



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Central Florida Reception Center**

in

**Orlando, Florida**

on

**February 5 – 6, 2014**

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## DEMOGRAPHICS

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

| INSTITUTIONAL INFORMATION |      |               |               |
|---------------------------|------|---------------|---------------|
| Population                | Type | Custody Level | Medical Level |
| Male                      | Male | Close         | 4             |

### Institutional Potential/Actual Workload

|                            |              |                             |              |
|----------------------------|--------------|-----------------------------|--------------|
| Main Unit Capacity         | 1,515        | Current Main Unit Census    | 1,166        |
| Annex Capacity             | 1,617        | Current Annex Census        | 1,188        |
| Satellite Unit(s) Capacity | 683          | Current Satellite(s) Census | 645          |
| <b>Total Capacity</b>      | <b>3,815</b> | <b>Total Current Census</b> | <b>2,999</b> |

### Inmates Assigned to Medical/Mental Health Grades

| <i>Medical Grade</i>                 | 1                                      | 2     | 3   | 4                          | 5 | <i>Impaired</i> |
|--------------------------------------|--|-------|-----|----------------------------|---|-----------------|
|                                      |  | 1,579 | 241 | 272                        | 0 | 4               |
| <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> |
|                                      | 1,961                                  | 60    | 163 | 0                          | 0 | 0               |

### Inmates Assigned to Special Housing Status

| <i>Confinement/ Close Management</i> | <i>DC</i> | <i>AC</i> | <i>PM</i> | <i>CM3</i> | <i>CM2</i> | <i>CM1</i> |
|--------------------------------------|-----------|-----------|-----------|------------|------------|------------|
|                                      |           | 24        | 134       | 17         | 1          | 0          |

## DEMOGRAPHICS

### Medical Staffing: Main Unit

|                    | Number of Positions | Number of Vacancies |
|--------------------|---------------------|---------------------|
| Physician          | 3                   | 0                   |
| Clinical Associate | 1                   | 0                   |
| RN                 | 12.4                | 0                   |
| LPN                | 20.8                | 0                   |
| CMT-C              | 4                   | 0                   |

### Mental Health Staffing: Main Unit

|                                | Number of Positions | Number of Vacancies |
|--------------------------------|---------------------|---------------------|
| Psychiatrist                   | 2                   | 1                   |
| Senior Mental Health Clinician | 2                   | 0                   |
| Mental Health Professionals    | 7                   | 0                   |
| Mental Health RN               | 1                   | 0                   |

## DEMOGRAPHICS

### Medical Staffing: East Unit

|           | Number of Positions | Number of Vacancies |
|-----------|---------------------|---------------------|
| Physician | 1                   | 0                   |
| RN        | 5                   | 0                   |
| CMT-C     | 1                   | 0                   |

### Mental Health Staffing: East Unit

|                                | Number of Positions | Number of Vacancies |
|--------------------------------|---------------------|---------------------|
| Psychiatrist*                  | 0                   | 0                   |
| Senior Mental Health Clinician | 0.4                 | 0                   |
| Mental Health Professional     | 0.4                 | 0                   |

\*Inmates requiring psychiatric evaluation will be seen at the Main Unit.

## OVERVIEW

Central Florida Reception Center (CFRC) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, and 3. CFRC consists of the Main Unit, the East Unit, and the South Unit. The primary mission of the Main Unit is the reception and orientation of inmates newly sanctioned to the state correctional system. The East Unit houses new commitments, inmates in transit to permanent institutions, and permanent party inmates. The South Unit houses inmates in the palliative care program.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at CFRC on February 5-6, 2014. 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 - MAIN UNIT**

Central Florida Reception Center (CFRC)-Main Unit provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at CFRC-Main:

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

### **CLINICAL RECORDS REVIEW - Main Unit**

#### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in four 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. There were findings requiring corrective action in the review of infirmary care and emergency care; the items to be addressed are indicated in the table below.

#### **OTHER MEDICAL RECORD REVIEW**

There were findings requiring corrective action in the review of consultations, medication administration records, periodic screenings, and intra-system transfers; 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. 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 or the administration of the pill line. There were findings requiring corrective action in the review of pharmacy services, the item to be addressed is indicated in the table below.

