



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Suwannee Correctional Institution

In

Live Oak, Florida

on

February 7-9, 2017

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2549	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1499	Current Main Unit Census	1049
Annex Unit Capacity	1346	Annex Unit Census	1212
Satellite Unit Capacity	432	Current Satellite(s) Census	288
Total Capacity	3277	Total Current Census	2549

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>	
	1600	660	300	0	5	122	
<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	6	<i>Impaired</i>
	1652	245	585	52	23	12	9

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	239	122	26	145	161	113

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	6.5	1.2
LPN	10.4	0.6
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatrist ARNP/PA	2	2
Psychological Services Director	1	0
Psychologist	2	0
Mental Health Professional	10	2
Human Services Counselor	0	0
Activity Technician	4	2
Mental Health RN	4.9	0
Mental Health LPN	3.9	0

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	6.1	0.6
LPN	11.5	1.5
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Psychologist	1	0
Mental Health Professional	4.8	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

Suwannee Correctional Institution (SUWCI) houses male inmates of minimum, medium, and close custody levels. The Institution grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, 3, 4, 5, and 6. SUWCI consists of a Main Unit, Annex, and a Work Camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at SUWCI on February 7-9, 2017. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS - MAIN

Suwannee Correctional Institution-Main (SUWCI-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 SUWCI-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 does not require CIC care more often than six 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 four of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency and sick call. There were findings requiring corrective action in the review of the infirmary services; 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 medical inmate requests. There were findings requiring corrective action in the review of consultations, intra-system transfers, medication administration, 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 care and dental systems; 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, infection control, or in the administration of the pill line.

INSTITUTIONAL TOUR

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

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 7 of 15 records reviewed, the baseline information 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 records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the DC4-770 "Chronic Illness Clinic Flow Sheet." Per Department standards, the DC4-770 series must be completed in its entirety. When the flow sheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history.*

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 4 of 9 records 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>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-3: In 2 of 10 applicable records, annual labs were not completed as required (see discussion).</p> <p>PH-4: In 1 of 2 applicable records, there was no evidence that abnormal labs were 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: *In both records, the clinician ordered Tegretol levels but there was no evidence that these orders were completed.*

Discussion PH-4: *The clinician ordered repeat labs after an elevated potassium result. However, there was no evidence that this was completed.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 6 of 14 records reviewed, reactive airway disease was not 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>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 3 of 12 records reviewed, laboratory testing was not completed as ordered by the clinician (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 tuberculosis 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-6:** In all three records, the clinician ordered monthly liver function tests, however, the testing was completed at less frequent intervals.*

Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-7: In 4 inpatient and outpatient records, the clinician's orders were incomplete.</p> <p>PH-8: In 4 inpatient and outpatient records, there was no evidence that all orders were implemented (see discussion).</p> <p>PH-9: In 3 of 10 applicable inpatient and outpatient records, there was no evidence the discharge note was completed in its entirety.</p> <p>PH-10: In 2 of 2 applicable outpatient records, there was no evidence of weekend or holiday phone rounds.</p> <p>PH-11: In 2 of 5 applicable inpatient records, there was no evidence that the inmate was evaluated within the required 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 biweekly monitoring of no less than ten records of inmates receiving inpatient or outpatient (23 hour observation) infirmiry 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>PH-12: In 2 of 3 applicable inpatient records, there was no evidence of weekend or holiday phone rounds.</p> <p>PH-13: In 1 of 3 applicable inpatient records, the discharge summary was not completed.</p>	

Discussion PH-8: *In the first record, the clinician's orders indicated vital signs be taken every thirty minutes, however they were recorded hourly. In the second record, the orders did not specify the intervals at which vital signs were to be taken for an inmate found unresponsive. In the third record, the clinician's orders indicated daily wound care and suture removal at ten days post-discharge, however there was no documentation in the record of wound care services completed. Additionally, the sutures were removed at thirteen days. In the last record, the clinician requested a follow-up appointment be completed on 12/15/16, however there was no documentation that this occurred.*

