



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Apalachee Correctional Facility

in

Sneads, Florida

on

May 17-19, 2016

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DEMOGRAPHICS

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

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

Institutional Potential/Actual Workload

Main Unit Capacity	1322	Current Main Unit Census	1262
Annex Capacity	819	Current Annex Census	809
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	2141	Total Current Census	2071

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1252	485	335	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1393	177	502	0	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>
		102	68	37	N/A	N/A

DEMOGRAPHICS

Medical Staffing: East Unit

	Number of Positions	Number of Vacancies
Physician	1	1
ARNP	0	0
RN	6.6	3
LPN	10.6	0
CMT-C	0	0
Staff Dentists	1	1
Dental Hygienists	1	0
Dental Assistants	1	0

Mental Health Staffing: East Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatric ARNP	1	0.4
Psychological Services Director	0	0
Psychologist	1	0
Mental Health Professional	7	0
Behavioral Specialist	1	1
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

DEMOGRAPHICS

Medical Staffing: West Unit

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	0	0
RN	5.6	2.6
LPN	6	0
CMT-C	0	0
Staff Dentist	1	1
Dental Hygienists	0	0
Dental Assistants	1	0

Mental Health Staffing: West Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric ARNP	0	0
Psychological Services Director	0	0
Psychologist	0	0
Behavioral Specialist	0	0
Mental Health Professional	0	0
Mental Health RN	0	0
Mental health LPN	0	0

OVERVIEW

Apalachee Correctional Institution (ACI) houses male inmates of minimum, medium and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4 and psychology (S) grades 1, 2, and 3. ACI consists of the East Unit and the West Unit.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at ACI on May 17-19, 2016. 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 monthly 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 monthly 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 - EAST

Apalachee Correctional Institution-East (ACI-East) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at ACI-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 does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in five of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or infirmary services. There were findings requiring corrective action in the review of sick call; the items to be addressed are indicated in the table below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 5 of 14 records reviewed, inmates were not seen timely according to their M-grade status.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-2: In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-3: In 1 of 3 applicable records, an inmate with HgbA1c over 8.0 was not seen every three months as required.</p> <p>PH-4: In 5 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine 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: *In one record the clinic notes read “continue current orders”, but Tapazole was not renewed and there was no discontinue order in the chart. In another record, an inmate requested an insulin dose change due to low blood sugar. Levemir was decreased with the instruction to continue accu-checks BID with insulin sliding scale. However, laboratory results indicated that HgbA1C was 10.4 and accu-checks were in normal range. In the third record, an inmate had not received Metformin since 11/4/15 and there was no discontinuation order in the chart. In the fourth record, the inmate had an elevated TSH of 11.5, but no medication change was made. In the final record there was not a medication adjustment documented for an inmate with elevated blood pressure despite receiving Angiotensin Receptor Blocker (ARB) therapy.*

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 3 of 14 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 6 of 13 records reviewed, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 3 of 14 applicable records (15 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 5 of 8 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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>

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-9: In 4 records, the nursing assessment was incomplete (see discussion).</p> <p>PH-10: In 4 records, there was no evidence of complete vital signs.</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-9: *In one record, the back page of the protocol form was not completed. In two records, the pain level was not indicated. In the last record, the progress note was not in Subjective Objective Assessment Plan Education (SOAPE) format and did not include all necessary components. Per the nursing manual, if there is not a nursing protocol pertaining to the patient's complaint, the SOAPE format is to be used.*

Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: In 4 of 12 records reviewed, all required diagnostic tests were not completed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: *In one record, there was no evidence of a chest x-ray. In two records, there was no evidence that hemocult cards had been issued and/or returned for inmates who were 50 years of age or over. In one record, the chest x-ray, electrocardiogram, and hemocult cards were missing.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: There was no evidence that necessary equipment was available and in working order (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-12: *The dental facility was built to accommodate four dental chairs; however, only two were available and both were in poor condition. The dental surveyor expressed concern that these particular brands of chairs are no longer made and parts may be unavailable for repairs.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-13: In 3 of 15 applicable records, there was no evidence of complete and accurate charting of dental findings (see discussion).</p> <p>PH-14: In 6 records, there was no evidence of an accurate diagnosis and appropriate treatment plan (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-13: *In two records, restoration on tooth #16 and tooth #2, respectively, was not charted. In one record, tooth #1 was impacted, but charted as missing. Additionally, tooth #12 was missing, but was charted as present with filling.*

