



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Wakulla Correctional Institution

in

Crawfordville, Florida

on

April 10-12, 2018

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2429	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1280	Current Main Unit Census	1442
Annex Capacity	756	Annex Census	560
Satellite Unit(s) Capacity	431	Current Satellite(s) Census	427
Total Capacity	2467	Total Current Census	2429

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	5	Impaired
	1548	765	111	1	3	22
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	2185	98	145	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

Confinement/Close Management	DC	AC	PM	CM3	CM2	CM1
	75	64	268	N/A	N/A	N/A

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	5.7	0
LPN	10	3.8
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	.5	0

Mental Health Staffing: Main Unit

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

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
RN	4.7	1.7
LPN	9.2	3.8
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	.5	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	0.8	0
Psychological Services Director	0	0
Psychologist	1	0
Mental Health Professional	4	1
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

OVERVIEW

Wakulla Correctional Institution (WAKCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. WAKCI consists of a Main, Annex, and work camp.

The overall scope of services provided at WAKCI 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 WAKCI on April 10-12, 2018. 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

Wakulla Correctional Institution-Main (WAKCI-Main) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at WAKCI-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.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in the general chronic illness clinic review and 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 emergency care services. There were findings requiring corrective action in the review of the infirmary and sick call. The items to be addressed are indicated in the table below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of the pharmacy, 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.

Chronic Illness Clinic (CIC) Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 9 of 18 records reviewed, baseline information was incomplete or missing.</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>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-2: In 6 records, there was no evidence that the control of the disease was evaluated at the CIC visit.</p> <p>PH-3: In 1 of 5 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</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>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 10 applicable records (11 reviewed), there was no evidence of hepatitis A and/or 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>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 1 of 1 applicable records (12 reviewed), there was no evidence of hepatitis 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 immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-6: In 6 records, there was no evidence that the control of the disease was evaluated at the CIC visit.</p> <p>PH-7: In 1 of 1 applicable records (15 reviewed), there was no evidence of a referral 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 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-7:** In this record, the inmate arrived on 7/13/17, and since arrival he had two sickle cell crisis episodes. CMA surveyors expressed concern that this inmate may need care outside of the scope of the current treatment plan and would benefit from consultation services with a specialist.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-8: In 7 records, 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>PH-9: In 4 records, there was no evidence that the control of the disease was evaluated at the CIC visit.</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-10: In 2 of 7 applicable records (18 reviewed), there was no evidence that the follow-up visit was completed timely (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-10:** In both records, incidental notes indicated that medical charts were forwarded to the clinician for review. However, there was no indication that the charts were reviewed by the clinician.*

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-11: In 3 of 6 applicable inpatient records, there was no evidence of a discharge note.</p> <p>PH-12: In 1 of 2 applicable records, outpatient weekend and holiday phone rounds were not documented.</p> <p>PH-13: In 2 of 10 applicable records, nursing evaluations were not documented at least every eight hours for inmates on 23-hour observation status.</p> <p>PH-14: In 2 of 6 applicable records, inpatient weekend and holiday phone rounds were not documented.</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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-15: In 3 of 11 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>

Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-16: In 3 of 12 records reviewed, there was no evidence that the Medication Administration Record (MAR) matched the physician’s order (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 single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-16: *In two records, start and stop dates on the MAR did not match the order. In the final record, metoprolol was listed on the MAR as “po qd”, but was given “bid”.*

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-17: In 8 records, the inmate request was not responded to in an appropriate time frame.</p> <p>PH-18: In 5 records, the response to the intended request was not direct, specific, and/or did not address the stated need (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-18: In three records, inmates submitted requests inquiring about delays receiving keep-on-person (KOP) medications. In another record, the inmate requested the results from his periodic examination. In the final record, the inmate requested information/results from lab work. In all five cases, the inmates were told to access sick call. The responses received did not address stated needs, or provide specific information related to the requests.

