



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Central Florida Reception Center

in

Orlando, Florida

on

May 8-10, 2018

CMA Staff Members

Jane Holmes-Cain, LCSW
Kathy McLaughlin, BS
Monica Dodrill, RN
Lynne Babchuck, LCSW

Clinical Surveyors

Thomas Chambers Jr. DO
Erik Gooch, DO
Mark Heifferman, DDS
Ronald Girona, PhD
Gretchen Moy, PhD
Sandra Bauman, ARNP
Rosemary Bates, ARNP
Laura Williams, ARNP
Gina Siggia, ARNP
Wendy Suckow, PA
Suzanne Brown, RN
Debra Bola, RN
Barbara Graeber, RN
Patricia Meeker, RN
Paige Parker, RN
Jovasha Lang, LCSW

Distributed on June 4, 2018

CAP Due Date: July 4, 2018

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1907	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1473	Current Main Unit Census	927
East Unit Capacity	1407	East Unit Census	894
South Unit Capacity	140	South Unit Census	86
Total Capacity	3020	Total Current Census	1907

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1914	608	287	3	9
<i>Mental Health Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		<i>Impaired</i>
	1	2	3	4	5	
	2002	165	281	N/A	N/A	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		30	141	0	0	0

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	3	0
Clinical Associate	2	0
RN	5	0
LPN	15	1
Dentist	2	0
Dental Assistant	4	1
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

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

Medical Staffing: East

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	4	0
LPN	3	0
Dentist	2	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: East

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

Medical Health Staffing: South

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	3	0
LPN	1	0
Dentist	0	0
Dental Assistant	0	0
Dental Hygienists	0	0

Mental Health Staffing: South

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatrist ARNP/PA	N/A	N/A
Psychologist	1	0
Mental Health Professional	N/A	N/A
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

Central Florida Reception Center (CFRC) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. CFRC consists of a Main, East, South Unit, and six work release/transition centers. The primary mission of the Main Unit is the reception and orientation of inmates newly sanctioned to the state correctional system. The East Unit houses new commitments, inmates in transit to permanent institutions, and permanent party inmates. The South Unit houses inmates in the palliative care program.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at CFRC on May 8-10, 2018. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS – MAIN UNIT

Central Florida Reception Center-Main (CFRC-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 CFRC-Main:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in 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 sick call services. There were findings requiring corrective action in the review of infirmary care and emergency services. 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 inmate requests or medication administration. There were findings requiring corrective action in the review of consultations, intra-system transfers, and periodic screenings. The items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental systems. There were findings requiring corrective action in the review of dental care. The items to be addressed are indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

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

RECEPTION PROCESS

There were no findings requiring corrective action in the review of the reception records. There was a finding requiring corrective action in the review of the reception process. The item to be addressed is indicated in the table below.

INSTITUTIONAL TOUR

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

Chronic Illness Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-1: In 3 of 14 records reviewed, there was no evidence that inmates were seen according to their M-grade.	<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)
PH-2: In 3 of 7 applicable records (12 reviewed), there was no evidence that inmates with HgbA1c over 8.0 were seen every three months as required.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 2 of 8 records reviewed, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-4: In 2 records, there was no documentation as to the status of the patient (see discussion).</p> <p>PH-5: In 2 of 5 applicable records, there was no evidence of a referral to a specialist when indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: The “Clinic Flowsheet” (DC4-770) was not completed for these two records and the status of the patient was not documented on the “Chronic Illness Clinic” form (DC4-701F).

Discussion PH-5: In one record, an inmate with glaucoma was seen on 8/29/17 by ophthalmology and was to return in three to four weeks for possible surgery. As of the date of the survey, the inmate had not been seen or scheduled for return. In the other record, an inmate with glaucoma had not had an ophthalmological appointment since 7/13/16.

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-6: In 2 records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> <p>PH-7: In 1 of 1 applicable record, there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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-7:** An inmate with chronic kidney disease and multiple medical comorbidities had an abnormal creatinine level along with other abnormal lab values in January 2018. Medications were adjusted at the clinic visit and the clinician documented that labs were to be completed prior to the next clinic visit. The inmate, however, was not scheduled to return to the clinic for 120 days even though he was an M-grade 3. Clinical surveyors were concerned that this delay was prolonged and may compromise the condition of the inmate if not addressed in a timelier manner.*

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 3 of 15 records reviewed, there was no evidence of complete vital signs (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8:** In all three records, weight was not documented.*