Discussion PH-11: *Department policy requires inmates to be evaluated by nursing staff within two hours of admission. In both records, the nursing assessment was untimed and CMA surveyors unable to verify it was completed within the required time frame.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: In 6 of 13 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>

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-15: In 6 of 16 records reviewed, there was no evidence the clinician reviewed the health record 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 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>

Medication Administration

Finding(s)	Suggested Corrective Action(s)
<p>PH-16: In 4 of 12 records reviewed, there was no note corresponding to the medication order written by the prescriber.</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 dose medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-17: In 6 of 15 records reviewed, diagnostic and laboratory testing was incomplete or not completed within the required time frame.</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 a periodic screening to evaluate the effectiveness of corrections.</p>

Periodic Screenings

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

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
PH-18: In 5 of 6 applicable records, consultation or specialty services were not completed timely (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 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-18: *In all five records, inmates have been waiting for endodontic services. In four records, the inmates have been waiting for over one year. In the last record, the endodontic request was submitted on 7/25/15 and completed 2/6/17. While CMA acknowledges that the wait times at Reception Medical Center (RMC) are not in the control of SUWCI-Main, surveyors expressed concern that these delays in treatment were severe and may lead to more emergent problems. It may be beneficial for staff to explore treatment alternatives in the community.*

Dental Systems

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-19: The prosthodontics tracking mechanism was inadequate (see discussion).</p> <p>PH-20: Medications were dispensed inadequately (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, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-19: *The log was present in the dental clinic but was not updated.*

Discussion PH-20: Antibiotics are transferred from a bulk container to unmarked small vials which are given to inmates. The CMA dental surveyor recommended that labels be placed on all containers.

PHYSICAL HEALTH FINDINGS - ANNEX

Suwannee Correctional Institution-Annex (SUWCI-Annex) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SUWCI-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 does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW - ANNEX

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in five of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings requiring corrective action in the general chronic illness clinic review.

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 sick call services and infirmary care; the items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, medication administration, or inmate requests. There were findings requiring corrective action in the review of consultations and periodic screenings; 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 systems. There was a finding requiring corrective action in the review of dental care; the item to be addressed is indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-1: In 4 records, there was no evidence that annual laboratory work was completed as required (see discussion).</p> <p>PH-2: In 4 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit (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 cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** In all four records, annual laboratory results were not in the chart and could not be located by staff. In two records, labs were last done in 2015. In one record, labs were ordered "ASAP" at the clinic visit on 9/1/16 but had not been done as of the time of the survey. In the last record, labs were ordered at clinic visits on 4/8/16 and again on 10/27/16 but were not done.*

***Discussion PH-2:** In all four records, there were no medication changes or adjustments after inmates continued to have high blood pressure readings at multiple clinic visits. In three of the records, documentation indicated that the hypertension was poorly controlled.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-3: In 2 of 8 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-4: In 2 of 8 applicable records, there was no evidence of ACE or ARB therapy for diabetics when indicated.</p> <p>PH-5: In 3 of 12 applicable records, 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>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-6: In 3 of 11 applicable records, there was no evidence of hepatitis B vaccination or refusal.</p> <p>PH-7: In 9 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 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-8: In 4 of 10 applicable records (13 reviewed), there was no evidence of influenza vaccination or refusal (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-8: *While inmates enrolled in the neurology clinic are not automatically considered top priority for offering influenza vaccinations, the records reviewed revealed additional factors which indicated that immunization was needed. Two inmates were also enrolled in the immunity clinic, one in the oncology clinic, and one in the respiratory clinic.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-9: In 9 of 11 applicable records, reactive airway disease was not classified as mild, moderate, or severe.</p> <p>PH-10: In 7 of 14 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-11: In 3 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 respiratory 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-12: In 4 of 9 applicable records (17 reviewed), there was no evidence that the follow-up assessment was complete, timely, and/or addressed the condition (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-12: *In one record, the inmate presented to sick call three times for urinary incontinence and was referred to the clinician on 12/5/16 per protocol. As of the date of the survey, there was no evidence that the follow-up appointment occurred. In another record, the inmate was seen for a rash and medication was ordered but there was no further assessment documented. In the third record, the inmate was seen in sick call on 1/2/17 for hernia pain. The nurse documented that the chart was referred to the clinician for ibuprofen and an appointment. Documentation on 1/9/17 states the prescription was issued but no further action was needed. The inmate returned on 1/31/17 complaining of pain, an assessment was documented, and a referral for surgery was completed at that time. In the last record, the inmate was seen in sick call on 12/11/16 and on 1/6/17 with complaints of an abdominal draining pustule. Medications were ordered as needed, but without a clinician's note, actions appeared to be a result of the nursing assessment. It may be appropriate that a chart is referred to the clinician for follow-up*