Dental Systems

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-19: There was no evidence American Heart Association prophylactic regimens were available in the dental unit.</p> <p>PH-20: Medications were dispensed inadequately (see discussion).</p> <p>PH-21: There was no evidence that all necessary equipment was available (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-20: Antibiotics were transferred from a bulk container to unmarked small vials. The CMA dental surveyor recommended that labels be placed on all containers.

Discussion PH-21: Per Health Services Bulletin 15.04.13 Supplement A, the dental staff should be capable of treating a medical emergency, should one arise. Oxygen, along with an airway, and emergency drugs are always to be on hand. The oxygen tank had no nasal cannula or face mask to deliver oxygen, and there was no way to regulate the flow rate.

Dental Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-22: In 4 records, there was no evidence initial dental appointments were completed in a timely manner (see discussion).</p> <p>PH-23: In 3 of 5 applicable records, there was no evidence follow-up appointments were completed timely.</p> <p>PH-24: In 2 of 6 applicable records, there was no evidence inmates were referred for consultation or specialty services appropriately and/or services were not performed in a timely manner (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 who received 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-22: *In one record, the inmate requested care on 8/3/16, but was not seen until 3/19/18. In the second record, the inmate requested care on 6/13/17, but was not seen until 3/27/18. In the third record, the inmate requested care in July 2017, but was not seen until 3/7/18. In the final record, the inmate requested care on 12/12/17 due to tooth pain. He needed three tooth extractions. The inmate was referred to RMC and seen on 2/20/18 for one tooth extraction. As of the time of the survey, the remaining two teeth had not been extracted, and the inmate had returned to the dental clinic for pain on 2/28/18 and 3/8/18.*

Discussion PH-24: *In one record, a tooth extraction was attempted; however, the tooth was unable to be completely removed. A referral for specialty services was not completed. In the second record, there was no documented evidence indicating the rationale for referring the inmate to RMC for tooth extractions instead of treating onsite.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-25: Over the counter medications were not available in the dorms (see discussion).</p> <p>PH-26: There was no evidence first aid kits were inspected monthly.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-25: In one dorm acetaminophen and ibuprofen were unavailable. In another dorm, acetaminophen, ibuprofen, and antacids were unavailable.

Additional Administrative Issue	
Finding(s)	Suggested Corrective Action(s)
PH-27: KOP medications were not refilled in a timely manner (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 applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-27: Clinical documentation including clinician notes indicated inmates were not receiving KOP medications in a timely manner. Additionally, surveyors noted several inmates wrote requests asking for refills for their KOP medications. In some instances, inmates had to submit multiple requests in order to obtain these refills. All inmates interviewed reported KOP medication refills were not received timely.

CONCLUSION – PHYSICAL HEALTH

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

Upon arrival at the institution, the records needed for the physical health portion of the survey were readily available for surveyors. Overall, medical charts were organized and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. However, they expressed dissatisfaction with the timeliness of obtaining routine care and refills of KOP medication as well as responses to medical requests.

A comprehensive review of medical records revealed several significant trends. In chronic illness clinics, baseline information was often missing or incomplete, the control of the disease was not evaluated, and hepatitis A and/or B vaccinations were missing. Infirmary weekend and holiday phone rounds were not consistently documented. Medication Administration Records (MAR) did not match clinician's orders. Inmate requests were not responded to in a timely manner, and often responses did not address issues identified in the request. In the review of dental care, initial and follow-up appointments, in addition to referrals to specialists, were not completed timely.

It was also noted that improvements to the institution's keep-on-person medication refill system were warranted. Interviews with staff and inmates, clinical documentation, and the review of inmate requests indicated that there was a breakdown in the KOP system and there appeared to be significant delays in obtaining medication refills. CMA surveyors expressed concerns that medication delays could have a deleterious impact on inmate health.

Institutional staff reported that there has been turnover in nursing staff. WAKCI-Main has had three Nursing Directors since January 2017. Additionally, the dental clinic was closed from January-February 2018 due to mold mitigation. These factors may have contributed to some of the deficiencies noted above.

