



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Century Correctional Institution

In

Century, Florida

on

June 14-16, 2016

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1345	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1345	Current Main Unit Census	1370
Satellite Unit(s) Capacity	512	Current Satellite(s) Census	451
Total Capacity	1857		1821

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1224	513	82	0	1
<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>
	1332	38	0	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>
		93	66	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	1	0
RN	5.2	2
LPN	6.6	2
CMT-C	0	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Sr. Mental Health Clinician	0	0
Mental Health Professional	1	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

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

The overall scope of services provided at CENCI 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 CENCI on June 14-16, 2016. 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

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

- 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

CHRONIC ILLNESS RECORD REVIEW

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

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care. There were findings requiring corrective action in the review of sick call and infirmary care; the items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

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

INSTITUTIONAL TOUR

There were no findings as a result of the institutional tour.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 9 of 16 records reviewed, patient education was incomplete or missing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: Per form instructions, education is to be documented on the DC4-770 by entering the corresponding number of relevant education provided as: 1. Disease process, 2. Risk reductions, 3. Smoking Cessation (if applicable), 4. Medication(s), or 5. Treatment Compliance. In all deficient records, no numbers were recorded.

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 1 of 4 applicable records (12 reviewed), there was no evidence that abnormal labs were addressed timely (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: The inmate had an X-ray on 2/24/16 that revealed healed old fractures of the distal tibia and fibula. Follow-up was recommended; however, an ankle support was not considered until 4/20/16.

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-3: In 5 records, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> <p>PH-4: In 4 records, there was no evidence laboratory studies were completed at least annually (see discussion).</p> <p>PH-5: In 2 records, there was no evidence that the control of the disease and an evaluation of the status of the patient was evaluated during CIC visits.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-4:** In all four records, Complete Blood Count (CBC) laboratory studies were not completed annually.*

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 records revealed the following deficiencies:</p> <p>PH-6: In 3 records, documentation of CIC visits did not include evidence of an appropriate examination.</p> <p>PH-7: In 1 record, there was no evidence of a CBC with platelets.</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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-8: In 8 of 13 applicable records, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p> <p>PH-9: In 2 of 5 applicable records, there was no evidence that patients with moderate to severe reactive airway disease were started on anti-inflammatory medication.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 1 of 4 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Sick Call

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: In 2 of 7 records (16 reviewed), there was no evidence a follow-up visit was initiated and completed by a higher-level clinician in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call</p>

Sick Call

Finding(s)	Suggested Corrective Action(s)
	<p>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-11: In one record, the inmate was seen in sick call for a hand injury on 6/2/16, and an X-ray was recommended. However, the X-ray was not ordered until 6/13/16. In the second record, the inmate was seen in sick call on 5/31/16 for an itchy, irritated eye. The clinician indicated in the incidental note that the inmate was to be re-evaluated in 1 week; however, at the time of the survey, no follow-up visit had occurred.

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-12: In 4 of 14 applicable records, there was no evidence of a complete nursing discharge note indicating patient's condition, disposition, patient education, and discharge instructions.</p> <p>PH-13: In 2 of 6 applicable records, there was no evidence clinician weekend telephone rounds were documented on form "Infirmary Progress Note" (DC4-714A) using the "telephone clinician rounds" stamp.</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 infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-14: In 2 of 5 applicable records, there was no evidence consultations were performed in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-15: In 2 of 8 applicable records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</p> <p>PH-16: In 4 of 6 applicable records, the diagnosis was not reflected on the problem list.</p> <p>PH-17: In 1 of 2 applicable records, there was no evidence that the consultant's treatment recommendations were incorporated into the treatment plan.</p>	<p>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-14: In one record, an emergency consult request was made on 5/13/16; however, the inmate was not seen until 6/8/16. In the second record, an inmate with a history of osteosarcoma had an X-ray of the left knee on 2/3/16. Based on the X-ray findings, a recommendation for an MRI with and without IV contrast was made to rule out osteosarcoma; however, the consult request for the MRI was not submitted until 3/2/16.