Discussion PH-14: *In 5 records, an inappropriate treatment plan of “gross debridement” was used for inmates with subgingival calculus. The appropriate therapy should be four quadrants scaling and root planing. In one record heavy subgingival calculus was noted, and instead of the four quadrant scaling needed, only prophylaxis was indicated as the treatment plan.*

Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p>PH-15: A random selection of 10 drug items revealed 3 expired medications.</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 drug items to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-16: There were multiple supplies in the medical treatment areas that were expired.</p> <p>PH-17: The refrigerator log on the specimen refrigerator was incomplete.</p> <p>PH-18: Over-the-counter medications were not readily available in all inmate housing areas (see discussion).</p> <p>PH-19: There was no evidence that dorm first aid kits were inspected monthly.</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>

Discussion PH-18: Q dorm did not have antacid or ibuprofen medications available. In Y dorm, Tylenol and Ibuprofen were mixed together; therefore staff did not realize they had Ibuprofen. In addition, medication counts did not match what was recorded on the inventory logs.

PHYSICAL HEALTH FINDINGS - WEST

Apalachee Correctional Institution-West (ACI-West) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at ACI-West:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in seven chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are in the tables below.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the medication administration record review. There were findings requiring corrective action in the review of consultations, medical inmate requests, and periodic screenings; the items to be addressed are indicated in the table below.

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

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

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>PH-1: In 13 of 17 records reviewed, inmates were not seen timely according to their M-grade status.</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 Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 3 of 11 applicable records (17 reviewed), there was no evidence of pneumococcal vaccination or refusal</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-3: In 4 of 9 applicable records, there was no evidence of an annual fundoscopic examination.</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</p>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 1 of 4 applicable records, aspirin therapy was not initiated for inmates with vascular disease or other risk factors.</p>	<p>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-5: In 2 of 7 applicable records (12 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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>PH-6: In 4 of 8 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-7: In 4 of 8 applicable records, there was no evidence that abnormal labs were addressed timely (see discussion).</p> <p>PH-8: In 2 of 10 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-7:** In one record, the inmate had a persistently elevated prostate-specific antigen (PSA) test and abnormal urinalysis. There was no evidence that a urine culture and sensitivity test was done to rule out infection and determine whether the abnormal urinalysis contributed to the elevated PSA. In another record, an inmate with a history of atrial fibrillation (AF) and valve replacement had elevated prothrombin time/international normalized ratio (PT/INR) and thyroid-stimulating hormone (TSH) lab values. There was no evidence that the elevated values were addressed by the clinician.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-9: In 2 records reviewed, there was no evidence peak flow readings were recorded at each visit.</p> <p>PH-10: In 5 of 7 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: In 1 of 4 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-12: In 1 of 5 applicable records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</p> <p>PH-13: In 4 records reviewed, the diagnosis was not reflected on the problem list.</p> <p>PH-14: In 4 records reviewed, the Consultation Appointment Log was incomplete.</p> <p>PH-15: In 1 of 4 applicable records, there was no evidence that the alternate treatment plan (ATP) was documented in the medical record.</p> <p>PH-16: In 2 of 4 applicable records, there was no evidence that the ATP was implemented.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who received consultation services 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-17: In 3 of 10 applicable records (18 reviewed), there was no evidence that an interview/appointment/test indicated in the response occurred as intended (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 utilizing 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-17:** In one record, the inmate was seen in sick call on 3/23/16 for back pain, and submitted an inmate request on 4/16/16 related to a sick call appointment. The response to the inmate request was “await call out”. The inmate had an appointment that was scheduled, but cancelled due to clinician availability. At the time of the survey, the inmate was still awaiting an appointment. In another record, the inmate submitted a request inquiring about the results of thoracic spine x-rays taken 2/19/16. The request was received on 3/23/16, and the response indicated the inmate would be seen. The inmate submitted an additional inmate request in April, but at the time of the survey the inmate still had not been seen. In the final record, the inmate submitted a request for eye glass repair. The inmate was seen, and the RN indicated that a referral would be made for the eye glass repair. There was no evidence in the record that a referral was made.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-18: There was no evidence that all necessary equipment was working and available (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-18:** One dental chair did not have instrumentation and an emergency oxygen tank was not available.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-19: In 7 of 17 applicable records (18 reviewed), there was no evidence of an accurate diagnosis and appropriate treatment plan (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-19:** In seven records, "gross debridement" was inappropriately included as a part of dental treatment plans. The CMA surveyor indicated the appropriate therapy should be four quadrants scaling and root planing.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-20: There was no evidence that protective equipment for universal precautions was readily available (see discussion).</p> <p>PH-21: There was no evidence that sinks and toilets are clean and operational (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-20:** Gloves were the only personal protective equipment available in the sick call, emergency and infirmary areas. No eye shields, masks or gowns were available.*