Infirmiry Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 4 of 11 applicable records (12 reviewed), there was no evidence that all orders were received and implemented (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 infirmiry care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-9:** In one record, a weekly decubitus assessment was missing for four weeks. In another record, an incentive spirometry was ordered but not done six out of seven days. In the third record, there was no indication of surgical site cleansing and dressing changes for the majority of days reviewed. In the last record, documentation was missing regarding the administration of Zithromax.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-10: In 3 of 12 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan (see discussion).</p> <p>PH-11: In 5 of 12 applicable records, there was no evidence appointments for follow-up or additional diagnostics were completed per the consultant's recommendations (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 consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-10:** In one record, the inmate was seen on 9/15/17 by the ophthalmologist and was to return in two to four weeks for silicone plugs. The inmate did not return until 1/9/18. In another record, the inmate was seen by ophthalmology on 3/6/18 with the recommendation for a B-scan, corneal topography, external photos with plan for ptery amniotic graft and corneal transplant. As of the date of the survey, there was no evidence that the pre-op testing or surgery had occurred. In the last record, an inmate with severe stage primary open angle glaucoma was seen on 9/27/16. The consultant recommended drops with an added medication and indicated if the patient was unable to tolerate the pills then surgery would be considered. The inmate was to*

return for a pressure check in one to two weeks. The inmate was not seen again until 3/3/17. This inmate has been seen monthly since that time but has irreparable vision loss in his right eye. It was noted that another treatment was started on 5/7/18 and if it is not effective, the plan is to remove the eye.

Discussion PH-11: In addition to the three records discussed above, another inmate had surgery on 1/3/18 and was to receive follow-up in four to six weeks but was not seen until 5/15/18. In the last record, an inmate had Selective Laser Trabeculoplasty on 2/27/18 and was to return in four weeks for follow-up. The appointment was not until 5/9/18.

Intra-system Transfers Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-12: In 3 of 14 applicable records (15 reviewed), there was no evidence of complete vital signs (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 transferring into the facility 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 two records, weight was not documented. In one record, only weight was documented.

Periodic Screenings	
Finding(s)	Suggested Corrective Action(s)
PH-13: In 3 of 9 applicable records (10 reviewed), there was no evidence that all diagnostic tests were completed as required (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 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-13: In two records, annual chest x-rays were missing and in one record, the baseline lipid profile had not been done.

Dental Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-14: In 2 of 9 applicable records, there was no evidence of complete and accurate charting of dental findings (see discussion).</p> <p>PH-15: In 4 of 15 applicable records, there was no evidence that post-treatment/operative instructions were given.</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-14:** Caries were not charted in either record.*

Reception Process

Finding(s)	Suggested Corrective Action(s)
<p>PH-16: There was no evidence that inmates' medical information and privacy was protected (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 of those going through the reception process 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:** There were two desks staffed with nurses both conducting intake with inmates at the same time in each room. CMA surveyors expressed concern that HIPAA violations may occur as there were no curtains or dividers to ensure privacy or confidentiality.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-17: There was no evidence of current logs for all medical refrigerators.</p> <p>PH-18: There was no evidence that pill line schedules were posted in all inmate common areas (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, invoice, inspection, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-18: B-dorm did not have a Spanish version of the schedule displayed.

CONCLUSION – PHYSICAL HEALTH

MAIN UNIT

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

A physical inspection revealed that all areas of the compound were clean. Interviews with institutional personnel and inmates revealed that all were familiar with how to obtain both routine and emergency services. The majority of inmates interviewed described the health care as adequate although two mentioned the need to move quicker on referrals to specialty services when needed.

Several of the deficiencies identified in this report are related to clinical care. These included inmates not seen at required time frames, infirmary orders that were not carried out by nursing staff, and missing vaccinations and diagnostic tests. Of particular concern to CMA surveyors were the long wait times for specialty services, specifically for ophthalmologic care. Multiple inmates who had long waits or missed follow-ups experienced varying degrees of significant, sustained, or permanent vision loss. While CMA acknowledges that the wait times are not always in the control of CFRC-Main, staying on top of scheduling and requesting appointments is critical in the management of timely care. 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.

Based on the findings of this survey and discussions above, it is clear that the CMA corrective action process will be beneficial to CFRC-Main 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 – MAIN UNIT

Central Florida Reception Center-Main (CFRC-Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at CFRC-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 care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings 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 psychiatric restraints for review.

USE OF FORCE REVIEW

There were findings in the review of use of force. The items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of psychological emergencies. There were findings in the review of special housing and inmate requests. The items to be addressed are indicated in the tables below.

