
| Total Capacity | 2262 | Total Current Census | 2072 |

Inmates Assigned to Medical/Mental Health Grades

| <i>Medical Grade</i> | 1 | 2 | 3 | 4 | 5 | <i>Impaired</i> |
|--------------------------------------|--|------|-----|----------------------------|-----|-----------------|
| | | 1370 | 626 | 157 | 1 | 2 |
| <i>Mental Health Grade (S-Grade)</i> | <u><i>Mental Health Outpatient</i></u> | | | <u><i>MH Inpatient</i></u> | | <i>Impaired</i> |
| | 1 | 2 | 3 | 4 | 5 | |
| | 1528 | 148 | 490 | N/A | N/A | 0 |

Inmates Assigned to Special Housing Status

| <i>Confinement/ Close Management</i> | DC | AC | PM | CM3 | CM2 | CM1 |
|--------------------------------------|----|----|----|-----|-----|-----|
| | 28 | 44 | 0 | 127 | 285 | 583 |

Medical Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|---------------------------|----------------------------|----------------------------|
| Physician | 1 | 0 |
| Clinical Associate | 1 | 0 |
| RN | 7.3 | 2.3 |
| LPN | 17 | 8.2 |
| Dentist | 1 | 0 |
| Dental Assistant | 2 | 1 |
| Dental Hygienists | .5 | 0 |

Mental Health Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|--|----------------------------|----------------------------|
| Psychiatrist | 2 | .6 |
| Psychiatrist ARNP/PA | 1 | 1 |
| Psychological Services Director | 1 | 0 |
| Psychologist | 2 | 1 |
| Mental Health Professional | 15 | 0 |
| Human Services Counselor | 0 | 0 |
| Activity Technician | 2 | 0 |
| Mental Health RN | 1 | 0 |
| Mental Health LPN | 1 | 0 |

Medical Staffing: West Unit

| | Number of Positions | Number of Vacancies |
|---------------------------|----------------------------|----------------------------|
| Physician | 1 | 0 |
| Clinical Associate | 0 | 0 |
| RN | 5.2 | 1 |
| LPN | 6.1 | .4 |
| Dentist | 1 | 0 |
| Dental Assistant | 2 | 2 |
| Dental Hygienists | 0 | 0 |

Mental Health Staffing: West Unit

| | Number of Positions | Number of Vacancies |
|--|----------------------------|----------------------------|
| Psychiatrist | 0 | 0 |
| Psychiatrist ARNP/PA | 0 | 0 |
| Psychological Services Director | 0 | 0 |
| Psychologist | .2 | 1 |
| Mental Health Professional | 1 | 0 |
| Human Services Counselor | 0 | 0 |
| Activity Technician | 0 | 0 |
| Mental Health RN | 0 | 0 |
| Mental Health LPN | 0 | 0 |

OVERVIEW

Florida State Prison (FSP) houses male inmates of minimum, medium, close, and maximum custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4 and psychology (S) grades 1, 2, and 3. FSP consists of the Main Unit and the West Unit.

The overall scope of services provided at FSP 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 FSP on November 14-16, 2017. 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 – MAIN UNIT

Florida State Prison-Main (FSP-Main) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at FSP-Main:

- 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 requires care at intervals of every six to twelve 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 ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There was a finding requiring corrective action in one of the chronic illness clinics. The item to be addressed is indicated in the table below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call services. Infirmary services are not provided at FSP-Main.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers. There were findings requiring corrective action in the review of consultations, medication administration, periodic screenings, and inmate requests. The items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care. There was a finding requiring corrective action in the review of dental systems. The item to be addressed is indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There was a finding requiring corrective action as a result of the institutional tour. The item to be addressed is indicated in the table below.