***Discussion PH-21:** Discussions with institutional staff and inmates revealed that drains in the B-shower were not functional.*

CONCLUSION – PHYSICAL HEALTH

EAST UNIT

The physical health staff at ACI-East serves a difficult population that includes inmates with multiple 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, and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

At the time of the survey, ACI-East was affected by staffing shortages. The Chief Health Officer/Medical Director position has been vacant since February and a clinical associate from a neighboring institution has been covering both the East and the West Units. A locum tenens started two weeks prior to the survey. There are five vacancies in nursing and the dentist position has been vacant over one year.

There were findings due to deficiencies in the provision of clinical services. These deficiencies were related to missing hepatitis vaccinations, delays in fundoscopic examinations, incomplete nursing assessments, and untimely clinic appointments. Documentation issues were also noted such as the diagnosis not being recorded on problem lists, and the lack of classification of seizures and reactive airway diseases. CMA surveyors acknowledge that staffing challenges may have contributed to some of these findings.

The staff at ACI-East was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates expressed satisfaction with the care they received.

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

WEST UNIT

The physical health staff at ACI-West serves a difficult population that includes 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.

Overall, medical charts were well organized and documents were filed in a timely manner. The staff at ACI-West was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates were complementary of their experiences at the medical clinic.

CMA surveyors identified several records that indicated inmates were not being seen according to their medical grade, overdue for chronic illness clinic appointments, or not scheduled for appointments. Additionally, there were multiple incidences in which abnormal labs were not addressed in a timely manner. Pneumococcal, influenza, and hepatitis A&B vaccinations were missing in several records. CMA surveyors expressed concern that delays in care and treatment could disrupt continuity of care and lead to medical errors.

The Chief Health Officer/Medical Director position is currently vacant and a clinical associate from a neighboring institution has been providing coverage two days a week. Additionally there are three vacant nursing positions. CMA surveyors indicated that these staffing shortages may have been a contributing factor to many of the findings noted in this report.

Based on the findings of this survey, it is clear that the CMA corrective action process will be beneficial to ACI-West 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 – EAST

Apalachee Correctional Institution-East (ACI-East) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at ACI-East:

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests or psychological emergencies. There were findings requiring corrective action in the review of special housing; the items to be addressed are indicated in the table below.

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>MH-1: In 3 records, verbal orders were not signed on the next working day.</p> <p>MH-2: In 4 records, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</p> <p>MH-3: In 3 of 4 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-4: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-5: In 9 record, daily rounds by the attending clinician did not occur as required or were not in SOAP format.</p> <p>MH-6: In 3 of 14 applicable records, mental health staff did not provide post-discharge follow-up within 7 days (see discussion).</p> <p>MH-7: In 6 records reviewed, not all entries were dated, timed, signed and/or stamped.</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-3: According to the Department’s HSB, 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 all three records, there was no documentation by the attending clinician that this was considered.

