



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Reception and Medical Center

in

Lake Butler, Florida

on

November 13-15, 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
2891	Male	Maximum	5

Institutional Potential/Actual Workload

Main Unit Capacity	1504	Current Main Unit Census	1459
West Unit Capacity	1290	West Unit Census	1003
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	429
Total Capacity	3226	Total Current Census	2891

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1610	956	366	10	41
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	2523	131	312	12	4	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	128	84	N/A	N/A	N/A	N/A

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	9	0
Clinical Associate	2	0
RN	26	3
LPN	35	3
Dentist	3	0
Dental Assistant	6	2
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychiatrist APRN/PA	1	0
Psychological Services Director	1	0
Psychologist	2	0
Mental Health Professional	8	1
Human Services Counselor	1	0
Activity Technician	2	0
Mental Health RN	6	2
Mental Health LPN	1	0

Medical Staffing: West Unit

	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
RN	6	0
LPN	10	2
Dentist	1	1
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: West Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologist	0	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

OVERVIEW

Reception and Medical Center (RMC) houses male inmates of minimum, medium, close, and maximum custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, 3, 4, and 5. RMC consists of a Main Unit, West Unit, and work camp.

The overall scope of services provided at RMC includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and inpatient and outpatient mental health. The primary mission of the Main Unit is the reception and orientation of inmates newly sanctioned to the state correctional system. The West Unit houses a sizable in-transit inmate population and a small permanently housed population. In addition, RMC has a 120-bed licensed hospital for inmates who require acute care as well as long term care. There are over 70 Specialized Care Clinics where consultation services are provided and a modular surgical unit where minor surgical procedures are provided. Inmates from institutions throughout the state, including females, come to RMC for these specialized medical services.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at RMC on November 13-15, 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

Reception and Medical Center (RMC-Main) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at RMC-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 no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in four of the chronic illness clinics. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of consultations, periodic screenings, intra-system transfers, or inmate requests. There was a finding requiring corrective action in the review of medication administration. 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.

RECEPTION PROCESS

There were no findings requiring corrective action in the review of the reception process or reception records.

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)
PH-1: In 2 of 8 applicable records (17 reviewed), inmates with HgbA1c levels over 8% were not seen at the required intervals.	<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)
PH-2: In 5 of 14 applicable records (16 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.	<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>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-3: In 2 of 9 applicable records, there was no evidence labs were completed as required (see discussion).</p> <p>PH-4: In 2 of 9 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-5: In 2 of 10 applicable records, there was no evidence of influenza 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 miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-3: In both records, uric acid levels had not been completed in over a year for inmates with gout.

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 3 of 9 applicable records (16 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</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>

**Medication Administration Record
Review**

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 6 of 12 records reviewed, there was no evidence of a corresponding note from the clinician for a medication order.</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>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-8: The over-the-counter medications were not available for all days of the months reviewed.</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>

CONCLUSION – PHYSICAL HEALTH

The physical health staff at RMC-Main serves a complex and difficult population. Physical health care is provided on an outpatient and inpatient basis; inmates in the infirmary may require both medical observation and skilled nursing services. In addition to providing routine physical health care, RMC-Main has several specialty care clinics and provides reception and orientation services to newly sanctioned inmates. Medical staff also provides inmate education, participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services. Overall, CMA surveyors concluded that patient medical records were well organized and institutional staff demonstrated adequate clinical management.

CMA clinical surveyors noted several examples where clinical care met the established standards set forth in the Health Services Bulletins, including the timeliness of chronic clinic appointments, dental, sick call and emergency visits, as well as subsequent follow-up appointments. There were relatively few deficiencies that required corrective action. Three of the eight findings were related to missed vaccinations.

There was an issue noted that did not rise to the level of a finding but warrants further discussion. Due to the large mission of RMC-Main, there are times when inmates are seen by different providers in multiple specialty clinics. Many of these clinics maintain their own charts and often there is no communication between the providers. CMA surveyors suggested that a means for sharing information between providers be developed as it is imperative in ensuring continuity of care and to reduce medication errors or conflicts. For an example, when reviewing a cardiovascular record, the surveyor noted an elevated parathyroid hormone (PTH) lab that had not been addressed by the clinician. Upon discussion with staff it was discovered that this inmate was being seen in the dialysis clinic and the dialysis chart was provided for the surveyor. The provider in the dialysis clinic had noted the abnormal lab and that the inmate was non-compliant with medication and may need a parathyroidectomy. In October, the PTH was again elevated but was not addressed by the dialysis staff. The surveyor questioned how the determination would be made if this was an end stage renal disease side effect or if the inmate did require follow-up pathology to determine if a parathyroidectomy was needed. This inmate was not enrolled in the endocrine clinic and therefore was not being followed for thyroid disease. As another example, in reviewing medication administration, a few medication orders were not found in the green clinic charts but were in either the oncology chart or the dialysis chart. Surveyors expressed concern that this may lead to incompatible medications being prescribed if one clinician did not know what the other was prescribing.