Medical staff indicated they were appreciative of the CMA review, and would use the report results and the corrective action process to improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS – MAIN UNIT

Wakulla Correctional Institution-Main (WAKCI-Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at WAKCI-Main:

- 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 restraints at WAKCI-Main.

USE OF FORCE REVIEW

There were no use of force episodes available for review at WAKCI-Main.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

There were 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 SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>MH-1: In 4 records, SHOS orders were not co-signed by the next working day (see discussion).</p> <p>MH-2: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 2 records, 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 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-1: In all four records, the admission order was not signed the next business day and remained unsigned at the time of the survey.

Discussion MH-2: Physician's orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In two records, documentation of observations was missing on one day of the admission. In the remaining record, documentation of observations was missing on two days.

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 5 of 15 records reviewed, the inmate request form was not present in the record.</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 inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>MH-5: In 4 of 5 applicable records, the inmate was not seen by mental health staff within 14 days of arrival.</p> <p>MH-6: In 4 of 10 applicable records, the Individualized Service Plan (ISP) was not reviewed and revised within 180 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 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>

CONCLUSION – MENTAL HEALTH

The staff at WAKCI-Main 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 approximately 50 inmates. 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 daily counseling for inmates on SHOS. Staff also perform sex offender screenings when needed. Reportable findings requiring corrective action are outlined in the tables above.

Clinical deficiencies were noted in the areas of SHOS and outpatient mental health services. Incomplete admission orders, inconsistent safety observations and lack of appropriate follow-up after an SHOS admission were noted. Inmates were not consistently interviewed by mental health staff within fourteen days of arrival and ISPs were not reviewed or revised timely.

Inmates reported that mental health services are adequate, and they are aware of how to access these services. No deficiencies were noted in the review of special housing or psychological emergencies. Overall, documentation of case management and individual therapy contacts were reflective of problems listed on the ISP, addressed specific goals, and were complete and informative. The staff interviewed were knowledgeable and presented a genuine concern for the inmates on their caseload.

After a review of mental health records and interviews with staff and inmates, and based on the findings listed above, Wakulla Correctional Institution-Main Unit will benefit from the Correctional Medical Authority corrective action plan process.

PHYSICAL HEALTH FINDINGS – ANNEX

Wakulla Correctional Institution-Annex (WAKCI-Annex) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at WAKCI-Annex:

- 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 three 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 was a finding requiring corrective action in the review of emergency care. The item to be addressed is indicated in the table below. There is not an infirmary at WAKCI-Annex.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care. 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 was a finding requiring corrective action as a result of the institutional tour. The item to be addressed is indicated in the table below.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 2 of 9 applicable records (11 reviewed), there was no evidence of 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 endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 1 of 2 records reviewed, there was no evidence of control of the disease and/or status of the patient.</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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 2 of 3 applicable records (12 reviewed), there was no evidence that inmates with moderate to severe reactive airway disease were started on anti-inflammatory medications.</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>

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 4 of 17 records reviewed, there was no evidence of complete vital signs (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-4: *In two records, no vital signs were documented. In two records, weight was not documented for either inmate.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 records revealed the following deficiencies:</p> <p>PH-5: In 4 records, the diagnosis was not recorded on the problem list.</p> <p>PH-6: In 4 of 7 applicable records, the consultation log was not complete and/or accurate for the incident.</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>

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 5 of 16 records reviewed, the “Health Information Transfer Arrival Summary” (DC4-760A) 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 transferring into the institution 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 all five records, the date and time of arrival was blank. In addition, the second page of the DC4-760A was blank for one of the records.*

