



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Lawtey Correctional Institution

In

Lawtey, Florida

on

October 10-12, 2017

CMA Staff Members

Kathy McLaughlin, BS

Clinical Surveyors

Tiffani Garrett, MD

Edward Zapert, DMD

Susan Porterfield, ARNP

Laura Williams, ARNP

Mandy Petroski-Moore, LCSW

Judy Reinman, RN

Barbara Graeber, RN

Distributed on November 6, 2017

CAP Due Date: December 6, 2017

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
827	Male	Medium	4

Institutional Potential/Actual Workload

Main Unit Capacity	879	Current Main Unit Census	827
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	879	Census	827

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	515	281	29	0	2	8
<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	
	807	20	0	N/A	N/A	0

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>
	N/A	N/A	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	N/A	N/A
RN	4.2	0
LPN	7	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatrist ARNP/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Psychologist	.2	0
Behavioral Specialist	N/A	N/A
Mental Health Professional	.6	0
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

OVERVIEW

Lawtey Correctional Institution (LAWCI) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1 and 2. LAWCI consists of the Main only.

The overall scope of services provided at LAWCI 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 LAWCI on October 10-12, 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

Lawtey Correctional Institution (LAWCI) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at LAWCI:

- 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 findings requiring corrective action in two of the chronic illness clinics and in the general chronic illness clinic review. 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 services. There were findings requiring corrective action in the review of sick call and infirmary 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, 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 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, 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.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 6 of 16 records reviewed, the clinician’s documentation was not legible (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 a chronic illness 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:** The clinician’s documentation was often difficult to read. Surveyors expressed concern that illegible documentation could lead to errors in patient care.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 6 of 13 applicable records (15 reviewed), there was no evidence of hepatitis A & B 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 gastrointestinal 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>PH-3: In 2 of 6 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 seizures, 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>

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 15 applicable records (17 reviewed), there was no evidence that a referral to a higher level of care was made 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 sick call 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-4: *In one record, an inmate was seen in sick call for “mid abdominal pain” with a pain level of 8. According to the protocol, severe pain, localized or generalized, requires clinician notification. Eleven days later, the clinician’s nurse made a referral based on a review of the sick call. Even though this inmate was eventually seen, the nurse completing the assessment should be responsible for following protocol and notifying the clinician when necessary to insure timeliness of treatment. In another record, the inmate submitted a sick call request for “unbearable itching.” The skin protocol was used which indicated severe itching as a finding requiring clinician notification. The inmate was given hydrocortisone cream and instructed to return if symptoms worsened or didn’t improve. The inmate returned to sick call two days later and was treated for scabies. Timely treatment of scabies is an important infection control function for prevention of spreading or an outbreak. In the last record, an inmate submitted a sick call request for sharp pain in the stomach and a small lump around his navel. The referral to the clinician area of the protocol form was blank and there was no other indication in the chart that a referral was made even though the pain is described as sudden onset, level 2. In the subjective section of the abdominal pain protocol used for the nursing*

assessment, "small bump around my naval" was listed as the chief complaint. In the section for pain location, however, umbilical hernia was written rather than stomach or naval pain and was not in quotes to indicate it was the inmate's statement. CMA surveyors were concerned that it may appear that the diagnosis of hernia was made by nursing staff rather than the clinician since a referral and follow-up were not done.

Infirmary Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-5: In 3 of 12 applicable records, the "Infirmary Outpatient Admission-23 Hour Observation Nurses Note" form (DC4-732B) was incomplete or missing (see discussion).</p> <p>PH-6: In 3 of 12 applicable records, there was no evidence of a complete nursing discharge note.</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-5: In one record a progress note and the infirmary log indicated that the inmate had been admitted to the infirmary, however the DC4-732B could not be located by surveyors or institutional staff. In another record, the inmate came in with an emergency and was placed in the infirmary for 23 hours observation. The DC4-732B was not located and the only notes found were on the back of the emergency protocol form. In the last record, the form was in the record but contained blanks regarding the initial assessment protocol and when the clinician was notified of the admission to the infirmary. Per the Nursing Manual, all forms must be completed in their entirety.

Consultations Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 5 of 17 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>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-8: Over-the-counter medications were not dispensed correctly in all dorms (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, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-8: *In dorms A, B, and E, two packs of Alamag Antacid Tabs (Maalox) were given rather than the recommended dosage of two tablets.*

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: The current system to access sick call services was inadequate (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-9: *Per Procedure 403.006, an inmate can sign up for sick call by filling out an "Inmate Sick Call Request" and giving it to health services staff or placing it in a secured box. The policy states that only health care staff will open this container and forms will then be triaged daily by nursing staff. Inmates reported during interviews, however, that sick call requests were brought to the sick call waiting area and picked up by an inmate orderly or by security officers. Inmates expressed concern that this process violated their right to confidentiality regarding their protected health information.*

CONCLUSION – PHYSICAL HEALTH

The physical health staff at LAWCI 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.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available and ready for the surveyors. Medical charts were generally well organized and documents were filed in a timely manner. The staff at LAWCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with the process for accessing routine medical and emergency services. Overall, inmates were complimentary of their experiences at the medical clinic.

The issue with the sick call process described above was discovered during interviews with inmates. After discussing these concerns, medical staff was receptive and immediately addressed this finding with the sick call nurse. The new procedure will be that the sick call nurse or nurse designee will pick up the requests from the inmates. Staff will monitor to insure the new procedure is followed and CMA will review during the corrective action plan (CAP) process.

There were relatively few findings requiring corrective action in this survey. A review of medical records indicated that inmates enrolled in chronic illness clinics were seen at the required intervals. CMA surveyors found that clinic care was thorough and the plan of care was well documented, although at times difficult to read.

It is clear that the institution will benefit from the CAP process as they use the results of the survey to make improvements where deficiencies were found.

MENTAL HEALTH FINDINGS

Lawtey Correctional Institution (LAWCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at LAWCI:

- 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 no admissions to Self-harm Observation Status (SHOS) or episodes of psychiatric restraint at LAWCI.

USE OF FORCE REVIEW

There were no use of force episodes at LAWCI.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of inmate requests and there were no psychological emergencies available for review.

OUTPATIENT SERVICES REVIEW

There were no findings in the review of outpatient mental health services.

MENTAL HEALTH SYSTEMS REVIEW

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

CONCLUSION

Currently LAWCI has one Mental Health Professional who is on-site three days per week. At the time of the survey, approximately 20 inmates were receiving mental health services. In addition to providing services to these inmates, staff answers requests, responds to psychological emergencies and performs sex offender screenings when needed.

The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. When necessary, inmates were seen for counseling more than required. The interview with the Mental Health Professional revealed a familiarity with the mental health caseload. After a review of mental health records and interviews with inmates and staff, no corrective action plan is required by the CMA for mental health.

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.