Staff were helpful throughout the survey process and indicated they would use the report results and the corrective action plan (CAP) process to improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS – MAIN UNIT

Reception and Medical Center (RMC-Main) provides inpatient and outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at RMC-Main:

- 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 or psychiatric APRN care).
- S4 - Inmates are assigned to a Transitional Care Unit (TCU).
- S5 - Inmates are assigned to a Crisis Stabilization Unit (CSU).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of psychiatric restraints at RMC-Main. There were no findings requiring corrective action in the review of Self-Harm Observation Status (SHOS).

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force episodes.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests or psychological emergencies. There was a finding requiring corrective action in the review of special housing. 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 psychotropic medication practices and mental health services. The items to be addressed are indicated in the tables below.

INPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

RECEPTION PROCESS REVIEW

There were no findings requiring corrective action in the review of the reception process.

Special Housing	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 5 of 9 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing (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 episodes of 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-1:** In four records, this form was not completed in its entirety. In the remaining record, medication information was inaccurate and conflicted with current orders.*

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>MH-2: In 4 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</p> <p>MH-3: In 2 of 7 applicable records, there was no evidence of nursing education provided to the inmate after 2 consecutive medication refusals.</p> <p>MH-4: In 2 of 6 applicable records, there was no evidence of a signed refusal after 3 consecutive medication refusals or 5 in a month.</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-5: In 3 records, follow-up psychiatric session notes did not reflect required information (see discussion).</p>	

***Discussion MH-2:** In one record, the Medication Administration Record (MAR) indicated the inmate did not come to the pill line to obtain his medication. There was no evidence that efforts to obtain a signed refusal were initiated. In two records, the inmate did not receive medication for four days. In the remaining record, the inmate's medication was changed on 10/24/18. The MAR reflecting the medication prescribed prior to the medication change could not be located.*

***Discussion MH-5:** In two records, notes indicated the inmate was "100% medication compliant"; however, the MAR indicated he did not show up to the pill line to receive medication on multiple occasions. The remaining record indicated labs were not needed; however, labs had been ordered by two providers.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>MH-6: In 4 records, the S-grade in OBIS did not match the profile sheet.</p> <p>MH-7: In 2 of 4 applicable records, there was no evidence of refusal for sex offender treatment.</p> <p>MH-8: In 5 records, the bio-psychosocial assessment (BPSA) was not completed as required.</p> <p>MH-9: In 1 of 4 applicable records, the initial Individualized Service Plan (ISP) was not completed as required after assignment of S2/S3 grade.</p> <p>MH-10: In 12 records, the ISP was not signed by all relevant parties.</p> <p>MH-11: In 7 records, the ISP was not updated per protocol.</p> <p>MH-12: In 3 of 15 applicable records, the inmate did not receive the services listed on the ISP.</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>

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inpatient records revealed the following deficiencies:</p> <p>MH-13: In 2 of 10 applicable records, the psychiatric evaluation was not completed within 3 days of admission (see discussion).</p> <p>MH-14: In 1 of 3 applicable records, follow-up laboratory tests were not conducted as 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 inpatient 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-13: *In both records, there was an evaluation form present. However, surveyors were unable to read the handwriting and therefore could not determine if the exam was completed in its entirety.*

Discussion MH-14: *In one record, there was no evidence of fasting blood sugar or lipid profile for an inmate taking antipsychotic medication.*

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-15: In 6 of 13 inpatient records reviewed, the BPSA was not completed as 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 inpatient 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-15: *In all six records, there was no evidence that this assessment was completed. Surveyors expressed concern that information could have been obtained during a BPSA that would be useful for treatment planning, and creating an individualized treatment plan.*

CONCLUSION – MENTAL HEALTH

The staff at RMC-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health inpatient services are provided in a 20 bed Transitional Care Unit (TCU) and a 13 bed Crisis Stabilization Unit (CSU). Mental health outpatient services, including case management and individual counseling, are provided to over 230 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, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reception services are also provided at RMC for inmates entering the FDC. Reportable findings requiring corrective action are outlined in the tables above.

