



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY APALACHEE CORRECTIONAL INSTITUTION

NOVEMBER 12-14, 2019

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Apalachee Correctional Institution (ACI) 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. ACI consists of an East and West Unit. ^{1 2}

Institutional Potential and Actual Workload

East Unit Capacity	1361	Current East Unit Census	1127
West Unit Capacity	819	Current West Unit Census	782
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	2180	Total Current Census	1909

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	1069	661	198	0	2	0
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	1364	153	414	N/A	N/A	0

¹ Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

² Medical grades reflect the level of care inmates require. Grades range from M1, requiring the least level of medical care, to M5, requiring the highest level of care. Pregnant offenders are assigned to grade M9. Medical grades are as follows: M1, inmate requires routine care; M2, inmate is followed in a chronic illness clinic (CIC) but is stable and requires care every six to twelve months; M3, inmate is followed in a CIC every three months; M4, inmate is followed in a CIC every three months and requires on-going visits to the physician more often than every three months; M5, inmate requires long-term care (longer than 30 days) in inpatient, infirmary, or other designated housing.

Mental health grades reflect the level of psychological treatment inmates require. Grades range from S1, requiring the least level of psychological treatment, to S6, requiring the highest level of treatment. Mental health grades are as follows: S1, inmate requires routine care; S2, inmate requires ongoing services of outpatient psychology (intermittent or continuous); S3, inmate requires ongoing services of outpatient psychiatry; S4, inmates are assigned to a transitional care unit (TCU); S5, inmates are assigned to a crisis stabilization unit (CSU); and S6, inmates are assigned to a corrections mental health treatment facility (CMHTF).

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	211	77	36	N/A	N/A	N/A

Medical Unit Staffing: East Unit

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	1
Registered Nurse	6.4	5.4
Licensed Practical Nurse	9.6	4.6
CMT-C	2	2
Dentist	1	0
Dental Assistant	2	1
Dental Hygienist	1	0

Medical Unit Staffing: West Unit

Position	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
Registered Nurse	4	1
Licensed Practical Nurse	6	2
CMT-C	0	0
Dentist	1	1
Dental Assistant	1	1
Dental Hygienist	0	0

Mental Health Unit Staffing: East Unit

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	.8	.8
Psychological Services Director	N/A	N/A
Psychologists	1	1
Behavioral Specialist	1	1
Mental Health Professional	5	3
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	1	1

Mental Health Unit Staffing: West Unit

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologists	0	0
Behavioral Specialist	0	0
Mental Health Professional	1	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

APALACHEE CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Apalachee Correctional Institution (ACI) on November 12-14, 2019. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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. A summary of physical and mental health survey findings is outlined in the tables below.

Physical Health Clinical Records Review: East Unit

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	15	1
Cardiovascular Clinic	18	0
Endocrine Clinic	16	3
Gastrointestinal Clinic	15	0
Immunity Clinic	13	2
Miscellaneous Clinic	8	2
Neurology Clinic	13	1
Oncology Clinic	1	0
Respiratory Clinic	12	2
Tuberculosis Clinic	12	0

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	15	0
Infirmarary Care	13	0
Sick Call	18	0

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	12	0
Inmate Request	16	0
Intra-System Transfers	13	0
Medication Administration	12	0
Periodic Screenings	15	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	N/A	1
Dental Systems	18	2

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	3

PHYSICAL HEALTH SURVEY FINDINGS: EAST UNIT

Detailed in the tables below are reportable findings requiring corrective action.

Chronic Illness Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 8 of 15 records reviewed, inmates were not seen according to their M-grade status (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: In three records, inmates with M-grades of 3 were scheduled at greater than 90-day intervals.

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action
<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 2 of 9 applicable records, there was no evidence that inmates with HgbA1c over 8% were seen every 3 months as required.</p> <p>PH-4: In 1 of 4 applicable records, there was no evidence of a referral to a specialist when indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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: CMA surveyors expressed concern that this inmate's symptoms could be indicative of end organ damage due to his uncontrolled hypertension. He had multiple clinic visits in which his blood pressure was severely elevated (one reading was 203/113) and he complained of headaches. Surveyors felt he may need care outside of the scope of the current treatment plan and would benefit from consultation services with a specialist.