OUTPATIENT SERVICES REVIEW

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

RECEPTION SERVICES REVIEW

There were findings in the review of reception services. The items to be addressed are indicated in the table below.

AFTERCARE PLANNING REVIEW

There were no findings in the review of aftercare planning.

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>MH-1: In 1 of 1 applicable record, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-4: In 3 records, all entries were not signed (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 episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: According to Department procedure, during the fourth day of infirmary 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 one record, the length of stay on SHOS was six days and there was no indication crisis stabilization care was considered.

Discussion MH-2: Physician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In one record, the forms were missing for three of the six days the inmate was on SHOS. Additionally, on the form for 3/11/18, observations for 0215 to 0300 were crossed out. In the second record, the form was missing for 5/7/18.

Discussion MH-4: Staff performing observation checks are required to initial in 15-minute increments on the DC4-650. Each checklist contains a signature section in which the observer documents his/her initials and signature. In three records, several staff did not initial or sign this portion, making it difficult to determine who performed the observations.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 records revealed the following deficiencies:</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 2 records, the post use of force examination was incomplete.</p> <p>MH-6: In 4 records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-7: In 2 records, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</p>	<p>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-6:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who was exposed to chemical agents and classified as S2 or S3. In the records reviewed, there was no indication that referrals were made.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-8: In 2 of 8 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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>

Inmate Request

Finding(s)	Suggested Corrective Action(s)
<p>MH-9: In 1 of 5 records reviewed, a Consent to Mental Health Evaluation or Treatment (DC4-663) was not obtained prior to conducting an interview.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

Inmate Request

Finding(s)	Suggested Corrective Action(s)
	<p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>MH-10: In 3 of 8 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-11: In 3 of 6 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frames.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-12: In 6 records, a Consent for Mental Health Evaluation or Treatment (DC4-663) was not signed prior to initiation of treatment or renewed annually.</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>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-13: In 4 records, the Individualized Services Plan (ISP) was not signed by all relevant parties (see discussion).</p> <p>MH-14: In 4 records, problems were not recorded on the problem list.</p> <p>MH-15: In 4 records, the inmate did not receive services as listed on the ISP (see discussion).</p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-13: In four records, the ISP was not signed by the inmate to indicate he participated in the planning of his treatment goals.

Discussion MH-15: In four records, the inmate did not receive case management and counseling every 30 days as indicated on his ISP.

Reception

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>MH-16: In 6 records, intelligence testing was not completed as required (see discussion).</p> <p>MH-17: In 1 of 1 applicable record, a psychiatric evaluation was not conducted within 24 hours for an inmate with acute psychiatric symptoms (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 applicable records to evaluate the effectiveness of corrections</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-16: The Department's Health Services Bulletin (HSB) 15.05.17 outlines specific requirements for psychological testing for all newly gained inmates. Initial testing is completed, and based on scores received, specific follow-up testing is required. The initial testing was administered; however, follow-up testing did not occur as directed in the HSB. In two records the Test of Nonverbal Intelligence (TONI) was administered instead of the Wechsler Abbreviated Scale of Intelligence (WASI). There was no evidence these inmates did not speak English. In two records, the Wechsler Adult Intelligence Scale Fourth Addition (WAIS IV) was not administered as required. In another record both the WASI and the WAIS IV were indicated, however they were not completed. In the remaining record, the Adaptive Behavior Checklist should have been completed.

Discussion MH-17: *The inmate was received at CFRC on 3/12/18. He reported hallucinations and suicidal ideation upon admission and was subsequently placed on SHOS. Although he was seen by psychology, he was not seen by psychiatry and his medications from the county jail were not continued until he was discharged from SHOS on 3/15/18.*

CONCLUSION – MENTAL HEALTH

The staff at CFRC-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health reception services are provided to inmates newly received to the Florida Department of Corrections (FDC). Outpatient services, including case management and individual counseling, are provided to nearly 400 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide aftercare planning for eligible inmates. Reportable findings requiring corrective action are outlined in the tables above.

Some of the findings noted in this report are related to nursing documentation. Evaluations for inmates on SHOS and in special housing were not completed as required. Nursing staff were not consistently notifying mental health staff when force was used; therefore, inmates were not evaluated to determine if a higher level of care was needed. Staff indicated they have been working with nursing as well as security staff to ensure this issue is rectified.

