



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**South Bay Correctional Facility**

In

**South Bay, Florida**

on

**October 9-11, 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
1942	Male	Close	4

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1948	<b>Current Main Unit Census</b>	1942
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1948	<b>Census</b>	1942

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1148	512	281	1	N/A
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1284	183	475	N/A	N/A	

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	43	14	36	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	11	0
LPN	12	0
Dentist	1	1
Dental Assistant	1	0
Dental Hygienists	N/A	N/A

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	N/A	N/A
Psychological Services Director	1	0
Psychologist	1	0
Mental Health Professional	3	0
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	1	0
Mental Health LPN	N/A	N/A

# OVERVIEW

South Bay Correctional Facility (SBCF) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, and 3. SBCF consists of a Main Unit.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at SBCF on October 9-11, 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**

South Bay Correctional Facility (SBCF) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SBCF:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

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

### **OTHER MEDICAL RECORD REVIEW**

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

### **DENTAL REVIEW**

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

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of the pill line or infection control. There was a finding in the review of pharmacy services. The item to be addressed is indicated in the table below.

### **INSTITUTIONAL TOUR**

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

### Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 8 of 16 records reviewed, inmates were not seen according to their M-grade status.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in 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><b>PH-2: In 4 of 14 applicable records (17 reviewed), there was no evidence of an annual fundoscopic examination.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 1 of 2 applicable records, hepatitis C treatment was not started according to the priority time frame.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the</p>

### Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 3 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</b></p>	<p>gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: In 4 of 15 records reviewed, there was no evidence of an appropriate examination for the diagnosis (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-5:** In all four records, the documentation was difficult to read and the assessments did not contain elements normally included in a neurological examination such as mental status, motor function, balance, sensory exam, reflexes, or cranial nerves.*

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 1 of 5 applicable records (10 reviewed), there was no referral to a specialist when indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p>

## Oncology Clinic Record Review

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

**Discussion PH-6:** *This inmate had been seen in sick call on 8/1/17 and again on 8/10/17 with complaints of rectal bleeding. A follow-up appointment with the clinician occurred on 8/23/17 and then a scheduled chronic clinic visit was completed on 9/19/17. Hemoccult cards and labs were done at that time and although the hemoccult test returned as positive, an outside referral was not made. The inmate was seen again on 10/27/17 and then declared an emergency on 11/14/17 at which time he was sent to an outside hospital and diagnosed with a large rectal lesion which turned out to be squamous cell carcinoma. CMA surveyors expressed concern regarding the delay in diagnosis and care. Another delay in care occurred when this inmate was seen in a clinic visit on 5/3/18 with complaints of a left groin lump. The clinician did, at that time, request an urgent consult for biopsy but it was not done until 6/12/18. This is discussed further in the consultations review.*

## Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-7: In 2 of 8 applicable records, there was no evidence of timely follow-up by the clinician.</b></p> <p><b>PH-8: In 2 of 7 applicable records, there was no evidence the follow-up visit was complete and adequate for the presenting complaint.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving 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>

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-9: In 5 of 14 applicable inpatient and outpatient records, patient care orders were incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary</p>

## Infirmery Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 6 of 15 applicable records, the nursing discharge note was incomplete or missing (see discussion).</b></p> <p><b>PH-11: In 3 of 9 applicable inpatient records, nursing evaluations were not documented at the required intervals.</b></p> <p><b>PH-12: In 6 of 9 applicable inpatient records, daily rounds by the clinician were not documented at the required intervals (see discussion).</b></p> <p><b>PH-13: In 4 of 8 applicable inpatient records, weekend and/or holiday phone rounds were not documented as required.</b></p>	<p>services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-9:** Per Health Services Bulletin (HSB) 15.03.26, orders should include, at the minimum, the admitting diagnosis or the reason the inmate is being placed for observation, frequency of vital signs, diet, activity level, medications, and orders specific to the patient's need. Two records did not indicate an admitting diagnosis and three records did not include the activity level, diet, and/or frequency of vital signs.