#### **RECEPTION PROCESS**

There were no findings requiring corrective action in the review of the reception process. There were findings requiring corrective action in the review of reception records; the items to be addressed are indicated in the table below.

## INSTITUTIONAL TOUR

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

### PHYSICAL HEALTH FINDINGS - MAIN UNIT

#### Gastrointestinal Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <b>PH-1: In 3 of 6 applicable records (11 reviewed), there was no evidence that hepatitis A &amp; B vaccine was given to inmates with hepatitis C infection and no prior history of A &amp; B infection (see discussion).</b> | <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 those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-1:** Health Services Bulletin (HSB) 15.03.30 states that the hepatitis B vaccine shall be given to inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection. HSB 15.03.09 states that any inmate noted to be infected with hepatitis B and/or hepatitis C or with chronic liver disease related to any cause will be evaluated for a history of hepatitis A and inmates with a negative response to anti-HAV-IgG will be offered vaccine to this infection.*

#### Immunity Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <b>PH-2: In 1 of 5 applicable records (7 reviewed), there was no evidence of hepatitis B vaccine or refusal (see discussion).</b> | <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 those enrolled in the</p> |

### Immunity Clinic Record Review

| Finding(s) | Suggested Corrective Action(s)  |
|------------|---|
|            | <p>immunity clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-2:** HSB 15.03.30 states that inmates who have evidence of HIV infection and no evidence of past hepatitis B infection should be given the hepatitis B vaccination.

### Miscellaneous Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-3: A comprehensive review of 3 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 1 applicable record, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>(b) In 1 of 2 applicable records, there was no evidence of influenza vaccine 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 applicable records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Neurology Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-4: In 3 of 3 records reviewed, there was no evidence that seizures were appropriately classified (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</p> |



### Neurology Clinic Record Review

| Finding(s) | Suggested Corrective Action(s)   |
|------------|--|
|            | <p>applicable records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-4:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.

### Infirmiry Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>PH-5: A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 4 applicable records, there was no evidence that a discharge note was completed for a patient on 23 hour observation status.</b></p> <p><b>(b) In 2 of 6 applicable records, there was no evidence that a nursing assessment was completed within 2 hours of admission.</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 infirmiry records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Emergency Care Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-6: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 1 applicable record, there was</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</p> |

### Emergency Care Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p>no evidence of timely follow-up after the patient returned to the institution following inpatient care at a local hospital.</p> <p>(b) In 1 of 2 applicable records, there was no evidence of complete and adequate follow-up to address the complaint/condition.</p> | <p>biweekly monitoring of no less than ten applicable emergency care records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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-7: In 10 of 13 applicable records (14 reviewed), the new diagnosis was not documented on the problem list or the problem list was missing from the inmate's record.</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 consultation records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Medication Administration Record (MAR) Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p>PH-8: In 7 of 13 records reviewed, there was no evidence that all medication orders were transcribed 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</p> |

**Medication Administration Record  
(MAR) Review**

| Finding(s) | Suggested Corrective Action(s)   |
|------------|--|
|            | <p>applicable records of those receiving single dose medication to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Periodic Screening/Preventive Care  
Record Review**

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-9: A comprehensive review of 5 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, there was no evidence the periodic screening encounter occurred within one month of the due date.</b></p> <p><b>(b) In 2 records, the periodic screening was incomplete and did not include all required items (see discussion).</b></p> <p><b>(c) In 1 record, there was no evidence that required diagnostic tests were performed 7-14 days prior to the periodic screening encounter (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 preventive care records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-9(b):** *In one record, there was no weight recorded and no stool hemoccult card collected. In the other record, there was no stool hemoccult card collected. HSB 15.03.04 states that the periodic screening encounter will include weight measured and compared to the previous screening, and the collecting and testing of stool hemoccult cards for inmates age 50 and older. Both inmates were over 50 years old.*

**Discussion PH-9(c):** Per HSB 15.03.04, the following diagnostic tests should be performed 7-14 days prior to the periodic screening encounter: CBC, dipstick UA, PSA if indicated, baseline lipid profile at age 40, random blood glucose by finger stick if indicated, EKG if clinically indicated and stool hemocult for those age 50 and over. In one record there was not a dipstick urinalysis.