Immunity Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-5: In 2 of 9 applicable records, there was no evidence of hepatitis B vaccination or refusal.</p> <p>PH-6: In 3 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 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
<p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-7: In 2 of 7 applicable records, there was no evidence the examination was appropriate for the diagnosis (see discussion).</p> <p>PH-8: In 2 records, there was no evidence appropriate medication regimens were prescribed and re-evaluated at each visit (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-7 & PH-8: In two records, glaucoma was not addressed at the clinic visit. Since the disease was not addressed, it was impossible to determine if medications were reviewed or re-evaluated.

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-9: In 7 of 13 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>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
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-10: In 6 records, there was no evidence reactive airway disease was classified as mild, moderate, or severe.</p> <p>PH-11: In 1 of 1 applicable record, there was no evidence the patient with moderate to severe reactive airway disease was started on anti-inflammatory medication.</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>

Dental Systems Record Review

Finding(s)	Suggested Corrective Action
<p>PH-12: All necessary equipment was not available and/or 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, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-12: The panorex machine did not work and was in need of repair or replacement.

Dental Care Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-13: In 4 of 17 applicable records, there was no evidence of an adequate number of appropriately mounted and identified radiographs.</p> <p>PH-14: In 2 of 2 applicable records, there was no evidence that consultation/specialty services were performed in a timely manner.</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 care 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
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-15: Infirmary beds were not within sight or sound of the nurse's station (see discussion).</p> <p>PH-16: Procedures to access medical and dental sick call were not posted in the dorms.</p> <p>PH-17: There was no evidence that dorm first aid kits were inspected monthly as required.</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-15: *Per Health Services Bulletin 15.03.26, all infirmary inmates must be within sight or sound of staff. The nurse's station and the infirmary were across the hall from each other and both were lined with windows. The infirmary windows, however, were installed incorrectly prohibiting sight from the nurse's station.*

PHYSICAL HEALTH SURVEY CONCLUSION: EAST UNIT

Reportable findings requiring corrective action are outlined in the tables above. In several of the records reviewed, inmates were not seen as often as required. In addition, some were missing vaccinations and fundoscopic examinations. Of particular concern to CMA surveyors was the lack of referral to a specialist for the inmate with possible end organ damage due to uncontrolled hypertension. Surveyors also noted that the physical examinations in some clinics did not address all the inmate's diagnoses.

The staff at ACI-East was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. There has been a lot of turnover in the past year and staff retention was mentioned often as an issue. ACI-East currently has four LPN and three RN vacancies. Patient records were well organized. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services.

Although, there were relatively few findings identified in the report, ACI-East staff indicated they were appreciative of the review and would use the CMA corrective action process to improve health care services.

Mental Health Clinical Records Review: East Unit

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	8	1

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	17	1

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	18	0
Inmate Requests	10	1
Special Housing	13	1

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	18	0
Outpatient Psychotropic Medication Practices	18	3

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	0	0

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	2

MENTAL HEALTH SURVEY FINDINGS: EAST UNIT

Detailed in the tables below are reportable findings requiring corrective action.

Self-Injury and Suicide Prevention (SHOS)	
Finding(s)	Suggested Corrective Action
<p>MH-1: In 1 of 2 applicable records (8 reviewed), the guidelines for SHOS management were not observed (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 with SHOS episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** According to 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 one record, referral to the crisis stabilization unit was not addressed on the fourth day.*

Use of Force	
Finding(s)	Suggested Corrective Action
<p>MH-2: In 4 of 16 applicable records (17 reviewed), mental health staff did not interview the inmate no later than the next working day to determine whether a higher level of care was indicated.</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 with 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
<p>MH-3: In 2 of 10 records reviewed, the interview or referral indicated in the response, did not occur as intended.</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 with inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Special Housing

Finding(s)	Suggested Corrective Action
<p>MH-4: In 3 of 11 applicable records (13 reviewed), the initial mental status exam was not completed in the required time frame.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>MH-5: In 2 of 7 applicable records, appropriate initial lab studies were not ordered and/or conducted.</p> <p>MH-6: In 4 records, the inmate did not receive medication as prescribed or documentation of refusal was not found in the record (see discussion).</p> <p>MH-7: 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>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-6: In one record, Vistaril 50 mg each evening was ordered on 5/22/19 but there was no evidence it was given the first week of June. In the next record, the patient was ordered Cogentin 1 mg daily for the month of April; however, he received it twice a day. In the third record, the April 2019 medication administration record (MAR) could not be located. In the remaining record, the dose of Abilify was increased to 10 mg; however, 5 mg was given for one month.

