Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY
CENTURY CORRECTIONAL INSTITUTION

OCTOBER 15-17, 2019

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Century Correctional Institution (CENCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, and 2. CENCI consists of a Main Unit, a work camp, and a work release center. [1] [2]

Institutional Potential and Actual Workload

Main Unit Capacity	**1345**	**Current Main Unit Census**	**1308**
Annex Capacity	**N/A**	**Current Annex Census**	**N/A**
Satellite Unit(s) Capacity	**368**	**Current Satellite(s) Census**	**350**
Total Capacity	**1713**	**Total Current Census**	**1658**

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	1052	**592**	**37**	**0**	**4**	**287**
Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**MH Inpatient**		
	1	**2**	**3**	**4**	**5**	**Impaired**
	1691	**50**	**2**	**N/A**	**N/A**	**0**

[1] Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

[2] Medical grades reflect the level of care inmates require. Grades range from M1, requiring the least level of medical care, to M5, requiring the highest level of care. Pregnant offenders are assigned to grade M9. Medical grades are as follows: M1, inmate requires routine care; M2, inmate is followed in a chronic illness clinic (CIC) but is stable and requires care every six to twelve months; M3, inmate is followed in a CIC every three months; M4, inmate is followed in a CIC every three months and requires on-going visits to the physician more often than every three months; M5, inmate requires long-term care (longer than 30 days) in inpatient, infirmary, or other designated housing.

Mental health grades reflect the level of psychological treatment inmates require. Grades range from S1, requiring the least level of psychological treatment, to S6, requiring the highest level of treatment. Mental health grades are as follows: S1, inmate requires routine care; S2, inmate requires ongoing services of outpatient psychology (intermittent or continuous); S3, inmate requires ongoing services of outpatient psychiatry; S4, inmates are assigned to a transitional care unit (TCU); S5, inmates are assigned to a crisis stabilization unit (CSU); and S6, inmates are assigned to a corrections mental health treatment facility (CMHTF).

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
Confinement/ Close Management	98	113	N/A	N/A	N/A	N/A

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	.4	0
Clinical Associate	1	0
Registered Nurse	4.2	0
Licensed Practical Nurse	7.2	3.2
CMT-C	N/A	N/A
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	.5	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatric APRN/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Psychologist	N/A	N/A
Behavioral Specialist	N/A	N/A
Mental Health Professional	1	0
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

CENTURY CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Century Correctional Institution (CENCI) on October 15-17, 2019. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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

A summary of physical and mental health survey findings are outlined in the tables below.

Physical Health Clinical Records Review

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	15	0
Cardiovascular Clinic	18	0
Endocrine Clinic	16	0
Gastrointestinal Clinic	16	1
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	6	1
Neurology Clinic	11	1
Oncology Clinic	2	0
Respiratory Clinic	16	1
Tuberculosis Clinic	8	2

Episodic Care Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	15	2
Infirmary Care	4	0
Sick Call	18	0

Other Medical Records Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	12	1
Inmate Request	15	0
Intra-System Transfers	15	0
Medication Administration	12	0
Periodic Screenings	15	3

Dental Care and Systems Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	20	0
Dental Systems	N/A	0

Administrative Processes Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

Institutional Tour Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	1

PHYSICAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Gastrointestinal Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
PH-1: In 5 of 16 records reviewed, there was no evidence of pneumococcal vaccination or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Miscellaneous Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
PH-2: In 1 of 1 applicable record (6 reviewed), there was no evidence of pneumococcal vaccination or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Neurology Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
PH-3: In 9 of 11 records reviewed, seizures were not classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Respiratory Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
PH-4: In 4 of 16 records reviewed, reactive airway disease was not classified as mild, moderate, or severe.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Tuberculosis Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 8 records revealed the following deficiencies: **PH-5: In 3 records, the diagnosis was not recorded on the problem list.** **PH-6: In 3 records, the inmate did not receive the correct number of INH or Rifampin doses.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Emergency Services Record Review	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 15 records revealed the following deficiencies: **PH-7: In 1 of 2 applicable records, potentially life-threatening conditions did not receive immediate response by medical staff (see discussion).** **PH-8: In 2 of 8 applicable records, subsequent follow-up visits were not completed timely and/or not consistent with presenting needs (see discussion).**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency services to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-7: *In this record, the inmate was seen for "suspected under the influence". There was no chief complaint by the patient, a 38-year-old male, who was assessed to be diaphoretic, lethargic, and oriented to person only, with slurred speech and sluggish pupils. Pulse greater than 110 bpm as well as a change in mental status require immediate clinician notification but this was marked "N/A". There is no indication that the inmate was seen by the clinician after this emergency.*