**Discussion PH-10:** Per HSB 15.03.26, the discharge note should indicate the patient's condition on discharge, the means of discharge, patient education, and instructions. In one record, the discharge note was missing. In another record, patient education was not included. In the remaining four records, the note only indicated the disposition.

**Discussion PH-12:** HSB 15.03.26 specifically outlines clinician rounds requirements for both chronic and acute patients. The clinician is to make rounds and enter a progress note on a weekly basis for all chronic, long-term patients. Acute patients require rounds on a daily basis. An acute illness is defined as a short term or severe injury or illness of brief duration; an urgent medical condition, or recovery from a surgery. In all four records, the illnesses met the definition of acute, but rounds were done weekly rather than daily.

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-14: In 7 of 16 applicable records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation</p>

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-15: In 3 of 12 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan (see discussion).</b></p> <p><b>PH-16: In 5 of 11 applicable records, there was no evidence that appointments for medical follow-up or additional testing were completed timely per the consultant's recommendations (see discussion).</b></p>	<p>services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-15:** *In one record, a B-12 level was recommended for an inmate with chronic anemia and iron deficiency. There was no evidence this was done. In another record, the orthopedist recommended a total knee replacement for the inmate. There was no record of the surgery and a follow-up consult was not found. In the last record, an inmate with a diagnosis of rectal cancer on 11/17/17 had a fine needle aspiration by surgery on a left inguinal lymph node which was positive for squamous cell carcinoma on 6/12/18. The inmate was still waiting to see the surgeon for lymph node removal at the time of the survey.*

**Discussion PH-16:** *In one record, a cardiologist recommended placement of a defibrillator by an electrophysiologist on 11/14/17. The defibrillator was not placed until 6/20/18. In another record, an inmate had an artificial urinary sphincter placed on 6/14/18 and was to return in one month. The inmate was not seen until 8/20/18 for activation of the sphincter. In the third record, an inmate had surgery for an inguinal hernia on 6/5/18. The inmate was to return in two weeks for a follow-up visit but the visit had not occurred as of the time of the survey. In another record, the inmate underwent an EGD/colonoscopy with findings of inactive gastritis with intestinal metaplasia on 5/11/18. The clinician noted the consultation and indicated that the inmate was to return on 6/12/18. The follow-up visit never occurred and the request was not found. In the fifth record, an inmate with a recent history of rectal cancer underwent a fine needle aspiration on 6/12/18 which revealed a left inguinal lymph node positive for squamous cell carcinoma. The recommendation was for the lymph node to be removed and followed with radiation therapy. The inmate was not scheduled to see the surgeon until 10/16/18, four months after the biopsy.*

## Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-17: In 5 of 12 records reviewed, there was no evidence of a corresponding note for all medication orders.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dosed medications to evaluate the effectiveness of corrections.</p>

**Medication Administration Record  
Review**

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

**Periodic Screenings**

Finding(s)	Suggested Corrective Action(s)
<b>PH-18: In 4 of 17 records reviewed, the screening was incomplete or inaccurate (see discussion).</b>	<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>

***Discussion PH-18:** In two records, current weight was not compared to the previous weight. In one record, access to sick call was not reviewed, and in the last record, the tuberculin skin test information was incorrect.*

**Inmate Requests**

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-19: In 9 records, the request was not responded to in an appropriate time frame.</b></p> <p><b>PH-20: In 3 of 13 applicable records, the outcome did not occur as intended.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Pharmacy

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-21: There was not sufficient space allocated for pharmacy services (see discussion).</b></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-21:** Per Department policy, the pharmacy area should contain adequate space, security, temperature, and lighting for storage of inventories and work activities. Per CMA surveyors, there was inadequate storage space coupled with a small work area limiting the number of staff and forcing movement restrictions.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-22: The blood glucose monitor checks had not been done for several months.</b></p> <p><b>PH-23: Over-the-counter medications were not available in all dorms.</b></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>

## CONCLUSION – PHYSICAL HEALTH

The physical health staff at SBCF serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available for the surveyors. Documents were generally filed in a timely manner and charts were organized in accordance with Department policy. Interviews conducted by surveyors and CMA staff showed that institutional personnel and inmates were familiar with how to obtain both routine medical and emergency services. Overall, inmates expressed satisfaction with the health care services provided.