### Intra-System Transfers Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>PH-10: A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 2 records, the Health Information Transfer/Arrival Summary (DC4-760A) was incomplete (see discussion).</b></p> <p><b>(b) In 2 records, there was no evidence that vital signs were taken.</b></p> <p><b>(c) In 8 of 9 applicable records, there was no evidence that the clinician reviewed the health record and DC4-760A within 7 days of arrival (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 those transferring into the facility to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-10(a&c):** The Nursing Manual states that a transfer form shall be completed for all transfers, and receiving facilities are to assess the transferred inmate and complete the DC4-760A within eight hours of arrival. Department Procedure 401.017 states a clinician will review the health record and the DC4-760A within seven days of arrival.

### Reception Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>PH-11: A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 5 records, there was no evidence that required tests were completed within 7 days of arrival (see discussion).</b></p> <p><b>(b) In 4 of 14 applicable records, there was no evidence that laboratory results were conveyed to the inmate and</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 reception records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> |

## Reception Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>abnormal results were appropriately addressed.</b></p> <p><b>(c) In 2 of 3 applicable records, there was no evidence of a problem list (see discussion).</b></p> <p><b>(d) In 1 of 3 applicable records, there was no evidence that additional care was provided when a condition was identified (see discussion).</b></p> | <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-11(a):** In four records, the two-step tuberculin skin test was not done. In one record, the tuberculin skin test was done but not read and there was no urinalysis.*

***Discussion PH-11(c):** In two records, there was no problem list in the chart. HSB 15.01.06 requires that the problem list be initiated at the time of the new inmate health appraisal.*

***Discussion PH-11(d):** HSB 15.01.06 states that if the assessment identifies inmates that need enrollment in a chronic illness clinic, they will be scheduled at the clinically appropriate time and the practitioner will provide additional care as needed based on her/his finding. In this record, the inmate had a history of asthma but did not appear to be enrolled in the respiratory clinic per chronic illness clinic reports.*

## Dental Services Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-12: A review of dental services revealed the following:</b></p> <p><b>(a) There was no evidence that prosthetic devices (patient care equipment) were appropriately disinfected between patients (see discussion).</b></p> <p><b>(b) There was no evidence that American Heart Association prophylactic regimens were posted in the dental unit.</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, inventory sheet, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-12(a):** There was no disinfectant for prosthetic devices available in the dental clinic. According to Department policy, universal precautions are to be practiced at all Department of Corrections dental clinics. Disinfectants and controls that isolate or remove any bloodborne pathogens hazard from the workplace are also to be utilized. HSB 15.04.13 states that oral prosthetic appliances received from a dental laboratory must be washed with soap or a*

detergent and water, rinsed well, appropriately disinfected, and rinsed well again before the prosthetic appliance is placed in the inmate's mouth. When adjusting/repairing dental appliances that have been in the inmate's mouth, the appliance should be placed in a glutaraldehyde solution for 15 minutes after gross debridement. All burs, stones, etc., should be placed in the solution after adjustment for time necessary to allow sterilization. If pumicing is necessary, the appliance will be pumiced with a sterile pumice wheel. The appliance will be washed with liquid germicidal soap prior to reinsertion. The pumice will be rinsed out in the sink; then the sink and pumice pan will be disinfected with an appropriate disinfectant. The wheel will be washed, bagged, dated, and autoclaved. A sterile wheel will be used on each patient's appliance. Surveyors expressed concern that if necessary disinfectant solutions were not made available to the dental clinic and precautions used, the possibility of infectious transmission to other inmates or dental service personnel could occur.

