



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Avon Park Correctional Institution

in

Avon Park, Florida

on

January 14-15, 2015

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1057	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1095	Current Main Unit Census	1057
Satellite Unit(s) Capacity	512	Current Satellite(s) Census	500
Total Capacity	1607	Total Current Census	1557

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1110	448	19	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>
	1559	17	0	0	0	9

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		49	27	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	5.2	2.8
LPN	5.2	0
CMT-C	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Sr. Mental Health Clinician	.2	0
Behavioral Specialist	.5	0

OVERVIEW

Avon Park Correctional Institution (AVPCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1 and 2. AVPCI consists of a Main Unit and a work camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at AVPCI on January 14-15, 2015. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS

Avon Park Correctional Institution (AVPCI) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at AVPCI:

- 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 visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than 30 days) inpatient, infirmary, or designated Housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

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

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

**Chronic Illness Clinic Record
Review**

Finding(s)	Suggested Corrective Action(s)
PH-1: In 4 of 16 records reviewed, the baseline information was incomplete or missing.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-2: In 6 of 13 records reviewed, the physical examination was incomplete (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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-2: *Health Services Bulletin (HSB) 15.03.05 Appendix #2, indicates the physical examination should include “an evaluation of the cardiovascular system, sensory and vascular status of the extremities, and a description of the feet, nails, and skin.” Inmates with hypothyroidism will have a TSH determination and CIC at least annually. In two records there was no documentation of an appropriate thyroid exam for inmates diagnosed with hypothyroidism. In one record there was no indication of an EKG within the previous year for an inmate diagnosed with diabetes mellitus type 2 and a history of myocardial infarction. In three records there was no indication of a complete description of the foot examination.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 5 records reviewed, there was no evidence that seizures were classified.</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>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 1 of 4 records reviewed, there was no evidence that education was provided regarding treatment compliance (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *In one record there was a signed refusal form for INH but no documentation about the refusal. The inmate's medical record did not include documentation of education regarding medication noncompliance or follow-up by a clinician.*

Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-5: In 4 records, there was no evidence of patient education or instructions in the discharge note.</p> <p>PH-6: In 3 of 6 applicable records, there was no evidence that acute patients were seen by the clinician daily.</p> <p>PH-7: In 3 of 6 applicable records, there was no evidence that clinician phone rounds were documented on weekends.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving infirmiry services 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>PH-8: In 3 of 12 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 Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>A review of the dental systems revealed the following:</p> <p>PH-9: There was no evidence that all emergency medications were current and that expiration dates were checked monthly.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p>

Dental Systems Review

PH-10: There was no evidence that all operatories were in proper working order (see discussion).

Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

PH-11: There was no evidence that referrals to a dental specialist were available when applicable (see discussion).

***Discussion PH-10 and PH-11:** Due to insufficient equipment, difficult extractions were referred to the dental specialist for a higher level of care and were subsequently returned with a recommendation to keep the tooth or perform extractions on-site.*

Institutional Tour

Finding(s)

Suggested Corrective Action(s)

PH-12: A tour of the facility revealed that over-the-counter medication counts were incorrect in two of the five dorms.

Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.

Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

The physical health staff at AVPCI 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. The physical health team reviewed 215 records and found deficiencies in 51 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner. The staff at AVPCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services and inmates expressed satisfaction with access to health care services. All observed areas on the compound were clean and neat.

Overall, it appeared that staff were conscientious in providing care to the inmate population at AVPCI. Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. The clinic staff, including

medical and administrative, should be acknowledged for their commitment to meeting the health care needs of the inmate population.

MENTAL HEALTH FINDINGS

Avon Park Correctional Institution (AVPCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at AVPCI:

- 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 was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below. There were no episodes of psychiatric restraint at AVPCI.

USE OF FORCE REVIEW

There were no applicable use of force episodes for review at AVPCI.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of inmate requests and psychological emergencies. 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 was a finding requiring corrective action in the review of outpatient mental health services; the item to be addressed is indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 3 of 7 SHOS admissions reviewed, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: Fifteen minute observations are to be documented on DC4-650 "Observation Checklist." In two records, gaps were noted on the forms indicating the inmate was not observed during the specified time frame. In one record, there was no evidence that the inmate was observed for an entire twenty-four hour period (12/11/14).

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In 4 of 14 records reviewed, the mental status exam (MSE) 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 applicable 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>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 6 of 8 records reviewed, the Individual Service Plan (ISP) was not signed by the inmate or a refusal was not documented on form DC4-711A.</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>

Conclusion

Outpatient mental health services are provided at AVPCI. These services, including case management and individual counseling, were being provided to approximately 17 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform sex offender screenings when needed. Additionally, AVPCI staff perform weekly rounds in confinement and provide daily assessments for inmates in SHOS.

Overall, treatment plans were goal directed and individualized and the course of treatment was easy to follow from the documentation. On many occasions, staff was seeing inmates more frequently than required in an effort to problem solve or provide crisis intervention. Responses to psychological emergencies were timely and the resulting dispositions were clinically appropriate. Additionally, the inmates interviewed were complimentary of their experiences with mental health staff.

Identified during the survey were specific areas that require corrective action. Observations for inmates at risk for self-harm and mental status examinations for inmates in special housing are two important mechanisms for ensuring the safety of inmates.

The mental health staff were cooperative and helpful during the survey process and responsive to the few findings noted. Medical records were well-organized and readily available. The findings identified above, indicate that AVPCI will benefit from the corrective action 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.