Periodic Screenings Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 2 of 9 records reviewed, there was no evidence that inmates were provided lab results at the time of the screening.</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> <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-9: There was no evidence that the autoclave was tested appropriately (see discussion).</p> <p>PH-10: There was no evidence that prosthetic devices coming from the lab were appropriately disinfected.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</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-9: *Per chapter XIV of the Infection Control Program Manual, the autoclave is to be tested once each week and a bacterial monitor used during a routine autoclave load. If the autoclave is used less than once a week, every load will contain a biological monitor. The documentation from the institution indicated they were testing the autoclave monthly.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-11: In 4 records, there was no evidence of an accurate diagnosis based on a complete dental examination (see discussion).</p> <p>PH-12: In 5 records, there was no evidence of complete and accurate charting of dental findings (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-11: *In all four records, inmates were given antibiotics without documentation as to the presence of an infection, a diagnosis requiring antibiotics, or a reason for the prescription.*

Discussion PH-12: *In three records, the notes were incomplete and difficult to follow specifically regarding assessing or describing the patient's signs/symptoms. In one record, the incorrect tooth was identified, and in the last record, a root canal was not charted.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: Over-the-counter medications were not readily available and/or logged correctly in all dorms (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> <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 13: *Ibuprofen and Acetaminophen were not available in confinement and Ibuprofen was not available in all general population dorms. In confinement, officers were checking out ten pills at a time and then distributing them to inmates without documenting who was receiving the medications.*

CONCLUSION – PHYSICAL HEALTH

The physical health staff at WAKCI-Annex serves a complex and changing population. Physical health care is provided on an outpatient basis. Inmates requiring infirmary care are transferred to the main unit. 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 WAKCI-Annex were helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. Inmates were complimentary of their experiences at the medical clinic and described the services as adequate. Overall, documents in the medical records were filed in a timely manner, although some out of order, and many charts needed thinning.

There were relatively few clinical findings that require corrective action in the medical portion of the survey. Four findings were documentation or administrative in nature and were specific to the problem list, accuracy of the consultation log, date and time of intra-system transfers, and provision of lab results at periodic screenings. Logs and problem lists are important tools medical staff can use to gather “at a glance” data about the health issues an inmate is facing or has faced. Surveyors expressed concern that if information was incorrect or out of date, the clinician may miss significant medical diagnoses, conditions, or procedures that could affect current treatment. Inadequate documentation was also noted in dental care.

Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. It is evident the corrective action plan (CAP) process will be beneficial in meeting this goal.

MENTAL HEALTH FINDINGS - ANNEX

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

- 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

Infirmity services are not provided at WAKCI-Annex, therefore there were no admissions to Self-Harm Observation Status (SHOS) or episodes of psychiatric restraints for review.

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. There were findings requiring corrective action in the review of inmate requests and special housing; the items to be addressed are indicated in the tables below.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient mental health services and psychotropic medication practices; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEM REVIEW

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

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>MH-1: In 2 records, the post use of force physical examination was not present in the record (see discussion).</p> <p>MH-2: In 2 of 9 applicable records, the nursing assessment was not completed in its entirety (see discussion).</p> <p>MH-3: In 7 records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-4: In 8 of 9 applicable records, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</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-1:** In one record, there was no evidence that this form was completed. In the other record, the only documentation was an incidental note stating that the inmate refused.*

***Discussion MH-2:** In one record, the assessment was missing the second page which contains a body diagram. In the other record, this form did not indicate that the force used was chemical.*

***Discussion MH-3:** 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 was exposed to chemical agents and classified as S2 or S3. In the records reviewed, there was no indication that a referral was made.*

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 3 of 13 records reviewed, the inmate request form was not present in the record.</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 inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 3 of 9 applicable records (18 reviewed), the mental status exam (MSE) was not completed within the specified time frame (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 monthly monitoring of no less than ten records of inmates in special housing 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:** Per Health Services Bulletin 15.05.08 each inmate who is classified as S3 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a mental status examination (MSE) within five days of assignment and every 30 days thereafter. Each inmate who is classified as S1 or S2 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a MSE within 30 days and every 90 days thereafter. In two records, the MSE was completed late. In the remaining record, the inmate refused the exam, however, no observations were noted.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-7: In 1 of 4 applicable records, medications were not continued as ordered between the inmate's arrival and when first seen by psychiatry (see discussion).</p> <p>MH-8: In 4 of 8 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-9: In 1 of 2 applicable records, the sex offender screening was not completed.</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>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-10: In 8 records, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</p> <p>MH-11: In 6 of 17 applicable records, the ISP was not reviewed or revised timely.</p> <p>MH-12: In 5 of 17 applicable records, the inmate did not receive mental health interventions and services as listed on the ISP (see discussion).</p>	