Although there were no findings requiring corrective action in four of the chronic care clinics, intra-system transfers, dental services, or emergency care, several trends were discovered in other areas when analyzing the data. Records were frequently missing fundoscopic examinations, hepatitis vaccinations, and referrals to specialists when indicated. Follow-up in sick call and for consultation services was not completed timely. Regarding consultations, a new process for tracking and reviewing records for follow-up services may be beneficial. It is important that follow-up appointments are completed timely as they are often crucial in determining the final diagnosis and course of treatment. Infirmity care orders were often incomplete and rounds were not conducted as required by policy. Additionally, inmate requests were not addressed within appropriate time frames. CMA surveyors also noted that inmates with an M-grade of 3 were seen every 120 days to six months rather than every three months as required.

Based on the findings of this survey and discussions above, it is clear that the CMA corrective action process will be beneficial to SBCF as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

# **MENTAL HEALTH FINDINGS**

South Bay Correctional Facility (SBCF) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SBCF:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

## **CLINICAL RECORDS REVIEW**

### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS). The items to be addressed are indicated in the table below. There were no episodes of restraints at SBCF.

### **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 findings requiring corrective action in the review of inmate requests, psychological emergencies, 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 SYSTEMS REVIEW**

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

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 3 records, the “Infirmiry Admission Nursing Evaluation” (DC4-732) was not completed as required.</b></p> <p><b>MH-2: In 2 of 5 applicable records, the guidelines for SHOS management were not observed (see discussion).</b></p> <p><b>MH-3: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-4: In 8 records, there was no evidence of daily rounds by the clinician.</b></p> <p><b>MH-5: In 7 records, there was no evidence of daily counseling by mental health staff.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** According to the Department’s Health Services Bulletin (HSB), during the fourth day of infirmiry mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In both records, there was no evidence that admission to a crisis stabilization unit (CSU) was considered.*

***Discussion MH-3:** Physician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on the “Observation Checklist” (DC4-650). In three records, one or more days of safety observations were unable to be located by staff.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>MH-6: In 7 records, the post use of force exam was not completed timely (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use</p>

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-7: In 3 records, the post use of force exam was incomplete (see discussion).</b></p> <p><b>MH-8: In 5 records, a written referral to mental health by physical health staff was not present (see discussion).</b></p> <p><b>MH-9: In 6 records, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</b></p>	<p>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-6:** In five records, the evaluation took place but not immediately after the occurrence. In one record, the time was left blank on the form leaving surveyors unable to determine when the exam was completed. In the remaining record, there was no evidence this exam took place.

**Discussion MH-7:** In one record, the form was incomplete and did not include the S-grade or M-grade. This information would prompt nursing to make a referral to mental health. The next record was missing the signature of the physician who reviewed the documentation. In the last record, description of event, exam summary, and physician signature were missing from the form.

**Discussion MH-8:** 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 five records, there was no indication that a referral was made.

## Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-10: In 1 of 4 applicable records (13 reviewed), follow-up after a psychological emergency did not occur as intended (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-10:** In one record, an inmate with a psychotic disorder declared an emergency. He reported increased symptoms and requested psychotropic medications. He was not seen by psychiatry for two weeks.

<b>Inmate Requests</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-11:</b> In 8 of 15 records reviewed, the inmate request was not present in the record (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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 MH-11:** In eight records, there was no evidence of an inmate request that coincided with the date on the log provided by the institution. According to HSB 15.02.01 the original and a photo copy of the request will be returned to the inmate and a second copy will be placed in the health record.

