



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Moore Haven Correctional Facility**

In

**Moore Haven, Florida**

on

**February 19-21, 2019**

### **CMA Staff Members**

Kathy McLaughlin, BS  
Jane Wynn, LCSW  
Jane Holmes-Cain, LCSW

### **Clinical Surveyors**

Thomas Chambers, DO  
Erik Gooch, DO  
Mark Heifferman, DDS  
Marcellus Taylor, PhD  
George Kallas, PhD  
Angela Swary, APRN  
Suzanne Brown, RN  
Debra Bola, RN

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**CAP Due Date: April 25, 2019**

# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
897	Male	Medium	3

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	985	<b>Current Main Unit Census</b>	897
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	985	<b>Census</b>	897

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		559	249	161	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	716	82	171	0	0	

## 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>
	17	19	N/A	N/A	N/A	N/A

# DEMOGRAPHICS

## Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	7.75	0
LPN	4.5	.5
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	0	0

## Mental Health Staffing: Main Unit

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

## OVERVIEW

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

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at MHCF on February 19-21, 2019. 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.

In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on February 27, 2019.

“Deficiencies found by the authority to be life-threatening or otherwise serious shall be immediately reported to the Secretary of Corrections. The Department of Corrections shall take immediate action to correct life-threatening or otherwise serious deficiencies identified by the authority and within 3 calendar days file a written corrective action plan with the authority indicating the actions that will be taken to address the deficiencies.”

The totality of findings noted in conjunction with the lack of credible systems in place to address these deficiencies has resulted in significant impediments to basic standards of care for the inmates at MHCF. CMA clinical surveyors identified deficiencies in almost all areas of the physical and mental health care reviewed. The findings themselves are not related to one component of a dysfunctional health care delivery system, rather are related to many areas including barriers to accessing care, delays in treatment, inadequate laboratory and diagnostic testing follow-up, and inadequate medication administration. Hampering the survey process was a significant lapse in medical records keeping, resulting in the inability of surveyors to fully assess the care provided. Poor record keeping and incomplete documentation can lead to medical errors, disrupt continuity of care, and cause further delays in treatment.

Due to the pervasive and persistent pattern of inadequate health care, it is evident that institutional quality management processes have been inadequate and failed to identify systemic issues affecting quality of care. The CMA has serious concerns that the deficiencies can be adequately addressed through the standard corrective action process as outlined in s. 945.6031 (3), (4) F.S., without addressing the larger systemic issues which are placing inmates at risk for adverse health outcomes. The survey process allows for a review of only a small sample of records; therefore, the far-reaching scope of these deficiencies is unknown. Additional assessment is warranted and immediate action taken to eliminate the cause of the nonconformities to policy and procedure and implement management systems that will prevent further noncompliance.

On March 2, 2019 the CMA was provided a copy of the Department's corrective action plan (CAP) addressing the emergency findings. Once the Department is in receipt of this full survey report, the CMA looks forward to receiving an even more specific and detailed CAP.

## **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**

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

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

### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental care. There was a finding requiring corrective action in the review of dental systems. 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, the pill line, or infection control.

### **INSTITUTIONAL TOUR**

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

### Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 4 records, there was no evidence the diagnosis was recorded on the problem list.</b></p> <p><b>PH-2: In 6 records, the baseline history was incomplete or missing.</b></p> <p><b>PH-3: In 5 records, there was no evidence the inmate was seen at the required intervals.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 6 of 15 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-5: In 4 records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-6: In 9 records, there was no evidence of an appropriate examination for the diagnosis (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p>

### Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: In 7 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</b></p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion PH-6: In all nine records, the foot examinations required for diabetic patients were missing.*

### Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 5 of 12 applicable records, there was no evidence the inmates had been evaluated and staged for hepatitis C treatment.</b></p> <p><b>PH-9: In 5 of 7 applicable records, there was no evidence the inmates were screened for hepatocellular carcinoma at the required intervals.</b></p> <p><b>PH-10: In 6 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</b></p> <p><b>PH-11: In 2 of 4 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: In 6 of 10 records reviewed, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p>