### Pharmacy Services Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>PH-13: A review of pharmacy services revealed that there was no evidence the consultant pharmacist conducted monthly reviews of at least 25% of MARs for accuracy and completeness (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, inventory sheet, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

*Discussion PH-13: Documentation provided for December and January showed only 10 MARs were reviewed per month.*

### Institutional Tour

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>PH-14: A tour of the facility revealed the following:</b></p> <p><b>(a)The Infirmary medical isolation room's negative air pressure was inadequate.</b></p> <p><b>(b) The inmate housing areas were not clean and all fixtures were not operational (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-14(b): In Building G Quad 3 room 103 the window would not open resulting in inadequate ventilation. Also, there was no hot water available. In Building G Quad 2 room 101, the toilet was dirty and did not flush properly. There appeared to be black mildew on the shower curtain and around the window frames in this housing area.*

## **PHYSICAL HEALTH FINDINGS - EAST UNIT**

Central Florida Reception Center (CFRC)-East Unit provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at CFRC-East:

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

### **CLINICAL RECORDS REVIEW - East Unit**

#### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in eight 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 emergency care and sick call. There are no infirmary services provided at CFRC-East.

#### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers, periodic screenings, consultations, and the medication administration record review.

#### **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 or the administration of the pill line.

#### **INSTITUTIONAL TOUR**

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

## Cardiovascular Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>PH-1: A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline history was incomplete or missing (see discussion).</b></p> <p><b>(b) In 6 records, there was no evidence of pneumococcal vaccine 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 applicable records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-1(a):** Baseline historical, diagnostic, and physical examination data was inadequately documented or missing altogether on many of the Chronic Illness Clinic Flowsheets (DC4-770). Although discussed here, this baseline information was missing from multiple other chronic illness clinics.*

## Endocrine Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-2: In 1 of 1 record reviewed, the baseline physical examination was incomplete or missing.</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 those enrolled in the endocrine clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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>PH-3: A comprehensive review of 8 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, there was no documentation of initial and ongoing education.</b></p> <p><b>(b) In 3 records, there was no documentation of the control of the disease and/or patient status.</b></p> <p><b>(c) In 3 records, the laboratory work was incomplete.</b></p> <p><b>(d) In 4 records, hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</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 those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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-4: In 1 of 1 record reviewed, the baseline history, physical, radiological, and laboratory studies were incomplete or missing.</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 those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Neurology Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>PH-5: A comprehensive review of 1 inmate record revealed the following deficiencies:</b></p> <p><b>(a) In 1 record, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 1 record, the baseline physical was incomplete or missing.</b></p> <p><b>(c) In 1 record, there was no evidence of initial and ongoing education.</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 those enrolled in the neurology clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Oncology Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>PH-6: A comprehensive review of 1 inmate record revealed the following deficiencies:</b></p> <p><b>(a) In 1 record, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 1 record, the baseline physical was incomplete or missing.</b></p> <p><b>(c) In 1 record, the baseline laboratory work was incomplete or missing.</b></p> <p><b>(d) In 1 record, there was no evidence that appropriate baseline marker studies were completed.</b></p> <p><b>(e) In 1 record, there was no evidence of initial and ongoing education.</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 those enrolled in the oncology clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Respiratory Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-7: A comprehensive review of 7 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 3 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 5 records, reactive airway diseases were not classified (see discussion).</b></p> <p><b>(d) In 2 records, there was no evidence of pneumococcal vaccine 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 applicable records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-7(c):** According to Departmental policy (HSB 15.03.05 Attachment #1), inmates with reactive airway diseases will be classified as mild, moderate, or severe.*

## Tuberculosis Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>PH-8: A comprehensive review of 9 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the diagnosis was not accurately recorded on the problem list (see discussion).</b></p> <p><b>(b) In 1 of 2 applicable records, there was no evidence of pneumococcal vaccine 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 applicable records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-8(a):** In all four records, there was no problem list contained in the medical record. Interviews with multiple institutional personnel revealed that it was their policy to not place problem lists (DC4-730) into the medical record, until the inmate was in-transit to their*

permanent institution. Department policy (HSB 15.01.06) requires that the problem list be initiated at the time of the new inmate health appraisal.