<b>Special Housing</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>MH-12:</b> In 6 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p><b>MH-13:</b> In 3 records, the initial mental status examination (MSE) was not completed as required.</p> <p><b>MH-14:</b> In 2 of 10 applicable records, the follow-up MSE was not completed 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 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>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-15: In 4 of 17 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-15:** In four records, the ISP was not signed by the inmate. Without the signature of all members of the treatment team and the inmate, it is impossible to determine if all are in agreement with the plan of care.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient mental health records revealed the following deficiencies:</b></p> <p><b>MH-16: In 2 of 8 applicable records, follow-up laboratory studies were not conducted as required for psychotropic medication.</b></p> <p><b>MH-17: In 6 records, the inmate did not receive medication as prescribed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-17:** In four records, staff were unable to locate an entire month of the medication administration record (MAR) making it impossible to determine if the inmate was offered or given the medications prescribed. In one record, the inmate was given Paxil for four months without a physician's order, or any mention of starting this medication in the progress notes. In the remaining record, the inmate was prescribed Depakote in the morning and at night. However, the MAR indicated that the inmate only received the morning doses of this medication.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-18: In 1 of 1 applicable record (15 reviewed), there was no evidence of assistance with social security benefits for an eligible inmate.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-19: There was no documentation that one hour of accrued clinical supervision was provided to each mental health professional weekly (see discussion).</b></p> <p><b>MH-20: There was an inadequate system for tracking inmate requests (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-19:** *Mental health professionals and the senior psychologist reported frequent staffing and weekly supervision. However, there was not a log of these activities.*

**Discussion MH-20:** *There was a breakdown in the system for receiving, logging, returning, and processing inmate requests. At the time of the survey, approximately half of the inmate requests chosen from the log to review, were not in the record and were unable to be located by staff. Since many inmate requests could not be located, surveyors were unable to determine if the requests were addressed.*

## CONCLUSION

The staff at SBCF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. 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 on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

CMA surveyors expressed concern regarding the lack of consistent medication administration. Several months of MARS were missing and could not be located by staff. Inmates indicated in interviews that they had difficulty obtaining medications and several inmate requests were inquiries regarding missing medication. Transcription errors and medications given without appropriate laboratory follow-up or a current prescription were also noted.

Several findings were noted in the review of acute care admissions to the infirmary. Initial nursing assessments were incomplete and daily assessments by the attending clinician and mental health professional were not completed as required. Additionally, safety checks were not conducted every fifteen minutes as ordered by the physician. Inmates held on SHOS for longer than four days were not evaluated to determine if CSU placement would be beneficial.

There were several findings in the review of use of force episodes. Nursing assessments were incomplete and/or not completed timely. Referrals were not generated to mental health for eligible inmates, therefore they were not seen by mental health staff to determine if a higher level of care was needed. Additionally, many inmate requests could not be located by staff, indicating a breakdown in the system of tracking these requests. Surveyors were unable to determine if appropriate responses were provided.

Inmates in confinement were not receiving mental status exams as required. Surveyors also noted that there were numerous refusals and expressed concern regarding the timing of mental health rounds. The majority of the inmates refused to come out of their cells to speak with mental health staff and would not sign the form indicating they were declining these services. According to staff, rounds are completed early in the morning when many inmates are still sleeping. Mental health staff should consider conducting rounds later in the day so that inmates may be more likely to participate in assessments and therapy. Additionally, staff indicated they have caseloads of approximately 200 inmates. Based on the findings noted, the provider may want to consider increasing the number of mental health staff at this institution.

The mental health staff demonstrated familiarity with policies and training requirements and were cooperative and helpful throughout the survey process. Inmates interviewed were knowledgeable about how to access services and half of inmates reported the mental health services to be adequate. The staff that participated in the CMA survey were receptive to using the CAP process to improve mental health services at SBCF.

## 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.