rather than a scheduled appointment for the inmate. In these cases, an incidental note should be documented regarding the review and action taken.

Infirmiry Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-13: In 8 inpatient and outpatient records, there was no evidence that all orders were implemented (see discussion).</p> <p>PH-14: In 7 of 9 inpatient and outpatient applicable records, there was no evidence that the nursing discharge note was completed in its entirety.</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 inpatient or outpatient (23 hour observation) infirmiry 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-13: In 5 records, vitals were not taken as ordered. In one record, weekly weights were not documented. In another record, a Dilantin lab level was ordered but not completed. In the last record, there was no documentation regarding wound treatment that was ordered.

Consultations Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-15: In 9 of 16 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>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-16: In 4 of 15 records reviewed, the diagnostic and laboratory testing 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 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-16:** In one record, the lipid profile and finger stick blood glucose tests were missing. In one record, the urinalysis by dipstick, stool hemocult, and lipid profile were not done. The third record was missing the finger stick blood glucose test and in the fourth record there was not a chest x-ray.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-17: In 6 of 10 applicable records (18 reviewed), there was no evidence that consultation or specialty services were 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 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-17:** In five records, inmates have been waiting on specialty services appointments due to long wait times at the Reception and Medical Center (RMC). The wait times for these five inmates range from five to fourteen months and still counting. While CMA acknowledges that the wait times at RMC are not in the control of SUWCI-Annex, surveyors expressed concern that these delays in treatment were severe and may lead to more emergent problems. It may be beneficial for staff to explore treatment alternatives in the community. In the sixth record, a surgical referral was made to RMC on 9/13/16 for pain in tooth #7 but was deferred as the inmate was thought to be approaching release in January. The actual end of sentence date, however, is April 2017.*

CONCLUSION – PHYSICAL HEALTH

MAIN UNIT

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

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. The majority of inmates interviewed described the health care as adequate.

Several of the deficiencies identified in this report are related to inadequate or incomplete documentation, including missing baseline data in the chronic illness clinics, as well as incomplete patient care orders, nursing assessments, and discharge summaries in the infirmary. CMA surveyors were concerned that inadequate documentation could lead to disruptions in continuity of care or medical errors.

Additionally, there were several deficiencies related to clinical care. Most of these deficiencies stemmed from clinical orders that were noted by nursing staff but never completed. These included laboratory and diagnostic testing and the scheduling of follow-up appointments with the clinician. The aforementioned clinical deficiencies were noted in multiple care areas. Delays in treatment or missed opportunity for follow-up could adversely impact inmate health outcomes.

Taking into account the number of insufficiencies related to both the documentation and provision of clinical services, it is clear that SUWCI-Main will benefit from the corrective action process.

ANNEX

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

Upon arrival at the institution, the records needed for the physical health portion of the survey were available and ready for the surveyors. Overall, medical charts were well organized and documents were filed in a timely manner. 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. The majority of inmates interviewed described the health care as adequate. An inspection of the medical areas revealed that they were adequately stocked and all areas on the compound were clean and neat.

Some trends were identified when analyzing the survey data. Pneumococcal and influenza vaccinations were not given according to protocol in four of the chronic illness clinics and hepatitis A & B vaccinations were not given appropriately in the immunity clinic. It should be noted that the institution received a small number of influenza vaccinations this season, so those with low priority classification were taken out of the clinic findings. Additionally, diagnostic testing for periodic screenings were often incomplete, follow-up assessments after sick call services were not done, and annual laboratory studies were not completed as ordered. Three areas of particular concern to CMA surveyors were the lack of medication changes or adjustments for inmates with consecutively high blood pressure readings, infirmary orders not implemented as written, and the amount of time it was taking to obtain dental specialty services.