Oncology Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>PH-1: In 1 of 2 records reviewed, there was no evidence of a pneumococcal vaccination or refusal.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Consultations Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-2: In 4 records, the diagnosis was not recorded on the problem list.</p> <p>PH-3: In 4 of 13 applicable records, there was no evidence that follow-up appointments were completed as per consultant's recommendations (see discussion).</p> <p>PH-4: In 1 of 1 applicable record, there was no evidence that the alternative treatment plan (ATP) was implemented (see discussion).</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 receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-3: In one record, the inmate was referred for a urology consultation due to a Prostate-specific antigen (PSA) of 6.19 ng/mL on 2/3/17. The consultant recommended that a PSA and a rectal examination be repeated in six months. There was no record that the rectal examination had been done as of the time of the survey. The lab was repeated but not until 11/1/17 and there was no record of follow-up even though the PSA had risen to 8.15 ng/mL. In the second record, a consultation was requested on 7/27/17 for a right inguinal hernia. The inmate was seen on 10/2/17 and the consultant recommended "urgent repair" and documented that the hernia was incarcerated. The surgery had not occurred as of the time of the survey. In the third record, an inmate with a history of Crohn's Disease and a resection due to a large colon mass was referred to a gastroenterologist due to a draining anal fistula. The consultant

recommended on 9/20/17 that a colonoscopy be completed "ASAP" but there was no record that it had been done. There was a blank "Request for Pre-Approval of Health Care Services" (DC4-669) in the chart with a sticky note to the clinician to complete it. In the last record, the inmate suffered a left index finger fracture during a cell extraction on 6/7/17. An "urgent" consult request was completed but surgery was not done until August. A follow-up consultation occurred on 10/13/17 and the consultant recommended occupational therapy to begin "urgently" and for the inmate to return in four weeks to recheck range of motion. There was no indication of a pending referral even though the survey occurred during the fourth week after the recommendation was made.

Discussion PH-4: A podiatrist consultation was submitted for an inmate with complaints of a blackened left great toe nail. The consultation was denied and an ATP given to send a biopsy for histology, and tissue scrapings for fungal culture on 7/5/17 and in the interim, give a trial of itraconazole or fluconazole. The clinician documented on 7/18/17 "ATP consult. No treatment at this time."

| Medication Administration Review | |
|---|---|
| Finding(s) | Suggested Corrective Action(s) |
| <p>PH-5: In 3 of 12 records reviewed, there was no evidence of a corresponding note in the medical record by the provider for all medication orders.</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 on single dose medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

| Periodic Screenings | |
|--|--|
| Finding(s) | Suggested Corrective Action(s) |
| <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-6: In 2 of 8 applicable records, there was no evidence that inmates were provided lab results.</p> <p>PH-7: In 1 of 2 applicable records, there was no evidence the inmate was referred to the clinician when required (see discussion).</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 receiving periodic screenings to evaluate the effectiveness of corrections.</p> |

Periodic Screenings

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-8: In 3 records, there was no evidence that health education was provided.</p> | <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-7:** Per the “Periodic Screening Encounter” (DC4-541), three consecutive blood pressure readings of 140/90 or greater require a clinician referral. The inmate’s blood pressure was 146/89 at his screening appointment on 10/9/17. Although it could not be determined by the documentation if the inmate’s blood pressure had been taken again, his blood pressure at his previous clinic visits was 147/90 on 8/1/17, and 145/87 on 7/13/17.*

Medical Inmate Requests

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-9: In 11 of 12 records reviewed, the inmate request was not in the medical record (see discussion).</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 medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-9:** The records for review were pulled from the inmate request log but could not be located in the charts by CMA surveyors or institutional staff. Upon further investigation, it was discovered that the log was inaccurate and a current log was not being kept.*

Dental Systems Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-10: There was no evidence that all necessary equipment was in working order (see discussion).</p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-10: The Cavitron was not working properly. Dental staff indicated that they would be requesting a new one.