There were few findings noted in the review of mental health services. Although ISPs were individualized, they were not consistently signed by the inmate. Some ISPs indicated the inmate would be seen for counseling and case management every 30 days; however, inmates were seen every 90 days as required. Informed consents for treatment were not consistently obtained and AIMS were not completed as required. Inmates in reception received intelligence testing; however, the correct test was not always administered. According to staff, an adequate supply of WASI tests were not available.

There were no findings in the review of psychological emergencies, discharge planning, or mental health systems. Staff were cooperative and helpful throughout the survey process. Overall, staff were responsive to using the Corrective Action Plan process to improve inmate mental health services at CFRC-Main.

PHYSICAL HEALTH FINDINGS – EAST

Central Florida Reception Center-East (CFRC-East) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at CFRC-East:

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

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

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

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care. There was a finding requiring corrective action in the review of sick call services. The item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 2 of 6 records reviewed, there was no evidence of an appropriate physical examination (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 immunity 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 both records, the exam was present but incomplete.

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>PH-2: In 1 record, there was no evidence of an appropriate examination for the diagnosis (see discussion).</p> <p>PH-3: In 1 record, medications were not evaluated at each visit (see discussion).</p> <p>PH-4: In 1 record, control of the disease or disorder was not 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 miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2, PH-3 & PH-4: In one record, the inmate had neck and back pain from cervical disk degeneration. This condition was assessed at the CIC on 9/26/17 and at that time the pain was in "fair control," with the inmate taking Motrin 600 mg twice per day. When the inmate was seen again on 3/01/18, the subjective data stated the pain was "feeling the same." There was no pain assessment or control of the disorder noted at this visit. Also, the Motrin was not listed as a current medication and was discontinued without a documented rationale.

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 4 of 5 applicable records (15 reviewed), there was no evidence that follow-up was completed timely (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-5: *In one record, the inmate was seen for sick call regarding a skin infection on 2/09/18 and the plan was “MD to eval.” There was no evidence that this occurred by the time of the survey. In another record, an inmate presented with a vesicular rash, which per protocol, requires immediate clinician notification. There was no evidence that the clinician was notified or that follow-up care was provided. In the third record, the inmate was seen on 4/19/18 for shoulder pain with numbness which requires an exam within 24 hours. However, when the inmate returned to the clinic on 4/20/18 he was seen for a burn and the previous complaint was not addressed. In the last record, the inmate was seen on 4/18/18 for weakness and changes in appetite. The documentation indicated he would be referred to the clinician, but at the time of the survey this had not yet taken place.*

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-6: In 4 records, there was no evidence that all diagnostic tests were completed as required (see discussion).</p> <p>PH-7: In 3 of 6 applicable records, a referral was not made to a clinician when indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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 PH-6: *In one record, laboratory studies were not completed. In the remaining three records, the results of laboratory studies were not addressed in an incidental note.*

Discussion PH-7: In one record, increased blood pressure was not referred to the clinician per protocol. In the remaining records, there was no indication abnormal lab results were referred to the clinician.

Consultations Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-8: In 1 of 3 records reviewed, the diagnosis was not recorded on the problem list.	<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)
PH-9: In 2 of 6 records reviewed, there was no indication that the clinician reviewed the record within 7 days.	<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>

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 3 of 14 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 medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: *In all three 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.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: Equipment and supplies were not stored properly (see discussion).</p> <p>PH-12: There was no evidence of current and complete logs for all medical refrigerators.</p> <p>PH-13: Necessary supplies were not available in the emergency center.</p> <p>PH-14: Required information for inmates was not posted in all inmate housing areas (see discussion).</p> <p>PH-15: There was an inadequate system for tracking inmate requests (see discussion).</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: *One room in the medical area contained biohazardous waste, oxygen tanks, wheelchairs, crutches, lab test tubes, sterile dressing supplies, and a machine used to clean floors. According to the Infection Control Program Manual, "clean and sterile equipment will be stored in a clean, closed area. This includes, and is not limited to, packages of sterile instruments, linen, antiseptics and disinfectants, fluids, etc."*

Discussion PH-14: *The procedure to access medical and dental sick call and pill line schedules should be posted in all inmate housing areas. In the four dorms inspected, seven of eight bulletin boards did not include this information.*