***Discussion MH-7:** In one record, the inmate arrived on 11/06/17 and there was no evidence that he received prescribed psychotropic medications until 11/13/17.*

***Discussion MH-10:** In four records, the ISP was not signed by the inmate. In another record, the ISP was not signed by nursing and in one record, it was not signed by psychiatry. The remaining two records were not signed by the inmate or psychiatry staff.*

***Discussion MH-12:** In two records, there was no evidence that the inmate received case management as listed on the ISP. In the next two records, case management and counseling were provided, however not at the frequency listed on the ISP. In the last record, the ISP indicated the inmate would receive psychiatric follow-up every 90 days, however, he did not receive these services between 9/27/17 and 1/24/18.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-13: In 3 of 7 applicable records, there was no evidence that abnormal lab results were addressed (see discussion).</p> <p>MH-14: In 4 of 13 applicable records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record.</p> <p>MH-15: In 4 of 7 applicable records, nursing education was not provided after 2 consecutive days of medication refusals.</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>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-16: In 4 of 8 applicable records, a medication refusal form was not signed after 3 consecutive refusals or 5 in one month.</p> <p>MH-17: In 5 of 13 applicable records, the prescribed medication times were not clinically appropriate or did not provide rationale in the documentation (see discussion).</p> <p>MH-18: In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-19: In 2 of 3 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	

Discussion MH-13: In two records, there was no plan to address increased thyroid stimulating hormone (TSH). In the other record, the medication was to be held for three days due to an elevated Tegretol level. The medication level lab was not checked again for 18 days.

Discussion MH-17: In four records, the times were changed for inmates taking selective serotonin reuptake inhibitors (SSRIs) to evening dosing without documentation of a rationale. These medications are typically activating and given in the morning to avoid disruption of sleep. In the remaining record, there was no rationale for a once-daily dosage of Tegretol instead of divided doses. This medication has a short half-life and not separating the doses can increase the risk for toxicity.

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-20: In 2 of 2 applicable records (6 reviewed), the summary of outpatient mental health care was not completed within 30 days of expiration of sentence (EOS).</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 EOS to evaluate the effectiveness of corrections.</p>

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION – MENTAL HEALTH

The staff at WAKCI-Annex serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health services, including case management, individual counseling, and psychiatric services are provided to over 180 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 noted were related to missing, incomplete or late assessments. Interviews with new arrivals, mental status examinations in special housing and after a use of force episode, sex offender screenings, AIMS assessments, and nursing assessments were not completed as required. Additionally, inmates were not consistently provided services as indicated on their ISPs. Some ISPs were expired or not signed by the inmate and/or members of the multi-disciplinary services team. Without these signatures it is impossible to determine if all members of the team and the inmate agree on the plan of care.

Findings resulting from the review of psychotropic medication practices were also noted. Abnormal labs were not addressed, inmates did not receive medications as ordered, and there was no indication that nursing education was provided to inmates who refused medication.

It is important to note that WAKCI-Annex has had extensive staff turnover and vacancies throughout the mental health department over the last year. Staff indicated they were aware of many of the findings noted during the review and were taking steps to ensure these issues were corrected.

Staff interviewed were knowledgeable and presented a genuine concern for the inmates on the mental health caseload. There were no findings in the areas of psychological emergencies or the review of mental health systems. Inmates interviewed reported that mental health services provided are adequate and they are aware of how to access these services. After a review of records and interviews with staff and inmates and based on the findings listed above, it is clear that WAKCI-Annex will benefit from the CAP 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.