Discussion MH-4: Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In seven records, there were one or more blanks on the checklist, indicating the inmate was not observed as required. In the last record, an entire day of documentation was unable to be located by institutional staff.

Discussion MH-6: In two records, the mental health follow-up was completed late, and in the remaining record there was no indication the follow-up took place at all.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>MH-8: In 4 of 9 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing (see discussion).</p> <p>MH-9: In 4 of 14 applicable records (16 reviewed), the mental status exam (MSE) was not completed within the required time frame (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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>

***Discussion MH-8:** Health Services Bulletin (HSB 15.05.08) indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In two records, the medication administration record (MAR) had blanks on two separate days. In the other two records, the first inmate did not receive medications for two days and the second inmate did not receive medications for eight days.*

***Discussion MH-9:** A MSE must be completed for S-3 inmates within five calendar days of admission to special housing and for S-2 and S-1 inmates within 30 days. In one record, the MSE was completed late. In remaining three records, there was no evidence that an MSE was completed.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-10: In 5 of 10 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p>MH-11: In 4 of 17 applicable records, physician's orders were not dated, timed, and/or stamped.</p> <p>MH-12: In 5 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-13: In 3 of 5 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-14: In 3 of 4 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-15: In 4 of 15 applicable records, informed consents were not present or appropriate for the medication prescribed.</p> <p>MH-16: In 5 of 17 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-17: In 2 of 2 applicable records, Emergency Treatment Orders were not signed, dated or timed.</p>	

***Discussion MH-12:** Gaps in the administration of psychotropic medications were evident in the records examined. In four records, there were blanks on the MARs without indication of refusal. In the remaining record, the MAR was unable to be located for the month of May 2016.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 20 records revealed the following deficiencies:</p> <p>MH-18: In 2 of 8 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</p> <p>MH-19: In 1 of 2 applicable records, the biopsychosocial assessment (BPSA) was not approved by the Multi-Disciplinary Service Team (MDST) within 30 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-20: In 1 of 2 applicable records, the Individualized Service Plan (ISP) was not completed within 30 days after assignment of S2 or S3 grade.</p> <p>MH-21: In 5 records, the ISP was not signed by all members of the MDST.</p> <p>MH-22: In 5 records, there was no documentation that the inmate received the services listed in the ISP (see discussion).</p>	

***Discussion MH-22:** In two records, the ISP indicated that the inmates would receive medication management daily, but both were S2 inmates and not on medications. In the next two records, the ISP indicated the inmate would have psychiatric services every 90 days; however services were between 4-5 months apart. In the last record, the inmate was to have therapy every 90 days, but the documentation indicated that the inmate received two therapy sessions, 95 days apart.*

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-23: Two Isolation Management Rooms had safety concerns (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 via work order or completed work signed off by regional staff.</p>

***Discussion MH-23:** Cells L2-102 and L2-104 had compromised areas on the floor that were filled in with a soft caulking/putty that could be removed and toxic if ingested.*

MENTAL HEALTH FINDINGS - WEST

Apalachee Correctional Institution-West (ACI-West) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at ACI-West:

- 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

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

USE OF FORCE REVIEW

There were no applicable use of force episodes for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies or inmate requests. There was a finding in the review of special housing; the item to be addressed is indicated in the table below.

OUTPATIENT SERVICES REVIEW

There were findings in the review of outpatient mental health services; the items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

There were findings requiring corrective actions in the review of mental health systems; the item to be addressed are indicated in the table below.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 4 applicable records, the clinician’s orders did not specify that observations should be conducted at 15 minute intervals.</p> <p>MH-2: In 1 of 1 applicable record, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-3: In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-4: In 1 record, daily rounds by the clinician did not occur or were not documented.</p> <p>MH-5: In 1 of 4 applicable records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-2: According to the Department’s HSB, 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 the applicable record, there was no documentation by the attending clinician that this was considered.