There was an issue noted that did not rise to the level of a finding but warrants further discussion. During the tour of the inmate housing areas, the surveyor found an inmate's medication and property in a closet. The inmate had been transferred to SUWCI-Main, but at the time it was found, staff did not know where the inmate was or if he was receiving his medications. Surveyors noted that missed doses or sudden discontinuation of medications may lead to inactive or ineffective medical interventions. Access to improperly stored medications is also a security risk for both inmates and staff.

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. The clinic staff, including medical and administrative, should be acknowledged for their hard work with this complex inmate population.

MENTAL HEALTH FINDINGS - MAIN

Suwannee Correctional Institution-Main (SUWCI-Main) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SUWCI-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 ARNP care).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).
- S6 - Inmate is assigned to a Corrections Mental Health Treatment Facility (MHTF).

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.

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

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.

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

There 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 16 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 8 records, the inmate was not observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-2: In 4 records, the nursing evaluation was not completed each shift (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 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-1:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In six records, the DC4-650 for one or more days could not be located. In two records, multiple blanks were noted, indicating there were periods of time that the 15 minute observations were not completed.*

***Discussion MH-2:** In two records, the nursing evaluation was incomplete. In the remaining two records, there was one or more shift note that did not contain the required documentation.*

Use of Force	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 use of force episodes revealed the following deficiencies:</p> <p>MH-3: In 3 records, the post use of force exam not present in the medical record.</p> <p>MH-4: In 1 of 5 applicable records, the post use of force exam was not completed in its entirety to assess for injuries.</p> <p>MH-5: In 2 records, there was no evidence of a written referral by physical health staff to mental health (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 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>

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	

***Discussion MH-5:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-7: In 3 of 9 applicable records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p>MH-8: In 3 records, entries were not dated, timed, stamped and/or signed.</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>

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-9: In 2 of 7 applicable records, initial lab tests were not completed as required.</p> <p>MH-10: In 10 of 13 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>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>

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-11: In 3 of 6 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-12: In 3 of 6 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-13: In 4 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-14: In 2 of 2 applicable records, Emergency Treatment Orders (ETO) were documented incorrectly (see discussion).</p>	

Discussion MH-10: In eight records, gaps in the administration of psychotropic medications were evidenced by blanks on the Medication Administration Record (MAR) without indication of refusal. In one record, an injectable medication was not given in the time frame ordered by the physician. In the remaining record, the wrong dosage of Haldol Decanoate was given and Celexa was discontinued without an order from the physician or refusal from the inmate.

Discussion MH-14: In one record, on two separate orders, the order was not specified as an ETO, however “may use force” was documented on both orders. In the second record, dates and times were unclear on the order.

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-15: In 8 of 8 applicable records, there was no documentation of a service planning interview (see discussion).</p> <p>MH-16: In 14 records, a risk assessment for violence was not completed as required. **</p> <p>MH-17: In 3 records, the Individualized Service Plan (ISP) was not completed as required (see discussion).</p> <p>MH-18: In 13 records, the required hours of planned structured therapeutic services were not provided (see discussion). **</p> <p>MH-19: In 9 records, weekly documentation of the inmate's participation in group activities and progress towards treatment goals was not present in the medical record. **</p> <p>MH-20: In 10 records, nursing evaluations were not documented or completed as required.</p> <p>MH-21: In 3 records, vital signs were not documented at the required intervals.</p> <p>MH-22: In 6 records, weight was not recorded weekly as required.</p> <p>MH-23: In 7 records, behavioral level assessments were missing or not reviewed within the required time frame. **</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>

** These findings were cited in the August 2013 survey report or subsequent corrective action plan assessments and had not been corrected as of the time of this survey.