## Dental Systems Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>PH-9: A review of dental services revealed the following deficiencies:</b></p> <p><b>(a) There were inadequate supplies of personal protective equipment available for dental unit staff (see discussion).</b></p> <p><b>(b) Dental operatories were not in proper working order (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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-9(a):** The CMA dental clinical surveyor expressed concern that adequate supplies of personal protective equipment (PPE), including gowns were not available to dental clinic staff. Department policy (HSB 15.04.13) states that the following PPE is required during dental treatment: gloves, surgical masks, and protective eyewear or chin length plastic face shields. Inadequate PPE could potentially delay treatment or place dental care providers at risk for exposure to pathogens.

**Discussion PH-9(b):** A tour of the dental facility revealed that two of the four dental operatories were not in working condition. Additionally, the remaining operatories that were in use had inadequate suction and there were concerns that this could interfere with inmate care during procedures such as dental extractions.

## Institutional Tour

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>PH-10: A tour of the facility revealed the following deficiencies:</b></p> <p><b>(a) A glucometer was not available in the emergency kit.</b></p> <p><b>(b) Procedures to access medical and dental sick call services were not available in Spanish.</b></p> | <p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</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> |

| <b>Institutional Tour</b>  |  |
|--|--|
| <b>Finding(s)</b>  | <b>Suggested Corrective Action(s)</b>  |
| <b>(c) Pill line times were not posted in the dormitory areas.</b> | Continue monitoring until closure is affirmed through the CMA corrective action plan assessment. |

**CONCLUSIONS – PHYSICAL HEALTH**

**MAIN UNIT**

The physical health staff at CFRC-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education, infection control, and reception activities. The physical health team reviewed 178 records and found deficiencies in 59 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.

The staff at CFRC-Main was helpful throughout the survey process. During interviews, staff presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services.

Upon arrival at the institution, the records needed for the physical health portion of the survey were readily available to the surveyors. In reviewing the records, however, it was difficult to locate needed information as documents were often misfiled. The majority of charts also contained loose documents. Problem lists were incomplete or missing in the majority of consultation records as well as in two reception records. Surveyors felt these issues could lead to lost or missing documentation that might have an impact on patient status or care.

Unclean living conditions in the dormitory areas were cited by CMA surveyors and are detailed above. Although there were no findings in the review of dental records, there was a finding regarding the dental system of care, specifically the need to disinfect prosthetic devices between patients. The dental surveyor also noted that, due to the volume of inmates seen in reception (approximately 1200 per month), the clinic occasionally runs out of dental chart folders and therefore documents cannot be filed in a timely manner. The surveyor expressed concern that this might lead to lost documents that could have an impact on treatment status or continuity of care.

Many of the deficiencies outlined above were found to be related to administrative processes or systems and not to clinical services. Survey findings indicated the overall medical care provided at CFRC-Main falls within Department standards and adequately reflected standards commensurate with the professional health care community at large. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates.

## EAST UNIT

The physical health staff at CFRC-East serves a complex population that includes inmates with multiple medical comorbidities. Physical health care is provided on an 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 119 records and found deficiencies in 38 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.

Many of the findings noted in the report are related to incomplete or inadequate documentation. Baseline historical, diagnostic, and physical information was frequently missing from the chronic illness clinic flowsheets. Additionally, there were several cases in which flowsheets were not updated after the most recent chronic illness clinic visit. Clinical surveyors noted that the flowsheets are an important way in which medical staff can visually assess an inmate's functioning over time. These flowsheets, because of the transitory status of reception centers and in the general prison population as a whole, can help to ensure continuity of care in a complex environment.

The CMA dental surveyor identified concerns regarding the availability of essential dental equipment and supplies. At the time of the survey, only two of the four available dental operatories were working. Additionally, the suction on the other two operatories was poor and may be inadequate for some procedures including dental extractions. Another significant concern was the lack of adequate numbers of personal protective equipment (PPE), including surgical gowns. Adequate supplies of PPE are essential to complying with Department policy on bloodborne pathogens and ensuring the safety of institutional personnel and inmates.

CMA surveyors concluded that patient medical records were well organized and institutional staff demonstrated adequate clinical management. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services. Staff interviewed appeared to be knowledgeable about procedures and all areas on the compound were clean and neat. Overall, survey findings indicated the medical care provided at CFRC-East fell within Department standards.