Medication Administration

Finding(s)	Suggested Corrective Action(s)
<p>PH-18: In 3 of 12 records reviewed, there was no evidence of corresponding notes for medication orders.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dose medications 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>PH-19: In 6 of 16 records reviewed, there was no evidence inmates were provided with lab results at screening.</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>

Pill Line

Finding(s)	Suggested Corrective Action(s)
<p>PH-20: There was no evidence that an oral cavity check was completed for each inmate (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified 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, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-20: *An oral cavity check should be conducted for each instance of pill line administration to ensure that the medication has been swallowed. Per Health Services Bulletin (HSB) 15.14.05, all legend stock medications will be issued via direct observed therapy (the medical staff observing the ingestion of the medication).*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-21: There was no evidence instruments and equipment were properly sterilized (see discussion).</p> <p>PH-22: There was no evidence the autoclave was tested appropriately and the autoclave log was maintained (see discussion).</p> <p>PH-23: There was no evidence that all necessary equipment was working and available (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-21 and PH-22:** Entries in the Biological Monitoring Log were missing from September 2015-December 2015.*

***Discussion PH-23:** The panoramic X-ray machine and two of four dental operatories were non-functional.*

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>PH-24: There was no evidence that the Infection Control Coordinator (ICC) was familiar with the procedures for handling a suspected or identified TB case (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified 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, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-24:** The ICC was not familiar with the procedures that should take place when a TB case is suspected or identified, and was unaware that inmates with suspected cases of TB should be placed in negative air flow cells.*

CONCLUSION

The physical health staff at CENCI serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Several areas were identified in which the provision of physical health services were found to be deficient. There were findings related to required annual labs not being completed and abnormal labs not being addressed in a timely manner. Additionally, delays in care were noted in the area of consultations and follow-up assessments for diagnostic services. Administrative issues were also noted. Patient education was often documented incorrectly on chronic illness clinic flowsheets, diagnoses were not recorded on problem lists, and infirmary clinician rounds were documented incorrectly.

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, but expressed some concerns regarding receiving their medications in a timely manner. An inspection of the medical areas revealed that they were adequately stocked and all areas on the compound were clean and neat.

Medical staff indicated they were appreciative of the CMA review, and would use the report results and the corrective action process to improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

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

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below. There were no episodes of psychiatric restraint at CENCI.

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 findings requiring corrective action in the review of psychological emergencies, 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 mental health services; the items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEM REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 1 applicable record, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-2: In 4 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 4 of 6 applicable records, daily rounds by the clinician did not occur or were not documented.</p> <p>MH-4: In 3 of 6 applicable records, daily counseling by mental health staff did not occur or was not documented.</p> <p>MH-5: In 5 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> <p>MH-6: In 3 of 5 applicable records, mental health staff did not provide post-discharge follow-up within 7 days (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: According to the Department’s Health Services Bulletin, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the applicable record, there was no documentation by the attending clinician that this was considered.

Discussion MH-2: Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on the “Observation Checklist” (DC4-650). In the first record, the inmate was admitted at 1015 but observations were not started until 1245. In the second record, the inmate was admitted at 1920 but observations were not started until 2115. In the third record, an entire day of observations was unable to be located by institutional staff. In the last record, the entire SHOS record was unable to be located.

Discussion MH-6: In two records, documentation of mental health follow-up was unable to be located by institutional staff. In the last record, the inmate was discharged from SHOS on 5/9/16 but follow-up with mental health staff did not occur until 5/20/16.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-7: In 1 of 4 records reviewed, the post use-of-force examination was incomplete (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-7:** Vital signs were not recorded after an application of a chemical agent.*

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 psychological emergencies revealed the following deficiencies:</p> <p>MH-8: In 6 records, there was no evidence that the emergency was responded to within one hour (see discussion).</p> <p>MH-9: In 3 of 13 applicable records, there was no evidence that the clinician considered the inmate's past mental health history in the assessment.</p> <p>MH-10: In 3 of 6 applicable records, there was no evidence of appropriate follow-up (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-8:** Documentation of two psychological emergencies could not be located by institutional staff. Three incidents were not recorded on the "Mental Health Emergency, Self-Harm, IMR Admission Log" (DC4-781A) and the emergency declaration time could not be verified. In the last record, the response time was greater than one hour.*

***Discussion MH-10:** In the first record, a staff referral to mental health was completed which indicated an inmate was experiencing an increase in depressive symptoms. However, the referral was never addressed and the inmate was admitted to SHOS two weeks after the original emergency. In the second record, an inmate declared an emergency and was evaluated by nursing staff. The evaluation indicated the inmate was experiencing suicidal ideations with a*

plan. The inmate was sent back to the dorm without any indication of a change in mental status. No documentation of mental health follow-up was located by institutional staff. In the last record, an inmate was discharged from SHOS but cut himself with a razor after receiving his belongings. The inmate was discharged back to the dorm without any additional assessment of his mental status and self-injurious behaviors. Documentation of mental health follow-up could not be located by institutional staff.