Mental Health Systems Review

Finding(s)	Suggested Corrective Action
<p>MH-8: Therapeutic groups were not offered to meet the needs of the inmate population.</p> <p>MH-9: Safety concerns were noted in isolation management rooms (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 group schedule and attendance and signed off by regional staff.</p>

Discussion MH-9: One isolation management room (IMR) had soft caulking/putty around the sinks that could be removed and, if ingested, could be toxic. Additionally, there was a gap in the bottom right corner of the window in another IMR that should be filled in with non-pliable filler.

MENTAL HEALTH SURVEY CONCLUSION: EAST UNIT

The staff at ACI-East serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. At the time of the survey, there were 567 receiving mental health services. 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 on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

At the time of the survey, some challenges regarding staffing were noted. A fulltime psychologist had recently been hired to replace the locum tenens psychologists who had been filling this position for several years. Additionally, there were four vacant mental health professional positions. Inmates interviewed indicated they were satisfied with psychiatric services; however, voiced frustration regarding inconsistency of mental health staffing. Inmates were seen timely for counseling and case management; however, they reported they are often seen on weekends by staff from other institutions, which disrupts the therapeutic process. There were relatively few findings noted in the review of mental health services. However, staff reported that they work weekends or rely on staff from other institutions to ensure services are provided. Staff indicated that one mental health professional had recently been hired and were actively recruiting to fill the remaining vacant positions.

Based on the findings of this survey and discussions above, 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.

PHYSICAL HEALTH SURVEY FINDINGS: WEST UNIT

Detailed in the tables below are reportable findings requiring corrective action.

Chronic Illness Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 5 of 18 records reviewed, inmates were not seen according to their M-grade status (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic care clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: In three records, inmates with M-grades of 3 were scheduled at greater than 90-day intervals.

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-2: In 1 of 3 applicable records, inmates with HgbA1c over 8% were not seen every three months as required.</p> <p>PH-3: In 3 of 6 applicable records, there was no indication that low dose aspirin was prescribed (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-3: Health Services Bulletin 15.03.05, Appendix #2 treatment recommendations include prescribing low dose aspirin if there is at least one risk factor for vascular disease. In three records, the inmate was previously on this medication; however, it was discontinued without a documented rationale.

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-4: In 3 records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p> <p>PH-5: In 3 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 gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>PH-6: In 2 records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</p> <p>PH-7: In 2 records, laboratory studies were not completed as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-7: Per policy, inmates in the neurology clinic should have labs completed annually which include a CBC, AST and ALT. In one record, the inmate was seen on 4/23/19 with previous labs completed in July of 2018. Orders were written for the inmate to receive labs prior to returning to the clinic in 365 days. In the remaining record, the inmate was seen on 10/07/19 with last labs completed in October 2018. He was instructed to return to the clinic in 180 days. The lab requisition slips were completed per clinician order and added to the patient record; however, neither of these inmates' laboratory studies were completed prior to the time of the survey. It appeared that the lab work would have been adequate if it was completed as ordered after the visit, instead of being added to the medical file. CMA surveyors were unable to determine if there was a system in place to prompt staff to draw the labs which would ensure timely completion and review by the clinician.

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 3 records revealed the following deficiencies:</p> <p>PH-8: In 1 record, there was no evidence of an appropriate exam for the diagnosis (see discussion).</p> <p>PH-9: In 1 record, marker studies and/or radiological studies were not performed at appropriate intervals (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 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-8 and PH-9:** In this record, a 31-year-old male with a history of Hodgkin's Lymphoma in 2014 was received into FDC custody on 11/13/18 and arrived at ACI-West unit on 1/31/19. He had a medical port in his chest that was previously used for chemotherapy and this was not addressed during the clinic assessment. There was no indication that his records had been requested from the community-based treatment provider, or that a referral was made to an oncologist for treatment recommendations, radiological, or marker studies that would guide the plan of care. Without this information it was impossible to determine if the inmate was receiving adequate monitoring for recurrence of the disease or additional malignancy.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-10: In 9 of 12 applicable records, (13 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>