## **MENTAL HEALTH FINDINGS – MAIN UNIT**

Central Florida Reception Center (CFRC)-Main provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at CFRC-Main:

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

### **CLINICAL RECORDS REVIEW - Main Unit**

#### **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 mental health restraints during the last year at CFRC.

#### **USE OF FORCE REVIEW**

There were findings requiring corrective action in the review of use of force records; the items to be addressed are indicated in the table below.

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

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

#### **OUTPATIENT SERVICES REVIEW**

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

#### **AFTERCARE PLANNING REVIEW**

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

#### **RECEPTION PROCESS**

There were findings requiring corrective action in the review of the reception process; the items to be addressed are indicated in the table below.

#### **MENTAL HEALTH SYSTEM 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>MH-1: A comprehensive review of 8 Self-Harm Observation Status (SHOS) admissions records revealed the following deficiencies:</b></p> <p><b>(a) In 2 records, admission orders were not signed/countersigned and/or not dated/timed (see discussion).</b></p> <p><b>(b) In 2 records, the clinician's order did not specify observations every 15 minutes.</b></p> <p><b>(c) In 7 records, the Infirmery/Hospital Admission Nursing Evaluation was not completed within 2 hours of admission.</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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-1(a):** In one record, the inmate was placed in SHOS via telephone order. That order was countersigned by the admitting clinician but that signature lacked the date and time. In another record, there was no admission order present.*

## Use of Force

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>MH-2: A comprehensive review of 1 use of force incident revealed the following deficiencies:</b></p> <p><b>(a) In 1 record, a written referral to mental health by physical health staff was not present in the medical record (see discussion).</b></p> <p><b>(b) In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine level of mental health care needed.</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 incidents to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-2(a):** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3. There was no written referral present in this record.*



## Inmate Requests

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>MH-3: A comprehensive review of 8 inmate requests revealed the following deficiencies:</b></p> <p><b>(a) In 5 records, a copy of the inmate request form was not present.</b></p> <p><b>(b) In 4 of 5 applicable records, the identified request was not responded to within ten days or less (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 inmate requests to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-3(b):** In the four records, the surveyors were unable to determine if the response to the request happened within ten days because the request response was not dated.*

## Special Housing

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>MH-4: A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the Special Housing Health Appraisal (DC4-769) was not present or not completed in its entirety.</b></p> <p><b>(b) In 1 of 5 applicable records, psychotropic medications ordered were not continued as directed while the patient was held in special housing (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 in special housing to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-4(b):** HSB 15.05.08 indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In one record, the medication administration record (MAR) was blank from 1/10/14-1/31/14.*

## Outpatient Psychotropic Medication Practices

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>MH-5: A comprehensive review of 19 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 3 of 15 applicable records, the psychiatric evaluation was not completed prior to initially prescribing psychotropic medication.</b></p> <p><b>(b) In 6 of 18 applicable records, appropriate initial laboratory tests were not ordered.</b></p> <p><b>(c) In 2 of 5 applicable records, abnormal lab tests were not followed-up as required.</b></p> <p><b>(d) In 4 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</b></p> <p><b>(e) In 11 of 18 applicable records, informed consents were not present or were not complete (see discussion).</b></p> <p><b>(f) In 7 of 18 applicable records, follow-up sessions were not conducted at appropriate intervals (see discussion).</b></p> <p><b>(g) In 8 records, there was no indication that the Baseline AIMS was administered upon initiation of psychotropic medication and/or every six months after.</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 weekly monitoring of no less than ten records of inmates prescribed psychotropic medication to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion MH-5(d):** In one record, the MAR did not indicate administration of Buspar that was ordered on 1/16/14. In another record, the MAR did not indicate dosing of Vistaril for 1/9/14 and 1/19/14. In another record, the MAR did not indicate dosing of Buspar on 1/20/14. Lastly, in another record, there were three days in which the administration of medication was not documented. In all four cases, there were no refusal forms present for these gaps in administration of medication.