| Institutional Tour | |
|---|--|
| Finding(s) | Suggested Corrective Action(s) |
| <p>A tour of the facility revealed the following deficiency:</p> <p>PH-11: The first aid kits were missing supplies (see discussion):</p> | <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, inspection, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-11: The first aid kits in wings B, C, D, G, and N did not contain gauze.

| Additional Administrative Issues | |
|---|--|
| Finding(s) | Suggested Corrective Action(s) |
| <p>PH-12: The sick call services process in the confinement wings was inadequate (see discussion).</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 confinement sick call requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-12: Interviews with staff and inmates, as well as chart reviews revealed that sick call services were conducted at the cell front. Inmates expressed concern that this process violated their right to confidentiality regarding their protected health information as neighboring cellmates would be able to hear what was discussed. Per Procedure 403.006, only certain problems can be addressed at the cell front and are as follows: headaches without visual changes, insect bites, blisters, calluses/corns, simple rash, jock itch, sinus, sore throat, and mild sunburn. Chart reviews revealed some issues not on the list were also addressed at cell front. For example, in one record, an inmate was requesting bloodwork, discussing a fungus, and medications he needed. In another record, an inmate's broken finger was splinted at cell front. While this may not be a violation of protected health information, CMA surveyors expressed concern that procedures like this may put the nursing staff at risk. In addition, Procedure 403.003 provides specific guidelines for providing sick call in special housing areas and indicates that inmates will first be seen by health care staff in a designated medical treatment room and then, if further or more extensive medical treatment is necessary, the inmate would be

escorted to the medical unit. Many of the wings visited, did not have a designated treatment room.

CONCLUSION – PHYSICAL HEALTH

MAIN UNIT

The physical health staff at FSP-Main serves a difficult population that includes inmates with medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities.

Medical charts were well organized and documents were filed in a timely manner, however some charts were in need of thinning due to their large size. Inmates and correctional officers presented as knowledgeable of the process for accessing routine medical and emergency services.

There was only one finding requiring corrective action in the nine chronic illness clinics. Many of the concerns regarding the provision of clinical services were found in the review of consultations and in nursing services. Of significant concern to CMA staff and surveyors was the sick call process. The majority of inmates at FSP-Main require additional security measures due to their housing status. These inmates must be shackled in order to attend out-of-cell treatment opportunities. The required security measures make providing sick call especially challenging. After record reviews and inmate interviews, it became clear that there was a lack of consistent policies and procedures for conducting sick call at the cell front. While it is recognized that the inmate population may have an incentive to complain about services, when a significant number of inmates report similar concerns, further investigation is warranted.

After a review of physical health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

MENTAL HEALTH FINDINGS – MAIN UNIT

Florida State Prison (FSP) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at FSP:

- 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 psychiatric restraints. There was a finding in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below.

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, inmate requests, or special housing.

OUTPATIENT SERVICES REVIEW

There were no findings requiring corrective action in the review of psychiatric medication practices. There were findings requiring corrective action in the review of outpatient mental health services; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There were no findings requiring corrective action in the review of aftercare planning.

MENTAL HEALTH SYSTEMS REVIEW

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

**Self-harm Observation Status
(SHOS)**

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| MH-1: In 3 of 14 records reviewed, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission. | <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 SHOS episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Psychological Emergency

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| MH-2: In 4 of 15 records reviewed, an emergency evaluation was not completed by mental health or nursing staff (see discussion). | <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 psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-2: *In three records, the inmate made a self-inflicted laceration. In the remaining record, the inmate swallowed a razor blade. In each record, appropriate medical protocols were completed, however there was no emergency mental health evaluation to address the self-harm gestures. In each case the inmate was returned to the dorm.*

Outpatient Mental Health Services

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-3: In 6 records, the Individualized Service Plan (ISP) was not signed by members of the multi-disciplinary service team (see discussion).</p> <p>MH-4: In 3 of 15 applicable records, the Behavioral Risk Assessment (DC4-729) was not completed accurately (see discussion).</p> <p>MH-5: In 3 of 5 applicable records, the Close Management Referral Assessment (DC6-128) could not be located.</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 applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-3: *The ISP was not signed by the inmate to indicate he participated in the planning of his treatment goals.*