### Immunity Clinic Record Review

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

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-13: In 2 records, there was no evidence of the control of the disease and/or status of the patient.</b></p> <p><b>PH-14: In 2 of 5 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-15: In 1 of 5 applicable records, there was no evidence of a referral to a specialist when indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-15:** *In this record, an inmate with a diagnosis of benign prostatic hyperplasia (BPH) had elevated prostate-specific antigen (PSA) laboratory results in August 2017 of 9.0 and in February 2018 of 9.4. A referral to a specialist was not made until July 2018 and resulted in a diagnosis of prostate cancer in October 2018.*

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-16: In 6 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.</b></p> <p><b>PH-17: In 1 of 4 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-18: In 2 of 3 records reviewed, there was no evidence inmates with cancer were enrolled in the clinic (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-18:** In one record, the inmate was diagnosed with prostate cancer in October 2018 but had not yet been enrolled in the oncology clinic. In the other record, the inmate was diagnosed with head and neck metastatic cancer in January 2019 but was not enrolled in the clinic until the date of the survey when notified by CMA staff. Although these inmates were followed in other clinics, CMA surveyors were concerned that should these inmates transfer to another institution, continuity of cancer care could be affected and result in further delays in care or other adverse outcomes.*

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-19: In 5 records, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</b></p> <p><b>PH-20: In 3 records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-21: In 4 records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>PH-22: In 6 of 6 applicable records, there was no evidence of a monthly nursing follow-up.</b></p> <p><b>PH-23: In 4 of 6 applicable records, there was no evidence the inmate was given the correct number of doses of INH (see discussion).</b></p> <p><b>PH-24: In 4 of 6 applicable records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-25: In 4 of 6 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-23:** In two records, treatment was extended with no documentation as to why. In one of those records, the inmate had been out to court. This may have been the reason for the extension of treatment, but the July and October medication administration records (MARs) were missing making it impossible to determine the number of doses he had received. In the other two records, MARs were incomplete or missing and doses could not be determined.*

## Emergency Services Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-26: In 7 of 14 applicable records, there was no evidence of complete vital signs (see discussion).</b></p> <p><b>PH-27: In 3 of 13 applicable records, there was no evidence of patient education.</b></p> <p><b>PH-28: In 1 of 5 applicable records, there was no evidence of timely follow-up by the clinician (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency 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-26:** In five records, the weight was missing. In one record, the pulse rate was not recorded, and in the last record, no vital signs were recorded.*

**Discussion PH-28:** In this record, the inmate had an infected perforated tympanic membrane and was given a prescription for ear drops. There was no further indication the clinician either reviewed the chart or saw the inmate.

<b>Sick Call Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-29:</b> In 4 of 16 applicable records, there was no evidence of a completed “Sick Call Protocol” (DC4-683 series) or note in SOAPE format.</p> <p><b>PH-30:</b> In 4 records, there was no evidence of complete vital signs (see discussion).</p> <p><b>PH-31:</b> In 4 records, there was no evidence of patient education.</p> <p><b>PH-32:</b> In 5 of 8 applicable records, there was no evidence of timely follow-up 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 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-30:** In three records, weight was not documented and in one of those records, the blood oxygen saturation was not listed. In the last record there were no vital signs recorded.

**Discussion PH-32:** In one record, a medication order was written but there was no indication the clinician reviewed the chart or saw the inmate. In three records, it was noted that a referral to the clinician was made but there was no documentation that the inmate was ever seen. In the last record, there was a note from the clinician but it did not address the issue, only that “the patient was seen on last 10-8-18.”

<b>Infirmiry Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>PH-33:</b> In 2 records, the clinician care orders were incomplete (see discussion).</p> <p><b>PH-34:</b> In 5 records, there was no evidence of a complete discharge note by the nurse.</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 infirmiry services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Infirmery Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-35:</b> In 2 of 3 applicable outpatient records, there was no evidence of clinician holiday and/or weekend rounds.</p> <p><b>PH-36:</b> In 2 of 4 applicable records, the inpatient file was incomplete (see discussion).</p> <p><b>PH-37:</b> In 2 of 4 applicable inpatient records, there was no evidence the nursing admission assessment was completed within two hours of admission as required (see discussion).</p> <p><b>PH-38:</b> In 4 of 4 applicable inpatient records, there was no evidence clinician rounds were completed as required.</p> <p><b>PH-39:</b> In 4 of 4 applicable inpatient records, there was no evidence of clinician holiday and/or weekend rounds.</p>	

**Discussion PH-33:** In one record, the care orders did not include the reason for the admission, frequency of vital signs, diet, activity level, and/or frequency of observation levels. In the other record, the only medication order was “see MAR.”