Discussion PH-15: *There was a breakdown in the system for receiving, logging, returning, and processing medical inmate requests. At the time of the survey, only a few requests were found in the medical record. However, staff could produce the majority of these documents which were emailed back and forth between the East, South and Main Units at CFRC. The few requests that were logged were unable to be located by staff, therefore it was impossible to determine if they were answered. Since CFRC is a reception center, inmates typically do not remain at the institution for an extended period. Although most requests appear to be responded to timely, they may not be placed in the medical record prior to the inmates' transfer. While staff was aware of this issue and had taken steps to develop a new system, this process should be monitored to ensure efficacy.*

CONCLUSION – PHYSICAL HEALTH

The physical health staff at CFRC-East serves a complex population. Physical health care is provided on an outpatient basis. Inmates requiring infirmary care are transferred to the Main unit. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were readily available for surveyors. Medical charts were well organized and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services, and that they perceived the care to be adequate. However, they expressed dissatisfaction with the timeliness of obtaining refills of “keep on person” (KOP) medications.

There were relatively few clinical findings requiring corrective action. Of particular concern to CMA surveyors was the lack of consistent follow-up after an inmate presented to sick-call with complaints indicating referral to a higher-level clinician was needed. Additionally, there were findings regarding incomplete logs, lack of supplies and equipment in the medical and emergency areas, and an infection control concern.

Based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

MENTAL HEALTH FINDINGS - EAST

Central Florida Reception Center-East (CFRC-East) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at CFRC-East:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

Inmates requiring Self-Harm Observation Status (SHOS) are transferred to the infirmary Isolation Management Rooms (IMRs) in the Main Unit. Therefore, all SHOS episodes are reported in the Mental Health Findings-Main section of this report. There were no episodes of psychiatric restraint at CFRC-East.

USE OF FORCE REVIEW

There were no use of force episodes available for review at CFRC-East.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies. There was a finding requiring corrective action in the review of inmate requests. The item to be addressed is indicated in the table below. There is no special housing unit at CRFC-East.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEM REVIEW

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

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 1 of 3 records reviewed, there was no evidence that the inmate request was responded to timely.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In 1 of 5 applicable records (11 reviewed), there was no evidence that an Individualized Service Plan was completed within 30 days after receiving S2 or S3 grade.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – MENTAL HEALTH

The staff at CFRC-East serves a population that includes inmates with medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to over 30 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and respond to psychological emergencies. Staff also perform sex offender screenings when needed. Reportable findings requiring corrective action are outlined in the tables above.

The two findings noted in this report related to timeliness of response to inmate requests and the completion of individualized service plans. There is one mental health provider and one psychologist who share their time between various units at CFRC. Documentation and assessments present were relevant and thorough, and the inmates interviewed expressed that mental health services are adequate.

Staff throughout the facility were cooperative and helpful during the survey process and were responsive to using the CAP process to improve mental health services at CFRC-East.

PHYSICAL HEALTH FINDINGS – SOUTH

Central Florida Reception Center-South (CFRC-South) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at CFRC-South:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There was a finding requiring corrective action in one chronic illness clinic. The item to be addressed is indicated in the table below.

EPISODIC CARE REVIEW

There were no findings requiring correction in the review of infirmary services. There were findings requiring corrective action in the review of emergency and sick call services. 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 periodic screenings or medication administration. There were findings requiring corrective action in the review of consultations. The items to be addressed are indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There was a finding requiring corrective action as a result of the institutional tour. The item to be addressed is indicated in the table below.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 1 of 1 applicable record (10 reviewed), inmates with HgbA1C levels over 8.0 were not seen every three months as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 1 of 1 applicable record (10 reviewed), follow-up visits were not initiated or 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 emergency care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:** An inmate declared a medical emergency complaining of chest pain. A diagnostic assessment ruled out physical causes and documentation indicated the clinician felt there was an underlying mental health component to the episode. A referral to mental health was not completed.*

Sick Call Services Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 1 of 5 applicable records (13 reviewed), follow-up visits were not completed timely (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

Sick Call Services Record Review

Finding(s)	Suggested Corrective Action(s)
	<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-3: *In one record, the inmate indicated he was experiencing worsening psychiatric symptoms. The documentation indicated a referral to mental health would be initiated; however, there was no evidence this was completed.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 inmate records revealed the following deficiencies:</p> <p>PH-4: In 1 record, follow-up appointments were not completed timely (see discussion).</p> <p>PH-5: In 1 record, the consultation log was incomplete.</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>

Discussion PH-4: *In this record, the consulting ophthalmologist recommended follow-up with a corneal specialist. The clinician generated a consultation request which was never processed thus an appointment had not been scheduled.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This</p>

Institutional Tour	
Finding(s)	Suggested Corrective Action(s)
PH-6: There was no evidence first-aid kits were inspected monthly.	<p>may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – PHYSICAL HEALTH

The physical health staff at CFRC-South serves a difficult population including inmates of advanced age, those with multiple physical health comorbidities, and those receiving palliative care services. 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.