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inmate requests revealed the following deficiencies:</p> <p>MH-12: In 6 records, the identified request was not responded to within 10 days or less.</p> <p>MH-13: In 3 of 9 applicable records, a referral was indicated in the request response but did not occur (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate request 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-13: In one record, the request response indicated that the inmate would be scheduled but there was no evidence that this occurred. In two records, the request response indicated that the inmates had already been seen by mental health staff but documentation of the interviews could not be located.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-14: In 6 of 7 records reviewed, the mental status examination (MSE) was not completed within the required time frame (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-14: In all six records, the MSE could not be located by institutional staff.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 outpatient records revealed the following deficiencies:</p> <p>MH-15: In 5 of 8 applicable records, there was no evidence the inmate was interviewed by mental health staff within 14 days of arrival (see discussion).</p> <p>MH-16: In 1 of 1 applicable record, there was no evidence that the sex offender screening was completed within 60 days.</p> <p>MH-17: In 3 of 9 applicable records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p>MH-18: In 4 of 4 applicable records, the Individualized Service Plan (ISP) was not completed within 30 days after assignment of S2 grade.</p> <p>MH-19: In 5 of 9 applicable records, ISP problems were not written in behavioral terms.</p> <p>MH-20: In 7 of 8 applicable records, the ISP did not list the frequency of the interventions.</p> <p>MH-21: In 8 of 8 applicable records, the ISP was not signed by the inmate or a refusal was not documented.</p> <p>MH-22: In 4 of 8 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>MH-23: In 4 of 11 applicable records, mental health problems were not listed on the problem list.</p> <p>MH-24: In 6 of 10 applicable records, there was a lack of documentation that the inmate received the mental health interventions and services described in the ISP (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-15: *In the first record, the inmate arrived 2/9/16 but was not evaluated until 3/1/16. In the second record, the inmate arrived 12/28/15 but was not evaluated until 3/21/16. In the third record, the inmate arrived 5/10/16 but was not evaluated until 6/2/16. In the fourth record, the inmate arrived 1/5/16 but was not evaluated until 2/23/16. In the last record, the inmate arrived 12/28/15 but was not seen by mental health staff until 5/18/16.*

Discussion MH-24: *Discussions with institutional staff indicated that ISPs were being created from a template that originated at a neighboring institution. The template indicated that inmates would be receiving services applicable to inmates on close management status including therapeutic groups. In all of the deficient records, the ISPs indicated that inmates would be receiving group therapy and close management services, although these interventions are not offered at CENCI.*

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
MH-25: Medical records were disorganized (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
MH-26: The required number of restraints were not available (see discussion).	<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>
MH-27: Several psychological emergencies and at least one SHOS admission were not logged according to policy.	<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 applicable logs to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-25: *The majority of mental health records reviewed were not organized in accordance with Departmental standards. Documents were frequently filed in the wrong section of the inmate record and progress notes were out of chronological order. Additionally, several records contained documentation belonging to other inmates.*

Discussion MH-26: *Health Services Bulletin 15.05.10 outlines the minimum number of restraints required for both inpatient and outpatient institutions. At the time of the survey, no restraints were located on the compound.*

CONCLUSION

The staff at CENCI 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.

Many of the findings in this report were related to missing documentation. Interviews with administrative staff and the full time Mental Health Professional (MHP) assigned to CENCI indicated that mental health paperwork was not filed in accordance with Departmental standards. Although, entries were placed into the Department's *Offender Based Information System (OBIS)*, corresponding documentation that provided details of mental health encounters was often unable to be located. Additionally many documents were incorrectly placed in various parts of the medical record or filed out of chronological order. This, in combination with the missing documentation, made it difficult, even for experienced clinical surveyors to follow the course of treatment.

Several clinical concerns were identified in the review of inmates at high risk for self-harm. In several cases, responses to psychological emergencies and one SHOS admission were unable to be located. Additionally, there was concern regarding the appropriateness of interventions when the documentation of suicide prevention practices was present. In one case, an inmate was returned to his dorm after cutting himself without evidence of a suicide risk assessment or mental status examination. In another example, an inmate was returned to his dorm although the nursing assessment indicated he was expressing suicidal ideations. Inmates were also discharged from SHOS without evidence of an evaluation by the clinician. Additionally, the majority of mental status examinations for inmates held in special housing could not be located. Clinically appropriate assessments are crucial in determining the proper course of treatment for inmates in need of mental health services.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that CENCI will benefit from the CMA corrective action plan process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

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

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

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.