Discussion MH-15: *In all applicable records reviewed, there was no documentation that the Mental Health Professional met with the patient to conduct a service planning interview and to explain the mental health unit behavioral level system.*

Discussion MH-17: In one record, information contained in the ISP conflicted with documentation noted in assessments and progress notes. In another record, documentation of the inmate's progress towards his treatment goals did not change from the previous ISPs. In the remaining record, portions of the ISP were not addressed.

Discussion MH-18: In the records reviewed the required number of hours and/or specific groups were not offered. According to documentation and interviews with staff, there is a shortage of security personnel available to ensure inmates can be safely removed from their cells to attend group activities.

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-24: In 3 of 8 applicable records, follow-up lab tests were not completed as required (see discussion).</p> <p>MH-25: In 7 records, physician's orders were not timed, dated, and/or signed.</p> <p>MH-26: In 1 of 1 applicable record, an approved Drug Exception Request (DER) was not completed (see discussion).</p> <p>MH-27: In 7 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-28: In 5 records, informed consents for medications were not present or complete (see discussion).</p> <p>MH-29: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals (see discussion).</p> <p>MH-30: In 2 of 4 applicable records, the Abnormal Involuntary Movement Scale (AIMS) 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 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-24: In one record, a Tegretol level ordered on 10/13/16 was not completed or refused by the time of the survey. In one record, a complete blood count (CBC), liver function

test (LFT) and Tegretol level were due 9/30/16 and were completed in 12/2016. In the last record, no fasting blood sugar (FBS) or lipid profile was ordered in the past 12 months.

Discussion MH-26: A Drug Exception Request (DER DC4-648) and documentation for the exception is required for inmates taking two or more psychotropic drugs in the same therapeutic class. In one record, an inmate was given two selective serotonin reuptake inhibitors (SSRI) for a six week period. Neither of these were addressed in the documentation.

Discussion MH-27: In three records, a month of the MAR was unable to be located by staff. In the remaining four records, there was one or more blank, indicating that the inmate did not receive the medication.

Discussion MH-28: In four records, informed consents were missing for psychotropic medications. In the last record, consent forms were present but were incomplete.

Discussion MH-29: In three records, inmates were started on new psychotropic medication and not evaluated after two weeks per policy. In two records, the inmate was seen at an interval greater than 90 days. In the remaining three records, institutional staff were unable to locate any psychiatric notes that corresponded to dates on physicians orders.

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-31: In 1 of 3 applicable records, the bio-psychosocial assessment (BPSA) was not approved by the multi-disciplinary services team within 30 days.</p> <p>MH-32: In 1 of 2 applicable records, the Individualized Service Plan (ISP) was not completed timely.</p> <p>MH-33: In 6 records, the ISP was not signed by all relevant parties.</p> <p>MH-34: In 6 records, problems were not listed on the Problem List.</p> <p>MH-35: In 2 of 10 applicable records, the ISP was not updated within 14 days of close management (CM) placement or transfer.</p> <p>MH-36: In 3 of 12 applicable records, inmates on CM status did not receive at least 1 hour of group or individual counseling each week.</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>

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-37: In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-38: In 4 of 8 applicable records, consent to release information for continuity of care was missing or incomplete.</p> <p>MH-39: In 1 of 2 applicable records, the Summary of Mental Health Care was not completed for inmates within 30 days 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>

MENTAL HEALTH FINDINGS - ANNEX

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

There was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below.

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 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 no findings requiring corrective action in the review of outpatient mental health services. There was a finding requiring corrective action in the review of psychotropic medication practices; the item to be addressed is indicated in the table below.