Discussion MH-4: *In these records, the inmate's history of suicide and self-harm gestures were not documented accurately.*

CONCLUSION – MENTAL HEALTH

MAIN UNIT

The staff at FSP serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to over 600 inmates, the majority of whom are housed in close management. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, and provide additional required mental health services for inmates housed in close management. Staff also perform sex offender screenings when needed, and provide aftercare planning for eligible inmates. Reportable findings requiring corrective action are outlined in the tables above.

Surveyors expressed concern regarding the evaluation of mental health emergencies. In some cases, inmates were medically treated for self-harm gestures, however there was not an accompanying emergency mental health assessment. Surveyors were concerned that without this important assessment, the inmate may be returned to a setting where he could continue to self-harm. In other cases, an emergency mental health evaluation could not be located for inmates admitted to SHOS.

There were very few findings noted in the review of mental health surveys at FSP-Main. ISPs were detailed and provided a clear assessment of each problem addressed. Treatment provided was clearly documented in progress notes and reflected in ISPs. Inmates in close management settings often refuse mental health services, however frequent efforts to encourage participation were noted. Staff were cooperative and helpful throughout the survey process. Overall, staff were responsive to using the Corrective Action Plan process to improve inmate mental health services at FSP.

PHYSICAL HEALTH FINDINGS – WEST UNIT

Florida State Prison-West Unit (FSP-West) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at FSP-West:

- 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 requires care at intervals of every six to twelve 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 ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in five 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 sick call services. There were findings requiring corrective action in the review of infirmary and emergency care. The items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental care and dental systems. The items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There were findings requiring corrective action as a result of the institutional tour. The items to be addressed are indicated in the table below.

Cardiovascular Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>PH-1: In 1 of 1 applicable record (17 reviewed), there was no evidence that a referral was made to a specialist when indicated (see discussion).</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-1: *In one record, the inmate presented with hypertension, dyslipidemia, and a remarkably abnormal Electrocardiogram (EKG). CMA surveyors noted that a cardiology consultation may be indicated.*

Endocrine Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-2: In 2 of 10 applicable records (15 reviewed), Aspirin was not prescribed for inmates with vascular disease and other risk factors (see discussion).</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-2: *In one record, the inmate was diagnosed with diabetes and high blood pressure. In the other record, the inmate was diagnosed with diabetes and elevated lipids. In both cases, there was no indication that an Aspirin regimen was considered.*

Miscellaneous Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-3: In 1 record, there was no evidence of an appropriate examination for the diagnosis (see discussion).</p> <p>PH-4: In 1 of 3 applicable records, a referral to a specialist was not made when indicated (see discussion).</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 miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-3: *In one record, an inmate with hypogonadism and borderline low labs did not receive a physical examination.*

Discussion PH-4: *In one record, an inmate was being treated for hypogonadism with testosterone injections. There was no evidence a referral was made to an endocrinologist for management of this disorder.*

Neurology Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-5: In 6 of 9 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</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 neurology clinic to evaluate the effectiveness of corrections.</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>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-6: In 2 of 7 applicable records, inmates with moderate to severe reactive airway disease were not started on an anti-inflammatory medication.</p> <p>PH-7: In 3 of 10 applicable records, documentation of Chronic Illness Clinic (CIC) visit did not include all required components (see discussion).</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-7:** In three records, control of the disease and evaluation as to the status of the inmate since the previous CIC visit were not addressed.*

Emergency Care Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-8: In 1 of 1 applicable record (16 reviewed), documentation of emergency care was incomplete (see discussion).</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 receiving emergency care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-8:** In one record, staff indicated that Emergency Medical Services (EMS) was activated, however no time of notification was listed on the form.*