Discussion MH-3: Observations for inmates on SHOS should be conducted at 15 minute intervals and documented on the “Observation Checklist” (DC4-650). In the first record, there were two gaps indicating the inmate had not been observed for at least 30 minutes. In the second record, an inmate was admitted to SHOS at 0400 but observations were not documented until 0600. In the third record, there were blanks from 1445 to 1815, and in the last record observations for 4/13/16 were unable to be located by institutional staff.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 2 of 10 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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>

Discussion MH-6: In both records, pending mental health appointments were not noted.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-7: In 2 of 5 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-8: In 2 of 2 applicable records, the biopsychosocial assessment (BPSA) was not approved by the Multi-Disciplinary Service Team (MDST) within 30 days.</p> <p>MH-9: In 3 records, the Individualized Service Plan (ISP) was not individualized or did not contain all of the required components (see discussion).</p> <p>MH-10: In 2 of 7 applicable records, the ISP was not reviewed and revised at the 180 day interval.</p> <p>MH-11: In 5 records, there was no documentation that the inmate received the services listed in the ISP (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>

Discussion MH-9: *In the first record, the ISP was not updated to reflect the discontinuation of psychotropic medications. In the last two records, the inmates' progress related to symptoms and treatment goals was not noted.*

Discussion MH-11: *In all five records, psychiatric services, including medication management, were listed on the ISP although all of the inmates were classified as S2 and not receiving psychotropic medications.*

Mental Health Systems Review	
Finding(s)	Suggested Corrective Action(s)
MH-12: The required number of restraints were not available (see discussion).	<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 MH-12: *Health Services Bulletin 15.05.10 outlines the minimum number of restraints required for both inpatient and outpatient institutions. At the time of the survey, no restraints were located at the West Unit, and only one sized helmet was available.*

CONCLUSION – MENTAL HEALTH

EAST UNIT

The staff at ACI-East serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

Many of the findings noted in this report are related to incomplete or untimely assessments. Nursing evaluations were not consistently completed, and observations were not conducted, as ordered, for inmates on SHOS. Abnormal and follow-up laboratory studies were not performed as required, and inmates were not seen timely for psychiatric follow-up. Those on SHOS did not have daily evaluations with the attending clinician, and inmates in special housing did not receive timely follow-up mental status exams.

Multiple records indicated deficits with continuity of care for inmates on psychotropic medications; which could be partially attributed to the lack of a full time psychiatrist at ACI-East. At the time of the survey psychiatric services were provided 26 hours per week by two part-time psychiatrists. A review of medication administration records revealed issues with continuation of medication after an inmate was received from a sending institution. Additionally inmates in special housing and general population did not consistently receive medications as prescribed. There was no evidence that multiple dose, or permanent medication refusals lead to education and counseling by nursing staff.

Although there were findings related to the timeliness of evaluations, assessments present in the medical record were thorough and relevant. Additionally, case management and counseling notes addressed issues documented on ISPs, and demonstrated good clinical management. Interviews with mental health staff indicated they were familiar with the inmates on their caseloads. Inmates reported that they felt that they receive adequate mental health care and that services are easily accessible.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

WEST UNIT

The staff at ACI-West serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There is no full time Mental Health Professional (MHP) whose primary duty is to provide mental health services on the West Unit. Instead, case management, counseling, and additional duties are assigned to the MHPs at the East Unit. A review of outpatient mental health services

revealed several examples of delays in treatment planning and services. Several deficiencies were also identified in the review of suicide prevention services. Currently, there is no full time clinician assigned to the West Unit. It is unknown, to what extent, if any, the lack of consistent staffing at the West Unit contributed to the delays noted above.

Medical records were well organized and readily available throughout the survey. Additionally, mental health documentation appeared to be filed in a timely manner. It is clear from the findings identified in the survey that ACI-West would benefit from the 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 also reviewed. Efforts are also made to confirm that administrative documentation (e.g. logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

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