**Discussion PH-36:** In one record, the patient history section was blank. In the other record, the clinician did not sign the admission orders.

**Discussion PH-37:** In one record, the assessment was not dated or timed so it could not be determined if it occurred within the two-hour required time frame. In the other record, the assessment was not in the chart and could not be located by staff.

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-40:</b> In 6 records, 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>

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-41: In 2 of 9 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan in a timely manner (see discussion).</b></p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-41:** *In one record, an inmate was seen in urology on 10/30/18 for hematuria and an elevated PSA. The consultant recommended a biopsy and CT scan of the pelvis. The biopsy was completed but the CT scan was not. In the other record, the consultant recommended a sinus CT scan on 1/9/19 due to nasal polyps and obstruction for an HIV positive inmate. The request was submitted on 2/11/19 but as of the date of the survey, the CT scan had not been scheduled or completed.*

## Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-42: In 10 records, the medication orders were not signed, dated, and/or timed by appropriate staff (see discussion).</b></p> <p><b>PH-43: In 4 records, there was no evidence that all medication orders had a corresponding clinician note (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-42:** *In eight records, the orders were not timed or dated by nursing staff upon noting the orders. In two records, the orders were not timed by the clinician. Additionally, one order was incorrectly dated 8/16/17 but signed off correctly as 8/16/18. Another order was dated 12/9/18 but was not signed by the clinician until 12/18/18.*

**Discussion PH-43:** *Per Health Services Bulletin (HSB) 15.14.02, prescribers shall reevaluate a prescription order prior to a renewal and document the need for continued medication.*

## Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-44: In 3 records, the periodic screening was incomplete.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

### Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-45: In 4 records, there was no evidence required diagnostic tests were completed 7-14 days prior to the screening (see discussion).</b></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-45:** Two records were missing the stool hemocult and the annual chest X-ray. Both inmates were over age 55 and had a smoking history. The other two records did not contain required laboratory studies and they could not be located by staff.*

### Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-46: In 13 records, the inmate request was not in the medical record (see discussion).</b></p> <p><b>PH-47: In 1 of 1 applicable records, there was no evidence of an incidental note regarding the response.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-46:** The records for review were pulled from the inmate request log but could not be located in the charts by CMA surveyors or institutional staff.*

### Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-48: There was no evidence that an emergency drug kit was readily available.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p>

## Dental Systems Review

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

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-49: The emergency area cabinets were not well organized and were in disarray.</b></p> <p><b>PH-50: Procedures to access medical and dental sick call were not posted in Wing 3 of the dorm housing inmates 55 years and older.</b></p> <p><b>PH-51: The first aid kit seal was broken in Charlie dorm.</b></p> <p><b>PH-52: The over-the-counter medications count did not match the logs in Charlie dorm.</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-53: The majority of MARs were not found in the charts (see discussion).</b></p> <p><b>PH-54: Some MARs were not dated (see discussion).</b></p> <p><b>PH-55: Medical records were disorganized (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-53:** Per interviews with staff, MARs were kept in boxes rather than filed in the charts. There seemed to be no formal procedure as to which MARs were kept in the chart and



which were not. This precluded verification of receipt of medications for inmates in some areas reviewed as the MARs could not be located by staff or surveyors.

**Discussion PH-54:** *Due to the number of missing MARs and the disorder of the medical records filing, the MARs that were not dated contributed to the issue of whether continuity of care was met regarding medications and if the inmates received medications for a particular month in question.*

**Discussion PH-55:** *CMA surveyors noted that medical records were disorganized, with documentation frequently misfiled or missing altogether. In addition, there were several instances in which medical records contained in the file folder belonged to another inmate. There were also loose papers in charts and sections of charts not attached to the jacket. Identifying information was missing on many forms making it difficult to determine if that information belonged in that chart.*

## CONCLUSION – PHYSICAL HEALTH

The physical health staff at MHCF serves a population of 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.