Infirmary Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-9: In 4 records, infirmary admission orders were incomplete (see discussion).</p> <p>PH-10: In 2 of 8 applicable inpatient and outpatient records, there was no evidence that the nursing discharge note was completed in its entirety.</p> <p>PH-11: In 2 of 8 applicable inpatient records, the file was incomplete (see discussion).</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 receiving infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-9:** Per the Nursing Manual, the clinician is required to complete an "Infirmary Admission Orders Sheet" (DC4-714D) on all infirmary admissions. In one record, no admitting diagnosis was listed. In another record, admission orders were not signed by nursing staff. In a third record, orders to specify frequency of vital signs and medications to be given were excluded. In the last record, an inmate was admitted to the infirmary with a tracheostomy and care instructions were not ordered.*

***Discussion PH-11:** In one record, the medical history was not addressed on the inmate. In the other record, history and physical exam as well as history of present illness were not completed.*

Consultations Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>PH-12: In 4 of 12 records reviewed, the diagnosis was not recorded on the problem list.</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 receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Dental Systems Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-13: There was no evidence that necessary equipment was available and in working order (see discussion).</p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-13:** Two of the four dental chairs and one of the two compressor heads was not working at the time of the survey.*

Dental Clinic Review

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-14: In 4 records, there was no evidence of an accurate diagnosis and appropriate treatment plan.</p> <p>PH-15: In 6 records, there was insufficient documentation of dental materials and anesthetic agent used (see discussion).</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 receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-15:** In six records, the inmate was provided with twenty Ibuprofen 200 mg tablets without instructions for safely using the medication.*

Institutional Tour

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-16: Personal protective equipment (PPE) for universal precautions was not readily available (see discussion).</p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> |

Institutional Tour

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>PH-17: Examination/treatment rooms did not have required equipment (see discussion).</p> <p>PH-18: Instructions to access medical and dental sick call were not posted in inmate housing areas (see discussion).</p> <p>PH-19: There was no evidence that first aid kits were inspected monthly (see discussion).</p> <p>PH-20: Pill line schedules were not posted in inmate common areas (see discussion).</p> | <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-16: *In the doctor's office and the exam room, gloves were the only PPE available. No PPE was found in the sick call triage area. According to the Infection Control Program Manual, gloves, gowns, goggles and masks will be stored in places convenient for their use in the medical and dental areas.*

Discussion PH-17: *The exam room, treatment room, and sick call triage area did not contain an examination light or glucometer.*

Discussion PH-18: *N-dorm and O-dorm had signs posted that were partially visible to the reader and included procedures written in English but not Spanish.*

Discussion PH-19: *The first aid kit in O-dorm did not have an inspection label and the kit in N-dorm was last checked in August 2017.*

Discussion PH-20: *There was no evidence this information was posted in N-dorm.*

CONCLUSION – PHYSICAL HEALTH

WEST UNIT

The physical health staff at FSP-West serves a complex and difficult population, including inmates with multiple medical 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. Reportable findings requiring corrective action are outlined in the tables above.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to accessing sick call and emergency services. All inmates interviewed described the health care as adequate or above adequate. Overall, medical records were well organized and documentation appeared to be filed in a timely manner. The staff at FSP-West seemed knowledgeable regarding inmates in their care and were helpful throughout the survey process.

Documentation of clinical encounters was brief and often incomplete. This trend was found in several chronic illness clinics, infirmary admissions, dental care, and emergency care. Sparse or incomplete documentation could lead to errors in patient care. Additionally, referrals to specialists were not made when indicated and CMA surveyors expressed concern that this could compromise patient safety and lead to more urgent or emergent problems.

A tour of the institution revealed safety issues including a lack of personal protective equipment and necessary paraphernalia in medical areas, missing or outdated verification of first aid kits, and the absence of informational signage for inmates. However, areas of the compound observed were neat and clean.