Most findings are related to delays in or a lack of follow-up treatment. In particular, inmates reporting psychological symptoms or presenting with physical symptoms of a psychological origin were not referred to mental health. Since there is no full time mental health provider on-site, a written referral would be needed to obtain mental health services or evaluation.

Overall, CMA surveyors noted that clinical documentation was thorough, legible, and contained clinical information sufficient to detail the treatment provided and plan of care. Inmates appeared to be seen in chronic illness clinics as required by their M-grade status. Acute, chronic, and palliative care services provided in the infirmary were also well documented. Nursing staff presented a genuine concern for the inmates at the South Unit.

Interviews with inmates, medical, and security staff indicated familiarity with procedures related to the accessing of medical care. Inmates described the health care as adequate and the nurses as helpful and responsive to their needs. They denied any difficulties in obtaining medications. Inmates and staff reported that the inmate request process is not used to access medical care. Rather, due to the small size of the institution, inmates usually approach the medical staff on an “as needed” basis. However, inmate request and sick call forms were noted in the dormitory areas.

After a review of records and interviews with staff and inmates and based on the findings listed above, it is clear that CFRC-South will benefit from the CAP process.

MENTAL HEALTH FINDINGS - SOUTH

Central Florida Reception Center-South (CFRC-South) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at CFRC-South:

- 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 no episodes of restraints or Self-Harm Observation Status (SHOS) at CFRC-South.

USE OF FORCE REVIEW

There were no use of force episodes available for review at CFRC-South.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no psychological emergencies or inmate requests at CFRC-South. There is no special housing unit at CFRC-South.

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEM REVIEW

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

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 1 of 1 applicable records (6 reviewed), the Abnormal Involuntary Movement Scales (AIMS) was not administered within the appropriate 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 applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>MH-2: In 1 of 1 applicable record, the inmate was not seen by mental health staff within 14 days of arrival (see discussion).</p> <p>MH-3: In 1 of 1 applicable record, the Biopsychosocial Assessment (BPSA) was not approved by the Multi-Disciplinary Services Team (MDST) within 30 days of the initiation of mental health services (see discussion).</p> <p>MH-4: In 1 of 1 applicable record, the Individualized Service Plan (ISP) was not completed within 30 days of the initiation of mental health services (see discussion).</p> <p>MH-5: In 2 records, the ISP was not individualized.</p> <p>MH-6: In 3 of 4 applicable records, the ISP was not reviewed or revised 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 applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-7: In 1 of 4 applicable records, there was no evidence the inmate received individual counseling at least every 90 days (see discussion).</p> <p>MH-8: In 1 of 4 applicable records, there was no evidence the inmate received case management services at least every 90 days (see discussion).</p>	

Discussion MH-2, MH-3, & MH-4: *The inmate arrived as an S3 from reception on 2/19/18. He spent two weeks in the infirmary to rule out a medical condition. He was not seen by mental health until 5/8/18.*

Discussion MH-6: *In the first record, the ISP was not updated from 6/9/17 to 5/8/18. In the second record, the ISP was not updated from 9/1/17 to 5/7/18. In the third record, the ISP was not updated from 6/9/17 to 5/7/18.*

Discussion MH-7 & MH-8: *This inmate was not seen from 9/19/17 to 5/7/18 without evidence of refusal.*

CONCLUSION – MENTAL HEALTH

The staff at CFRC-South serves a population that includes inmates with multiple medical and psychiatric comorbidities. Mental health services, including case management, individual counseling, and psychiatric services are provided to seven inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and respond to psychological emergencies as needed. Staff also perform sex offender screenings when needed and provide aftercare planning for eligible inmates. Reportable findings requiring corrective action are outlined in the tables above.

There are currently no full time mental health practitioners assigned to the South Unit and many of the findings identified are related to late evaluations, counseling sessions, and ISP updates. Interviews with inmates on the mental health caseload indicated that they were satisfied with the mental health services they received. All of the inmates identified their treatment goals and indicated that the counseling services were helpful to them. Additionally, counseling and case management notes reflected the treatment goals on the ISP.

After a review of records and interviews with staff and inmates and based on the findings listed above, it is clear that CFRC-South will benefit from the CAP process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices.
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems, specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.