



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Calhoun Correctional Institution**

In

**Blountstown, Florida**

on

**March 7- 9, 2017**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1671	Male	Close	3

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1299	<b>Current Main Unit Census</b>	1394
<b>Satellite Unit(s) Capacity</b>	286	<b>Current Satellite(s) Census</b>	277
<b>Total Capacity</b>	1585		1671

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	1197	449	64	N/A	N/A	11
<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	
	1645	26	N/A	N/A	N/A	11

## Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	66	46	0	0	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	.2	0
RN	4	0
LPN	7	0
CMT-C	1	0
Dentist	1	1
Dental Assistant	2	0
Dental Hygienists	0	0

### Mental Health Staffing: Main Unit

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

# OVERVIEW

Calhoun Correctional Institution (CALCI) houses male inmates of minimum, medium, and close custody levels. The Institution grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. CALCI consists of a Main Unit and a Work Camp.

The overall scope of services provided at CALCI include 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 care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at CALCI on March 7-9, 2017. 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**

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

- 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 no more than 6 months and no less than 12 months.
- M3 - Inmate is being followed in a CIC every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

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

### **EPISODIC CARE REVIEW**

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

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of medical inmate requests, medication administration, or intra-system transfers. There were findings requiring corrective action in the review of consultations and periodic screenings; the items to be addressed are indicated in the tables 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 pharmacy services, infection control, or in the administration of the pill line.

### **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 3 of 13 applicable records (15 reviewed), inmates with HgbA1c over 8.0 were not seen every three 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>

## Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: In 4 of 10 records reviewed, there was no evidence of an appropriate physical examination (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:*** In four records, there was no evidence of a digital rectal examination or refusal to determine the diagnosis or status of Benign Prostatic Hyperplasia (BPH).

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: In 2 of 2 applicable records (6 reviewed), there was no evidence of a referral to a specialist when indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-3:** In one record, an inmate with a history of prostate cancer and radiation treatment had increasing PSA levels on his last three annual laboratory studies. In the other record, an inmate with invasive squamous cell cancer was treated with Efudex topical cream in 2015, however the margins were not clear at the time of the original biopsy and may warrant further analysis. CMA surveyors expressed concern that these inmates had not received specialty services in a few years and may benefit from a follow-up appointment.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 records revealed the following deficiencies:</b></p> <p><b>PH-4: In 4 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-5: In 4 records, the consultation log was not complete.</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>

## Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 2 of 3 applicable records (15 reviewed), there was no evidence that clinician follow-up was completed (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 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-6:** In both records, inmates had abnormal lab results in December and January respectively. As of the time of the survey in March, neither were addressed by the clinician.*

## Dental Systems

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the dental clinic revealed the following deficiencies:</b></p> <p><b>PH-7: Staff were not working within established guidelines (see discussion).</b></p> <p><b>PH-8: The darkroom light was not in working order.</b></p> <p><b>PH-9: The dental clinic was not adequately lit.</b></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-7:** Due to a staff vacancy, dental assistants have been taking x-rays. The CMA surveyor expressed concern that staff may be working outside the guidelines established by the Florida Board of Dentistry and their scope of practice by taking x-rays without doctor's orders. The dentist position has been vacant for three months and a doctor from a neighboring institution is providing coverage two days per week.*



## Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-10: In 4 of 14 applicable records, dental appointments were not completed in a timely manner (see discussion).</b></p> <p><b>PH-11: In 1 of 4 applicable records, specialty services were not 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 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-10:** *In three records, requests for treatment were made in June 2016 and there has been no treatment to date. In the fourth record, the inmate was seen eight months from the time of the request. Department policy states that routine care should be provided within six months of the request.*

**Discussion PH-11:** *A consultation request was made in January for this inmate who needs a root canal on tooth #14. There has been no response to this request to date. Per institutional staff, it is now taking 400+ days for endodontic services at Reception Medical Center (RMC).*

## CONCLUSION

The physical health staff at CALCI serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. There is not an immunity clinic at this site. 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.