The CMA corrective action plan (CAP) process will be beneficial to FSP-West staff as they strive to meet the health care needs of the inmate population and improve upon deficiencies.

MENTAL HEALTH FINDINGS - WEST UNIT

Florida State Prison-West (FSP-West) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at FSP-West:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below. There were no episodes of psychiatric restraints available for review at FSP-West.

USE OF FORCE REVIEW

There were no use of force episodes available for review at FSP-West.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies, inmate requests, or special housing.

OUTPATIENT SERVICES REVIEW

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.

MENTAL HEALTH SYSTEM REVIEW

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

Self-harm Observation Status (SHOS)

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 record, there was no evidence that the inmate received a thorough clinical assessment prior to placement in SHOS (see discussion).</p> <p>MH-2: In 2 records, clinician’s orders were not signed and/or countersigned by the next working day.</p> <p>MH-3: In 1 record, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-4: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed in its entirety.</p> <p>MH-5: In 1 of 1 applicable record, mental health staff did not provide post-discharge follow-up within 7 days.</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 SHOS admissions to evaluate the effectiveness of corrections. correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-1: *The inmate was admitted to SHOS on 7/4/17. The emergency nursing evaluation was dated 6/30/17. Several of the sections were blank including vital signs, history of suicide attempts, and history of violence.*

Discussion MH-3: *Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). The observation checklist for 11/8/17 could not be located.*

Outpatient Mental Health Services

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 11 outpatient records revealed the following deficiencies:</p> <p>MH-6: In 5 of 6 applicable records, the mental health screening evaluation was incomplete (see discussion).</p> <p>MH-7: In 1 of 1 applicable record, the bio-psychosocial assessment (BPSA) was not approved by the Multi-Disciplinary Services Team (MDST) within 30 days.</p> <p>MH-8: In 1 of 1 applicable record, the Individualized Service Plan (ISP) was not reviewed or revised within 30 days of receiving a S2 grade.</p> <p>MH-9: In 5 records, the ISP was not signed by all relevant parties.</p> <p>MH-10: In 3 of 10 applicable records, the ISP was not reviewed or revised at least every 180 days (see discussion).</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-6:** This evaluation should include an assessment of mental status and status of all active mental health problems, as well as an Individualized Service Plan (ISP) update. In all five records, the ISP was not updated.*

***Discussion MH-10:** In the first record, the ISP was due April 2017 but completed August 2017. In the second record, the ISP was due July 2017 but completed November 2017. In the last record, there was no ISP update from October 2016 to November 2017.*

Mental Health Systems Review

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>MH-11: There was not sufficient restraint or self-harm prevention equipment for the inmate population (see discussion).</p> | <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Mental Health Systems Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>MH-12: Staff interviewed were unable to explain the process for the use and application of psychiatric restraints.</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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-11:** According to HSB 15.05.10, the Health Services Administrator shall ensure that the following equipment is available and in good working condition: two or more sets of ambulatory wrist and leg restraints and one protective helmet in each size (e.g. small, medium, and large). The required wrist restraints were not available.*

CONCLUSION – MENTAL HEALTH

WEST UNIT

The staff at FSP-West serves a difficult population that includes inmates with medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to over 32 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. Reportable findings requiring corrective action are outlined in the tables above.

Many of the findings described in this report are related to missing or late clinical documentation. It should be noted that the Mental Health Professional (MHP) position at FSP-West was vacant for some time. Currently, the MHP permanently assigned to the unit has indicated that completing and updating treatment plans is a priority.

Overall, the documentation reviewed reflected good clinical management. Notes were thorough, relevant, and specific to the inmates' psychological needs. Staff interviewed were familiar with the inmates on their caseload. Mental health staff responded to psychological emergencies and inmate requests in a timely manner.

The staff interviewed appeared dedicated to the inmate population they serve and indicated they would use the results of the survey and the CMA Corrective Action Process (CAP) to improve areas that were found to be deficient.

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 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.