



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Lake City Correctional Facility**

In

**Lake City, Florida**

on

**October 10-11, 2017**

### **CMA Staff Members**

Lynne Babchuck, LCSW  
Monica Dodrill, RN

### **Clinical Surveyors**

Tiffani Garrett, MD  
Erik Gooch, DO  
Edward Zapert, DMD  
Sandi Lewis, PhD  
Julie Holt, ARNP  
Joanne Pintacuda, ARNP  
Kathy Louvaris, ARNP  
Suzanne Brown, RN  
Patricia Meeker, RN  
Denise Sanfilippo, LCSW

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
875	Male	Close	3

## Institutional Potential/Actual Workload

Main Unit Capacity	894	Current Main Unit Census	875
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	894	Census	875

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		777	71	27	0	0
<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	
	753	59	63	N/A	N/A	

## 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>
	51	24	N/A	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
<b>Physician</b>	1	0
<b>Clinical Associate</b>	0	0
<b>RN</b>	6	1
<b>LPN</b>	8	0
<b>Dentist</b>	0	0
<b>Dental Assistant</b>	1	0
<b>Dental Hygienists</b>	0	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
<b>Psychiatrist</b>	1	0
<b>Psychiatrist ARNP/PA</b>	0	0
<b>Psychological Services Director</b>	0	0
<b>Psychologist</b>	1	0
<b>Behavioral Specialist</b>	2	0
<b>Mental Health Professional</b>	0	0
<b>Human Services Counselor</b>	0	0
<b>Activity Technician</b>	0	0
<b>Mental Health RN</b>	0	0
<b>Mental Health LPN</b>	0	0

# OVERVIEW

Lake City Correctional Facility (LCCF) houses youthful offender male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. LCCF consists of a Main Unit only.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at LCCF on October 10-11, 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**

Lake City Correctional Facility (LCCF) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at LCCF:

- 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.

## **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 two 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 or sick call. There was a finding requiring corrective action in the review of infirmary services; the item to be addressed is indicated in the table below.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers, medication administration, inmate requests, or periodic screenings. 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 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 pharmacy services, pill line, or infection control.

### **INSTITUTIONAL TOUR**

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

## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 1 record, there was no evidence of hepatitis B vaccination or refusal.</b></p> <p><b>PH-2: In 1 record, there was no evidence of influenza vaccination or refusal.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: In 1 of 5 records reviewed, there was no evidence of the required annual laboratory work (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 neurology 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 this record, no there was no evidence that labs had been drawn since 2015.*

### Infirmery Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 5 of 9 records reviewed, there was no evidence of a discharge note written by the discharge nurse.</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 receiving infirmery services 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><b>PH-5: In 8 of 10 records reviewed, the diagnosis was not recorded on the problem list.</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 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>

## CONCLUSION – PHYSICAL HEALTH

The physical health staff at LCCF serves youthful offender inmates. Physical health care is provided on an outpatient and inpatient 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.

The staff at LCCF was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Patient records were well organized. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services and were complementary of their experiences at the clinic.

A review of medical records indicated that inmates enrolled in chronic illness clinics were seen at the required intervals. CMA surveyors found that follow-up with providers resulting from specialty services, sick call, and emergency clinics occurred timely. Overall, clinical documentation was thorough and individualized.

Although, there were relatively few findings identified in the report, LCCF staff indicated they would use the CMA corrective action process to improve health care services.

# **MENTAL HEALTH FINDINGS**

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

- 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 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 restraints at LCCF.

### **USE OF FORCE REVIEW**

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

### **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 outpatient mental health services. There were findings requiring corrective action in the review of psychiatric medication practices; the items to be addressed are indicated in the table below.

### **AFTERCARE PLANNING REVIEW**

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

### **MENTAL HEALTH SYSTEMS REVIEW**

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

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 3 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, SHOS orders were not cosigned by the next working day.</b></p> <p><b>MH-2: In 1 record, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-3: In 1 record, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift (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 SHOS admissions 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:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). On multiple days, there were one or more blanks on the checklist indicating the inmate was not observed as required.*

***Discussion MH-3:** According to the Nursing Manual, the “Inpatient Mental Health Daily Nursing Evaluation” shall be completed every eight hours at the beginning of the shift for mental health patients admitted to the infirmary. The day shift evaluation shall be performed and documented by a Registered Nurse. For two days during this SHOS admission, there was no evidence this evaluation was completed on any shift.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 5 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-4: In 2 records, a written referral to mental health by physical health staff was not present (see discussion).</b></p> <p><b>MH-5: In 2 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.</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 use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-4:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3.