A review of the inmate housing areas revealed no negative findings and all viewed areas were clean and neat. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. However, the majority of inmates interviewed described the health care as less than adequate. The staff at CALCI were helpful throughout the survey process.

Overall, medical charts were well organized and documents were filed in a timely manner. There were, however, deficiencies identified during the survey such as missing diagnostic procedures and follow-up for abnormal laboratory studies. Clinical surveyors noted concerns regarding access to specialty services for inmates in the oncology and dental clinics. Timeliness of appointments was also an issue in the dental clinic and in the endocrine clinic for inmates with elevated blood sugars. In addition to the clinical findings, documentation issues such as the lack of completed consultation logs and problem lists may add to the difficulty of maintaining continuity of care in an already complex and difficult to manage population. Problem lists and logs are an important tool medical staff can use to gather "at a glance" data about the health issues an inmate is facing or has faced. Surveyors expressed concern that if information was incorrect or out of date, the clinician may miss significant medical diagnoses, conditions, or procedures that could affect current treatment.

It is clear that the CMA corrective action process will be beneficial to CALCI 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**

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

- 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 available episodes of psychiatric restraints for review.

### **USE OF FORCE REVIEW**

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

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

There were no findings requiring corrective action in the review of inmate requests, psychological emergencies, or special housing.

### **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient mental health services.

### **MENTAL HEALTH SYSTEMS REVIEW**

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

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission (see discussion).</b></p> <p><b>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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:** In one record, the inmate’s history of self-injurious behavior or violence was not addressed. In the other record, there was no evidence that the assessment was completed.*

***Discussion MH-2:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations are to be documented on “Observation Checklist” (DC4-650). In two records, there was no evidence that safety observations were completed for the duration of the admissions.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: In 3 of 6 records reviewed, nursing evaluations were not completed within the required time frame (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 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>

***Discussion MH-3:** In one record, the lapse of time between the use of force and the time of the assessment listed on the nursing evaluation was greater than one hour. In two records, one of these times was blank. Additionally three inmates involved in a use of force episode were listed on a log kept by security, however they were not listed on the “Emergency Nursing Log” (DC4-781M). According to Procedure 403.006, all emergency inmate encounters, whether inmate-declared or by referral, shall be documented on the DC4-781M. While the log kept by security does not provide a prompt to document the time of the use of force, the DC4-781M does require documentation of the time of the occurrence as well as the time the inmate was evaluated by nursing staff. Proper use of this log will ensure accurate documentation of use of force episodes.*

## CONCLUSION – MENTAL HEALTH

The staff at CALCI 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.

The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. Individualized Service Plans (ISP) were timely and relevant. Issues addressed in counseling were reflective of problems listed on the ISP. The mental health professionals seemed dedicated to the inmates in their care. Inmates expressed that they had frequent and convenient access to services and reported they are adequate to meet their mental health needs.

Two findings were noted in the review of SHOS. Emergency evaluations were not completed as required and documentation of safety observations was incomplete. It is important to note, that a system has recently been implemented to ensure observations are accurately documented on DC4-650 forms. SHOS episodes reviewed that occurred after January 2017 exhibited marked improvement in the completion of the forms. Conversely, the system for tracking use of force episodes and subsequent medical evaluations is not being used effectively, making it difficult to determine if inmates are being seen by medical staff immediately following a use of force episode.

Although it did not rise to the level of a finding requiring corrective action, it was noted that an order was incorrectly written for an inmate who received an intramuscular injection of a psychotropic medication. According to HSB 15.05.19, psychotropic medications can be given with informed consent of the inmate or via an emergency treatment order (ETO). An ETO is written by a psychiatrist or other qualified prescribing clinician when an inmate presents an immediate danger to self or others. Although the documentation supports that this was an appropriate course of treatment, consent was not obtained nor was an emergency treatment order given.

Staff was cooperative and helpful throughout the survey process. Medical records were well organized and readily available. Overall, staff were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

## 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.