**Discussion MH-5(e):** In nine records, there were no consent forms present for specific medications. In one record, the consents were not dated or timed by staff. Lastly, in another record, the consent did not contain the inmate's name or demographic information.

**Discussion MH-5(f):** According to HSB 15.05.19, follow-up visits shall be scheduled and appropriate progress notes written by the qualified prescribing clinician at least once every two weeks upon initiation of any new psychotropic medication. This should continue for a period of four weeks. Thereafter, psychotropic medication therapy and progress of the inmate shall be reviewed and documented at least every ninety (90) days.

| <b>Outpatient Mental Health Services</b>  |   |
|---|---|
| <b>Finding(s)</b>   | <b>Suggested Corrective Action(s)</b>   |
| <p><b>MH-6: A comprehensive review of 20 outpatient (S2 &amp; S3) records revealed the following deficiencies:</b></p> <p><b>(a) In 4 of 9 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</b></p> <p><b>(b) In 2 of 10 applicable records, the biopsychosocial assessment (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</b></p> <p><b>(c) In 5 of 11 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</b></p> <p><b>(d) In 5 of 18 applicable records, the ISP was not signed by members of the MDST and/or inmate and there was no documented refusal.</b></p> <p><b>(e) In 2 of 9 applicable records, the ISP was not reviewed or revised at the 180 day interval.</b></p> <p><b>(f) In 5 records, mental health problems were not documented 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 inmates receiving outpatient mental health services to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Reception Process

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>MH-7: A comprehensive review of 16 inmate records in the reception process, revealed the following deficiencies:</b></p> <p><b>(a) In 4 of 11 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days.</b></p> <p><b>(b) In 1 of 1 applicable record, there was no signed release or refusal for past treatment records and no documentation that those records were requested for inmates who have been at the reception center for 60 days.</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 weekly monitoring of no less than ten applicable reception records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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(s)   |
|---|--|
| <p><b>MH-8: A tour of the facility revealed that there were no protective helmets for the institution (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 via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion MH-8:** According to HSB 15.05.10, every outpatient institution with an infirmary must have at least one helmet with face guard and chin strap in three varying sizes, e.g. small-medium-large.

## **MENTAL HEALTH FINDINGS – EAST UNIT**

Central Florida Reception Center (CFRC)-East Unit provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at CFRC-East:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

### **USE OF FORCE REVIEW**

There were no incidents of use of force incidents at CFRC-East.

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

There was a finding requiring corrective action in the review of inmate requests; the item to be addressed is indicated in the table below. There is no special housing at the East Unit and there were no psychological emergencies for review.

### **OUTPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of outpatient mental health services; the items to be addressed are indicated in the table below. CFRC-East does not house inmates requiring psychotropic medication.

### **MENTAL HEALTH SYSTEMS REVIEW**

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

## Inmate Requests

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>MH-1: In 2 of 3 records reviewed, the inmate request form was not present (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 monthly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-1:** If the request is not in the record, it cannot be determined if the request was answered appropriately.*

## Outpatient Mental Health Services

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>MH-2: A comprehensive review of 9 outpatient records (S2) revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 2 applicable records, there was no indication that the clinician reviewed the chart within 24 hours of the inmate’s arrival (see discussion).</b></p> <p><b>(b) In 2 records, there was no evidence that the inmate was interviewed by mental health staff within 14 days of arrival (see discussion).</b></p> <p><b>(c) In 1 of 1 applicable record, the sex</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 outpatient mental health services to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action</p> |

## Outpatient Mental Health Services

| Finding(s)  | Suggested Corrective Action(s) |
|---|--------------------------------|
| <p><b>offender screening was not present (see discussion).</b></p> <p><b>(d) In 6 of 7 applicable records, the ISP was not completed within 14 days (see discussion).</b></p> <p><b>(e) In 1 of 2 applicable records, the ISP was not revised at 180 day intervals (see discussion).</b></p> <p><b>(f) In 6 of 8 applicable records, the identified problems were not on the problem list (see discussion).</b></p> | <p>plan assessment.</p>        |

**Discussion MH-2(a):** In the deficient record, the section entitled “clinician record review” was left blank. This section contains a synopsis of the inmate’s medical and psychological health and includes important information such as medical/psychological grades, special passes, chronic health conditions, and medications. Inadequate clinician reviews could lead to missed opportunities in ensuring continuity of care between institutions.