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 3 of 8 records reviewed, the inmate was not observed at the frequency ordered by the clinician (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 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-1:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In one record, multiple blanks were noted, indicating that there were periods of time that the 15 minute observations were not done. In two records, there was an entire day of observations missing.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 use of force episodes revealed the following deficiencies:</p> <p>MH-2: In 1 record, the post use of force exam not completed in its entirety to assess for injuries.</p> <p>MH-3: In 2 records, a written referral to mental health by physical health staff was not present (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 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-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 is exposed to chemical agents and classified as S2 or S3.*

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 2 of 10 records reviewed, the referral or interview did not occur as intended in response to an inmate request.</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 Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 1 of 3 applicable records (16 reviewed), the Abnormal Involuntary Movement Scale (AIMS) 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 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>

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-6: In 2 of 4 applicable records, the Summary of Mental Health Care (DC4-661) was not completed for inmates within 30 days 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)
<p>MH-7: In 3 records, consent to release information for continuity of care was missing or not completed within 30 days EOS.</p> <p>MH-8: In 4 of 6 applicable records, assistance with Social Security benefits was not provided for inmates who meet the criteria.</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>MH-9: There was not sufficient restraint or self-harm prevention equipment for the inmate population (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has 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 MH-9: According to HSB 15.05.10, the Health Services Administrator shall ensure that the following equipment is available and in good working condition: two or more sets of wrist and leg restraints and one protective helmet in each size e.g. small, medium, and large. The required 4 point or wrist restraints were not available.

CONCLUSION – MENTAL HEALTH

MAIN UNIT

The staff at SUWCI-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Inpatient mental health services are provided in a 54 bed Transitional Care Unit (TCU), a 30 bed Crisis Stabilization Unit (CSU) and a 16 bed Mental Health Treatment Facility (MHTF). Outpatient mental health services, including case management and individual counseling, are also provided. 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, daily counseling for inmates in SHOS, and additional required mental health services for inmates housed in Close Management. Reportable findings requiring corrective action are outlined in the tables above.

Many of the findings noted in the outpatient portion of the report were related to psychotropic medication and nursing practices. Inmates were not consistently seen by psychiatry at required intervals. In some cases, although medication orders were written, there were no corresponding notes to signify inmates were seen by the provider. Blanks were noted on MARs indicating inmates did not receive medications as prescribed. There was no documentation of refusals, reason for missed doses, or evidence of education provided. Lapses in psychotropic medications can cause physical consequences or decompensation of mental stability, especially those medications requiring titration. Nursing evaluations for inmates in special housing and after a use of force episode were incomplete or missing and documentation of observations performed while an inmate was on SHOS were not consistently completed. There were a few findings related to treatment planning, however overall the ISPs were relevant and individualized. There were no findings requiring corrective action in the review of inmate requests and psychological emergencies.

Several findings were noted in the review of inpatient services. In the majority of the records reviewed, inmates did not receive medications as prescribed. Risk assessments and documentation of behavioral level reviews were also missing. Additionally, nursing assessments to include the documentation of weights and vital signs were incomplete. Although inmates were not provided the amount of structured therapeutic services required per policy, it should be noted that in many records, documentation indicated inmates attended the activities that were offered. Typically inmates who were in a close management setting prior to placement in an inpatient unit refuse these activities. Staff at SUWCI-Main should be commended for efforts to ensure inmates participate in the mental health treatment provided.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that SUWCI-Main will benefit from the CMA corrective action plan process to improve mental health care provided to the inmate population.

ANNEX

The staff at SUWCI-Annex serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Inmates receive outpatient mental health services, which

include case management and individual counseling. 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 daily counseling for inmates in SHOS,

There were relatively few findings noted in mental health portion of this report. The majority were related to incomplete assessments and aftercare planning. Inmates were not consistently observed as required while on SHOS and post use of force examinations did not contain required information. Inmates were not seen for referral as indicated in response to an inmate request and AIMS were not conducted. Aftercare planning was not consistently addressed or provided for eligible inmates. Continuity of care is crucial in ensuring an inmate's successful reentry into a community setting.

Inmates were seen timely by mental health staff and in some cases, more frequently than required. ISPs were individualized and addressed the inmate's progress towards treatment goals. Progress notes were descriptive and surveyors were able to follow the course of treatment from the documentation reviewed. Staff were knowledgeable and appeared to work well together as team. Inmates interviewed reported they are satisfied with the mental health care provided and that services were easily accessible. The corrective action plan (CAP) process will be beneficial in facilitating the necessary corrections and improving care in the few areas that were found to be deficient.

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 also 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.