Findings were noted in the review of outpatient services regarding the timing of treatment planning and missing signatures. However, ISPs were individualized and contained documentation of progress towards treatment goals. In some cases, inmates weren't seen as often as required per their ISP; however, other inmates who seemed to warrant more treatment were seen more often than required. Findings were also noted in the review of outpatient psychotropic medication. Inmates did not consistently receive medication as prescribed and inmates were not provided education and the opportunity to sign a refusal if they no longer wanted to take the medication. According to staff interviews and documentation in the record, inmates often "no show" to the pill line, therefore staff are unable to educate the inmate or obtain a refusal. Although inmates may refuse medication, they are required to attend the pill line.

There were no findings in the review of psychological emergencies, inmate requests, use of force, and aftercare planning. It should be noted that there were very few findings in the review of inpatient mental health services. Inmates were seen regularly by mental health staff; treatment planning and documentation was thorough and informative and inmates were receiving the required hours of therapeutic services.

Staff were helpful throughout the survey process and indicated they would use the results of this survey to improve inmate mental health care in the areas that were found to be deficient. It is clear that the CMA corrective action process will be beneficial in this endeavor.

PHYSICAL HEALTH FINDINGS – WEST

Reception and Medical Center-West (RMC-West) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at RMC-West:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

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 in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call, or emergency services. There are no infirmary services provided at RMC-West.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of consultations, periodic screenings, and medical inmate requests

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 inmate records revealed the following deficiencies:</p> <p>PH-1: In 1 record, there was no evidence of hepatitis B vaccination or refusal.</p> <p>PH-2: In 1 record, there was no evidence of influenza 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>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 1 of 4 records reviewed, abnormal labs were not addressed 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 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: A subtherapeutic Dilantin level occurred in June 2018. The medication dosage was not changed nor was the lab redrawn at subsequent chronic clinic visits.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-4: First-aid kits were not inspected monthly.</p> <p>PH-5: Over-the-counter medications were not logged in all dormitories.</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>

CONCLUSION – PHYSICAL HEALTH

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

Overall, the inmates interviewed were complementary of the health care services provided at the West Unit. Inmates reported that both routine and emergency health services were easily accessed. Staff demonstrated knowledge of pertinent policies and procedures. Additionally, medical records were well organized and filed according to Departmental standards.

There were relatively few findings requiring corrective action as a result of the survey and the staff at the West Unit indicated they would use the corrective action plan (CAP) process to improve areas that were found to be deficient.

MENTAL HEALTH FINDINGS – RMC-WEST

Reception and Medical Center - West Unit (RMC-West) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at RMC-West:

- 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 or psychiatric APRN care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There is no infirmary at RMC-West; therefore, inmates requiring placement on Self-Harm Observation Status (SHOS) are transferred to the Main Unit of RMC.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of inmate requests or psychological emergencies. There is no special housing in the West Unit; inmates requiring placement in special housing are temporarily housed in the Main Unit.

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

There were no findings in the mental health systems review.

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 outpatient records revealed the following deficiencies:</p> <p>MH-1: In 3 records, follow-up psychiatric contacts were not conducted at appropriate intervals (see discussion).</p> <p>MH-2: In 1 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not present in the medical 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 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-1:** In three records, inmates were not seen within two weeks of initiation of or change in psychotropic medication as required per policy.*

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In one applicable record reviewed, the “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of 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> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – MENTAL HEALTH – WEST UNIT

The mental health staff at RMC-West provide outpatient mental health services to approximately 160 inmates. The majority of these inmates are in-transit from other institutions awaiting medical appointments or procedures at the RMC Main Unit, or have gone through the reception process at the Main Unit and are awaiting transfer to another institution. These inmates typically do not stay at RMC-West for extended periods of time.

Outpatient services include case management, individual counseling, and medication management. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and respond to psychological emergencies.

There is one full-time Mental Health Professional assigned to the West Unit. The psychiatrist from the inpatient unit provides psychiatric services for the West Unit three times a week.

Two of the findings noted are related to psychiatric services. Inmates were not seen for follow-up within two weeks when psychotropic medications were prescribed or changed and, in one case, the AIMS assessment was not completed as required.

A review of outpatient mental health services revealed no findings requiring corrective action. Case management documentation was timely and showed excellent clinical acumen. Inmates interviewed were complimentary of their experiences with mental health staff. Overall, treatment plans were goal directed and individualized and the course of treatment was easy to follow. Due to the transient nature of the inmate population, it was unclear to staff that aftercare services were to be initiated at RMC-West for inmates approaching their end of sentence (EOS). One inmate, who was within 30 days of EOS, had not received appropriate aftercare planning.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (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. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.