CMA surveyors noted several areas in which the provision of clinical services was found to be deficient. These included delayed or overlooked follow-up clinical services on-site, as well as timely follow-up of off-site consultation recommendations. Multiple deficiencies were identified in the review of the chronic clinics. Inmates were not seen according to their M grade and immunizations were not provided in accordance with Department guidelines. Surveyors also noted that the documentation of physical examinations in some clinics did not address all components of the inmate's diagnoses. For example, there was no documentation that foot and fundoscopic examinations for diabetic patients were performed. At times, there was no documentation that abnormal laboratory findings were addressed; therefore, subsequent changes in patient care did not occur. The majority of periodic screenings reviewed did not include all the necessary screening components or contained incomplete laboratory and diagnostic testing. This screening is an important preventative mechanism for identifying health concerns, in particular for inmates not utilizing other medical services. Clinician infirmary orders and rounds were inconsistently documented as were nursing assessments.

It was also noted that improvements to medical record keeping were warranted. CMA surveyors stated throughout the survey that they had difficulty finding necessary documents and had to thoroughly examine many different areas of the medical record to find pertinent information. In many cases, the documentation was not in the medical record and was unable to be located by institutional staff. Surveyors expressed concern that the institutional clinicians, who are directly responsible for the provision of care, may not have the necessary time to do the same. Overall, surveyors noted that improved documentation and organization of medical records will increase efficiency and help maintain continuity of care.

MHCF has recently undergone some changes in staffing which may have exacerbated or contributed to several of the deficiencies noted in this report; however, CMA surveyors noted that if adequate systems were in place, the staffing impact would not have had so large an effect. Interviews with medical and security staff indicated familiarity with policies and procedures related to sick call and emergency services. Interviews with inmates were more inconsistent, with some indicating the medical care was adequate and others expressing dissatisfaction.

CMA staff and surveyors expressed concern that these issues could not be properly addressed with the standard corrective action plan process due to the lack of organizational structures apparent at this institution and an emergency notification was utilized. After the immediate intervention by the contracted health provider, Department of Management Services, and institutional staff to implement system and organizational changes, it is clear that the institution will benefit from the corrective action plan (CAP) process.

# **MENTAL HEALTH FINDINGS**

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

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

## **CLINICAL RECORDS REVIEW**

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

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

### **USE OF FORCE REVIEW**

There was a finding requiring corrective action in the review of use of force. The item to be addressed is indicated in the table below.

### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were no findings requiring corrective action in the review of special housing. There were findings requiring corrective action in the review of psychological emergencies 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 outpatient mental health services and psychiatric medication practices. The items to be addressed are indicated in the tables below.

### **AFTERCARE PLANNING REVIEW**

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

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 3 records, the admission orders were not signed/co-signed the next working day.</b></p> <p><b>MH-2: In 2 records, the inmate was not observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-3: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift or was incomplete.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** Physician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on the “Observation Checklist” (DC4-650). In one record, this form was not found by institutional staff for one of the days of the admission and in the other record, the forms could not be located. Without these forms, surveyors were unable to determine in the inmate was observed at the appropriate intervals.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: In 1 of 2 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly 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>

## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: In 3 of 5 records reviewed, a copy of the inmate request form was not present in the medical record (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-5:** In three records, the Inmate Request/Staff Referral Log indicated the inmates were seen the same day the request was received; however, these forms were not in the records and could not be located by institutional staff.*

## Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: In 5 of 12 records reviewed, the psychological emergency was not responded to within one hour (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-6:** The time of the emergency was not included in the evaluation note so it was not possible to determine if the response was within one hour.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 outpatient psychotropic medication practices revealed the following:</b></p> <p><b>MH-7: In 1 of 1 applicable record, initial labs were not completed prior to</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten</p>

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>initiating psychotropic medication (see discussion).</b></p> <p><b>MH-8: In 3 of 6 applicable records, follow-up lab tests were not completed as required (see discussion).</b></p> <p><b>MH-9: In 9 records, inmates did not receive medications as prescribed and documentation of refusal was not present in the records (see discussion).</b></p> <p><b>MH-10: In 7 of 9 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</b></p> <p><b>MH-11: In 7 of 8 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</b></p>	<p>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-7:** Celexa was prescribed on 10/8/18 but thyroid testing was not ordered. The previous thyroid testing was completed 2/20/2017.*