**Discussion MH-2(b):** In the first record, there was no contact between the inmate and mental health staff for 18 days. In the second record, no contact occurred for 17 days.

**Discussion MH-2(c):** In this record, the inmate had moved from reception/orientation status at CFRC-Main on 10/16/13 and was transferred to the East Unit on 11/15/13. Department policy requires the sex offender screening to be completed within 60 days of arrival at the permanent institution.

**Discussion MH-2(d):** In six of the records, no ISP was present.

**Discussion MH-2(e):** In the record, there was no ISP update since August 2013.

**Discussion MH-2(f):** In five records, there was no problem list in the medical record. In one record, the identified problem was not documented on the problem list.

## MENTAL HEALTH SYSTEMS REVIEW

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <b>MH-3: A tour of the facility revealed that the mental health program descriptions were not posted in the dormitory areas.</b> | <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### CONCLUSIONS – MENTAL HEALTH

#### MAIN UNIT

Outpatient mental health services are provided at CFRC Main. These services, including case management and individual counseling, were being provided to over 200 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform sex offender screenings when needed, and provide aftercare planning for eligible inmates on both units. Additionally, the Main Unit staff conduct reception services, perform weekly rounds in confinement, and provide daily assessments for inmates in SHOS.

Overall, there were some deficiencies related to the timeliness and consistency of documentation, while others were related to medication administration, evaluations and testing. Lapses in medication administration were identified as evidenced by blanks on MARs. One inmate reported he was informed by the pharmacy that they had “run out” of his medication. He indicated he did not receive his medication that day; however it was provided the next day. Staff reported that there was a problem with the electronic communication between the physicians and the pharmacy but it has been corrected. Some of the deficiencies related to psychiatric evaluations and testing may be related to the lack of consistent psychiatric staff. According to staff, much of the coverage has been provided by locum tenens or physicians in residency. Staff reported that there have been five different psychiatrists in the past six months.

Although there are some key issues that will benefit from corrective action, there are some areas of treatment that were above the minimum requirements. It is evident from the review of records that inmates were being seen more frequently than required. In addition, the documentation of contact for case management and counseling was detailed and sufficient to follow the course of treatment. This is especially important in the reception setting as the documentation is the foundation of treatment at other institutions. Inmates interviewed were familiar with how to access care and expressed satisfaction with the care they received. Overall, staff at CFRC-Main was knowledgeable and helpful throughout the survey process. Immediate action was taken to remediate problems brought to their attention. Notwithstanding the findings identified above, mental health staff at CFRC-Main appear to be providing clinically appropriate care in a majority of cases reviewed.



## **EAST UNIT**

CFRC-East provides outpatient mental health services. Mental health staff at CFRC-East serve a complex population. Outpatient services, including case management and individual counseling, are provided to approximately 20 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.

Several significant concerns were noted in the review of mental health services that were related to both documentation and the provision of services. Most notably, ISPs were not being completed for inmates on the mental health caseload. ISPs are an important mechanism by which inmates and mental health practitioners identify problem behaviors, set goals for treatment, and measure progress towards those goals over time. Interviews with institutional staff revealed several inconsistencies in knowledge regarding the implementation and timing of clinical documentation and the provision of services. It may be necessary to conduct additional training on the Department policies and procedures that cover the provision of mental health services.

Additionally, two out of three inmate requests reviewed were not contained in the medical record. If the inmate request is not contained in the medical record, the appropriateness of the clinical response cannot be assessed. Inmate requests are an important intervention that when responded to appropriately, may reduce the need for a higher level of service.

When inmate contacts were documented in the record, the quality of the contacts was good. Counseling notes were individualized and interventions were clinically appropriate. Notwithstanding the issues noted above, mental health staff at CFRC-East appear to be providing adequate mental health care.

## 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.