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-6: In 3 of 7 applicable records, appropriate initial laboratory tests were not ordered for psychotropic medications (see discussion).</b></p> <p><b>MH-7: In 1 of 2 applicable records, there was no evidence that abnormal lab results were addressed (see discussion).</b></p> <p><b>MH-8: In 1 of 4 applicable records, follow-up lab tests were not completed as required (see discussion).</b></p> <p><b>MH-9: In 4 of 15 records, the medication ordered was not appropriate for the symptoms/diagnosis (see discussion).</b></p> <p><b>MH-10: In 2 of 2 applicable records, there was no evidence of nursing education provided to the inmate after 2 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-11: In 4 records, follow-up psychiatric contacts were not conducted at appropriate intervals (see discussion).</b></p> <p><b>MH-12: In 11 records, documentation of follow-up psychiatric contacts did not contain the required clinical information (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 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-6:** In two records, the inmate was started on an antidepressant medication without a Thyroid Stimulating Hormone (TSH) test done within the last year. In the last record, an inmate was started on Depakote on 2/17/17 and the complete blood count and chemistry panel were not ordered until 3/16/17.

**Discussion MH-7:** In one record, the Depakote level had increased to 114 µg/mL on 9/27/17 and was not addressed by the time of the survey.

**Discussion MH-8:** In one record, there was no medication level lab done for an inmate who received a reduction in Depakote.

**Discussion MH-9:** In these records, either Depakote or Lamictal was prescribed for a diagnosis of “depression” without documentation of a rationale. These mood stabilizers are not indicated for unipolar depression.

**Discussion MH-11:** In three records, a new psychotropic medication was started and the inmate was not seen after two weeks as required. In the remaining record, an inmate refused his medication which was subsequently discontinued by the clinician on 1/18/17. The inmate was not seen again by the psychiatrist until 9/02/17.

**Discussion MH-12:** In three records, a rationale was not provided for medication changes. In six records, documentation was sparse, difficult to read and did not contain enough information to follow the course of treatment. In the two remaining records, a rationale was not provided for the prescribing of a mood stabilizer for inmates diagnosed with depression.

<b>Aftercare Planning</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 6 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-13: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</b></p> <p><b>MH-14: In 2 records, consent to release information for continuity of care was not completed.</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 applicable records of inmates within 180 days of EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Mental Health Systems Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-15: There was no documentation that the Multidisciplinary Services Team (MDST) meets on a regularly scheduled basis.</b></p>	<p>Create a monitoring tool and conduct biweekly monitoring of MDST meetings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## CONCLUSION – MENTAL HEALTH

The staff at LCCF serves youthful offender inmates. Mental health outpatient services, including case management and individual counseling, are provided to over 120 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, and provide aftercare planning for eligible inmates. Reportable findings requiring corrective action are outlined in the tables above.

Many of the findings in this report are related to psychotropic medication practices. Inmates were not consistently seen by the psychiatric provider at required intervals. Documentation of contacts did not contain the necessary information and was often illegible. At times, institutional staff were unable to interpret the content of the documentation. Labs were not completed as required and abnormal lab results were not reviewed timely.

Inmates interviewed reported that they routinely receive adequate mental health care and access to their medications. Although it did not rise to the level of a finding requiring corrective action, it was noted that there were some inconsistencies in documentation between members of the treatment team. As noted above, the MDST does not meet on a weekly basis as the staff required to participate in the meeting are not always at the institution on the same days. A lack of consistent MDST meetings to discuss the inmate's progress towards his treatment goals could result in conflicting clinical documentation. Surveyors expressed concern that this could lead to disruption in continuity of care.

Staff interviewed were knowledgeable and presented genuine concern for the inmates on their caseload. They were receptive to feedback and expressed a desire to correct the deficiencies noted. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that LCCF will benefit from the CMA corrective action plan process.

## 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.