***Discussion MH-8:** In two records, the inmates were started on antipsychotic medications at other institutions; however, required follow-up labs were not completed at MHCF. In the remaining record, the inmate was placed on antipsychotic medication at MHCF but the three-month follow-up labs were not completed as required.*

***Discussion MH-9:** In eight records, MARs could not be located in the records or by institutional staff; therefore, it could not be determined if the inmates received medications. In the remaining record, Buspar was discontinued and a new order for Vistaril was written; however, the corresponding MAR indicated the inmate continued to receive Buspar. Additionally, MARs for August 2018 to January 2019 could not be located.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient mental health records revealed the following deficiencies:</b></p> <p><b>MH-12: In 2 of 7 applicable records, psychotropic medications were not continued upon the inmates’ arrival (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-13:</b> In 3 of 9 applicable records, the initial mental health screening evaluation or Individualized Service Plan (ISP) was not updated.</p> <p><b>MH-14:</b> In 2 of 4 applicable records, the sex offender screening was not completed.</p> <p><b>MH-15:</b> In 1 of 5 applicable records, the bio-psychosocial assessment (BPSA) was not reviewed within 30 days of initiation of mental health services.</p> <p><b>MH-16:</b> In 5 records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</p> <p><b>MH-17:</b> In 4 records, counseling was not provided at least every 60 days.</p> <p><b>MH-18:</b> In 2 of 7 applicable records, case management was not provided to inmates with a diagnosis of Schizophrenia or other psychotic disorders at least every 30 days.</p> <p><b>MH-19:</b> In 4 of 17 applicable records, case management was not provided at least every 60 days.</p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-12:** It could not be determined if inmates received their prescribed medications as the MARs were not in the records and could not be located by institutional staff.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 records of inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-20:</b> In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180</p>

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-21:</b> In 3 of 5 applicable records, consent to release information for continuity of care was missing or not completed within 30 days of EOS.</p> <p><b>MH-22:</b> In 2 of 2 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-657) was not completed for inmates within 30 days of EOS.</p> <p><b>MH-23:</b> In 1 of 3 applicable records, assistance with Social Security benefits was not provided within 90 days of EOS.</p>	<p>days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-24:</b> Medical records were disorganized (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-24:** *Medical records were disorganized. Documents were missing or misfiled and several records were in a state of disrepair. Institutional staff were given the opportunity to find documents; however, many could not be located. The disorganization and lack of documents in the records hindered the survey process. Surveyors expressed concern that the disorganization of medical records could cause further delays in treatment and disrupt continuity of care.*



## CONCLUSION – MENTAL HEALTH

The staff at MHCF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, they answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on SHOS.

There is one half-time contract psychiatrist at MHCF who works two days per week with a caseload of approximately 180 inmates. A contract psychologist also works two days per week and supervises two mental health professionals who share a caseload of 267 inmates. The psychologist developed a Clinical Supervision form to document weekly supervision with the mental health staff.

MHCF provided logs documenting various processes; however, the logs did not always match documentation in the records. For example, the Inmate Request Log indicated inmates were seen on specific dates in response to their requests; however, there was no documentation in the records to support this. Unlike inmate requests, responses to mental health emergencies were generally found in the records. Inmates interviewed were complimentary of mental health staff.

Two outpatient groups were being provided - Conflict Resolution and Batterer's Intervention. There was documentation that the MDST was meeting every Thursday, after which the psychologist sometimes provided training on various issues. However, inmates were not consistently seen for case management and counseling within the required time frames. Because MARs were not filed in the medical records and often could not be located by staff, surveyors were unable to determine if inmates were receiving prescribed medications. Additionally, initial and follow-up labs were not completed as required. Staff indicated there is a computerized system for tracking discharge planning; however, there was limited evidence of aftercare planning found in the records.

The lack of processes in place to ensure inmates receive adequate mental health care and the disorganization of medical records contributed to many of the findings noted in this report. Once these issues have been addressed, the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

## SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)

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

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

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.