



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Avon Park Correctional Institution**

In

**Avon Park, Florida**

on

**March 19-21, 2019**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1563	Male	Close	5

## Institutional Potential/Actual Workload

Main Unit Capacity	842	Current Main Unit Census	1065
Satellite Unit(s) Capacity	512	Current Satellite(s) Census	498
Total Capacity	1354	Census	1563

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		937	566	60	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1529	34	0	N/A	N/A	

## 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>
	39	22	0	0	0	0

# DEMOGRAPHICS

## Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	.5	0
RN	5.2	1.6
LPN	7.0	1.4
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

## Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologist	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

# 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 include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at AVPCI on March 19-21, 2019. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

## **Exit Conference and Final Report**

The survey team provided preliminary information regarding deficiencies at the close of the survey and via a preliminary report submitted five days after the survey. 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 requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

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

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of sick call or emergency services. There was a finding requiring corrective action in the review of the infirmary. 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 inmate requests. There were findings requiring corrective action in the review of consultations and medication administration. The items to be addressed are indicated in the tables below.

### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental care or dental systems.

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of the pill line or infection control. 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 no findings requiring corrective action as a result of the institutional tour.

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 1 of 4 applicable records (16 reviewed), inmates with HgbA1c over 8% were not seen every 3 months as required.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <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><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 4 of 11 applicable records, there was no evidence inmates were screened for hepatocellular carcinomas at required intervals.</b></p> <p><b>PH-3: In 4 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 2 records, there was no evidence abnormal labs were addressed in a timely manner (see discussion).</b></p> <p><b>PH-5: In 2 of 7 applicable records, there was no evidence of a referral to</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>a specialist when indicated (see discussion).</b></p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-4 & PH-5:** In two records, lab results revealed an elevated prostate-specific antigen (PSA). Both inmates were over 65 years old, diagnosed with benign prostatic hyperplasia, and had steadily increasing PSA results; one since 2016 and one since 2017. CMA clinical surveyors were concerned that the inmates may require services outside the scope of the current treatment plan and may benefit from off-site urological follow-up.*

### Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 1 of 3 applicable records (14 reviewed), there was no evidence that the nursing assessment was completed timely (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmiry services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-6:** Department policy requires inmates to be evaluated by nursing staff within two hours of admission. In this record, the nursing assessment was not timed so CMA surveyors were unable to determine if it was completed within the required time frame.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: In 3 of 12 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 3 of 12 records reviewed, the medication orders were not signed, dated, and/or timed by appropriate staff (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-8:** *In all three records, the orders were not dated or timed by the clinician.*

## Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: The designated pharmacy area did not contain enough space to securely store all medications (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



**Discussion PH-9:** *An examination room was located directly outside the pill pass room which also contained expired medications stored in open boxes. These medications were not secured and were easily accessible to inmates. Controlled substances were stored in a room in the infirmary nursing station. Injectables and other medications were located in a large storage room that contained oxygen tanks, shrouds, and general supplies. The medications were locked in a cage inside this storage room; however, the cage did not reach to the top of the ceiling and could be climbed over and entered from the top.*

## CONCLUSION – PHYSICAL HEALTH

The physical health staff at AVPCI serves a complex and difficult population, including 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 in order and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as medical and security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The staff at AVPCI was helpful throughout the survey process and should be commended for their dedication in meeting the health care needs of inmates. It was noted that they, along with regional staff, were already brainstorming ideas to address the pharmacy storage issues prior to the completion of the survey.

There were relatively few findings noted during the record review. Aside from the pharmacy issue, the two findings of most concern to surveyors were noted in the gastrointestinal clinic regarding the screening for hepatocellular carcinoma and the addressing of abnormal labs in the miscellaneous clinic. There were also a few documentation deficiencies involving updated problem lists and a lack of times and dates on orders and assessments, but overall medical care appeared to be within Department standards.

Physical health 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.

# **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 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 AVPCI.

### **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 special housing or psychological emergencies. There was a finding requiring corrective action in the review of inmate requests. The item to be addressed is indicated in the table below.

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

### Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: In 4 of 11 records reviewed, a referral was indicated in the request response but did not occur timely.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: In 6 of 10 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates receiving</p>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
	<p>outpatient mental health services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-5:** *In six records, the ISP was not signed by the inmate. Without the signature of the inmate, it is impossible to determine if he is in agreement with his plan of care.*

## Mental Health Systems

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: There were no outpatient therapeutic groups being conducted as required by the Department of Corrections.</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSION – MENTAL HEALTH**

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

There is one full time mental health professional at AVPCI with a caseload of approximately 34 inmates. Inmates who were interviewed knew how to access mental health services and were satisfied with the services provided. Those who had been in confinement indicated they were able to speak privately with mental health staff.

There were no findings in the review of special housing and psychological emergencies. Mental status exams and emergency screenings were complete and addressed the necessary components. Inmate requests were appropriately handled for S-2 inmates; however, timely follow-up with S-1 inmates was not always apparent. Responses indicated they would be called out to discuss their concerns; however, they were sometimes not seen for several months after their requests were received. Although in most records reviewed inmates did not sign their ISPs, case management and counseling was provided timely and documentation was thorough and informative. The institution does not offer therapeutic groups to meet the needs of the inmate population; however, the mental health professional shared plans to begin a sex offender group in April.

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.

## SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

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

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