Consultations Record Review

Finding(s)	Suggested Corrective Action
<p>PH-11: In 3 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 receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Care Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-12: In 7 records, there was no evidence of an accurate diagnosis based on a complete dental exam.</p> <p>PH-13: In 4 records, there was no evidence of complete and accurate charting of dental findings.</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 care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Systems Review

Finding(s)	Suggested Corrective Action
<p>PH-14: There was no evidence that the dental program was under the direction and supervision of a licensed dentist (see discussion).</p> <p>PH-15: There was no evidence that dental exams occurred within one month of the due date.</p> <p>PH-16: There was no evidence of a tracking mechanism for prosthodontics.</p> <p>PH-17: Emergency dental medications kit was not checked on a monthly basis.</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-14:** Apalachee Correctional Institution-West unit has one staff dentist position and one dental assistant position. Neither of these positions were filled at the time of the survey. This will be discussed further in the conclusion of the report.*

Institutional Tour

Finding(s)	Suggested Corrective Action
<p>PH-18: The medical isolation room was not 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, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-18:** There was no evidence of negative air pressure in the medical isolation room. The last entry into the monitoring log was in January 2019.*

PHYSICAL HEALTH SURVEY CONCLUSION: WEST UNIT

Physical health care is provided on an inpatient and outpatient basis at ACI-West. 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.

Medical records were organized to departmental standards and were easily accessible to surveyors. Medical, administrative, and security staff were helpful throughout the survey process. CMA surveyors noted that overall, clinician progress notes were legible, thorough, and demonstrated good clinical management. Additionally, there were no deficiencies in several areas of nursing services including infirmary care, sick-call, emergency care, and medication administration.

A review of the chronic illness clinics revealed that some inmates were not seen timely for visits, and vaccinations and laboratory studies were not consistently completed. A major area of concern was the lack of dental services at ACI-West. Most inmates interviewed reported that they had not received any dental care, preventative or emergency, during the time they had been at this institution.

Additionally, there was no tracking mechanism for keep-on-person (KOP) medications. The current process is to document in the pharmacy log, which is kept at each institution, and details when the medication refills are dispensed to the inmate for self-administration. There was no documentation within the medical record regarding when the KOP medications and refills were provided to the inmate. This makes it impossible to determine if there were any gaps in adherence due to a delay in the refill process. The majority of inmates interviewed were on KOP medications and reported delays of up to a week.

A corrective action plan (CAP) developed by ACI-West for each of the findings in the table above will be helpful in improving health services for inmates in their care.

Mental Health Clinical Records Review: West Unit

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	0	0

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	1	0

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	2	0
Inmate Requests	10	0
Special Housing	4	0

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	13	1
Outpatient Psychotropic Medication Practices	N/A	N/A

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	N/A	N/A

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	1

MENTAL HEALTH SURVEY FINDINGS: WEST UNIT

Detailed in the tables below are reportable findings requiring corrective action.

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action
<p>MH-1: In 1 of 1 applicable record, (13 reviewed) sex offender screening was not completed within 60 days of arrival.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Mental Health Systems Review	
Finding(s)	Suggested Corrective Action
<p>MH-2: Therapeutic groups were not offered to meet the needs of the inmate population.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via group schedule and attendance and signed off by regional staff.</p>

MENTAL HEALTH SURVEY CONCLUSION: WEST UNIT

Apalachee Correctional Institution-West Unit had approximately 40 inmates on the outpatient mental health caseload at the time of the survey. Services were being provided by one Mental Health Professional (MHP) who in addition to case management and individual therapy, also responds to psychological emergencies, answers inmate requests and performs rounds in confinement.

Upon review of the records, it was noted that the MHP sees the inmates according to their treatment plans, which were initiated and updated timely. The progress notes, while mostly check boxes, do have elements of free text that provide individualized reports of the inmates' sessions. Counseling notes reflect a variety of modalities and approaches utilized and the MHP displayed a strong desire to provide quality services to the inmates receiving mental health care.

While there were very few findings in this report, staff at ACI-West agreed to use the CMA corrective action plan process to improve care in the areas found to be deficient.

Survey Process

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are 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 20% or higher requires in-service training, monitoring and corrective action by institutional staff.