Discussion PH-8: *In one record, an inmate suspected of drug intoxication was not referred to mental health per protocol. In the other record, blood pressure checks for two weeks were not completed as ordered on 9/29/19.*

Consultations Record Review	
Finding(s)	**Suggested Corrective Action**
PH-9: In 10 of 12 records reviewed, the diagnosis was not recorded on the problem list.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultations to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Periodic Screenings Record Review	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 15 records revealed the following deficiencies: **PH-10: In 3 records, the periodic screening was incomplete.** **PH-11: In 3 records, diagnostic tests were not completed prior to the periodic screening (see discussion).** **PH-12: In 3 records, there was no documentation that the inmate was provided with his lab results at the time of the periodic screening.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-11: *In one record, a baseline lipid panel was not completed. In another record, an inmate with elevated blood pressure did not have it repeated for two days as instructed on the form. In the remaining record, blood pressure re-checks as well as a fasting blood sugar were not documented.*

Institutional Tour	
Finding(s)	**Suggested Corrective Action**
PH-13: Over-the-counter medications in the dorms were not logged and administered properly (see discussion).	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.

Discussion PH-13: *There were no medication logs or records of administration in H-dorm. In C-dorm the medication packets were stapled together destroying the integrity of the package. Also, a logged dose of Ibuprofen 800 mg was given which is greater than instructions for use provided to correctional officers.*

PHYSICAL HEALTH SURVEY CONCLUSION

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security personnel demonstrated familiarity with policies related to the accessing of sick call and emergency services. The majority of inmates interviewed described the health care and dental care as adequate. Medical records were well organized and CMA surveyors were provided with records promptly on arrival.

As noted in the tables above, there were no findings in many areas reviewed. CMA clinical surveyors noted several examples where clinical care met the established standards set forth in the Health Services Bulletins, including the timeliness of chronic clinic appointments, dental, and sick call visits.

There were some findings related to clinical care. These included delayed laboratory testing and screening as well as failure to provide results to patients at periodic screening encounters and follow-up after emergency care visits. Delays in treatment or missed opportunities for follow-up could adversely impact inmate health outcomes.

Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. It is evident the corrective action plan (CAP) process will be beneficial in meeting this goal.

Mental Health Clinical Records Review

Self-Injury and Suicide Prevention Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	3	5

Use of Force Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	1	0

Access to Mental Health Services Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	8	1
Inmate Requests	13	0
Special Housing	6	0

Outpatient Mental Health Services Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	11	1
Outpatient Psychotropic Medication Practices	N/A	N/A

Mental Health Systems Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	1

MENTAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Self-Injury and Suicide Prevention (SHOS)	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 3 records revealed the following deficiencies: **MH-1: In 1 record, clinician's orders did not specify the frequency of safety observations.** **MH-2: In 1 of 1 applicable record, the guidelines for SHOS management were not observed (see discussion).** **MH-3: In 1 record, a face to face interview was not completed by the attending clinician prior to discharge.** **MH-4: In 1 record, follow-up after discharge from SHOS did not occur within 7 days of discharge (see discussion).** **MH-5: In 1 record, all entries were not timed, dated, stamped and/or signed.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records with SHOS episodes to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-2*: According to Procedure 404.001, by the 7th day of infirmary mental health care, the attending clinician will consult with the Regional Mental Health Director to determine if a referral to a crisis stabilization unit is indicated or if infirmary level care should be continued. In one record, the inmate was on SHOS from 9/23/19-10/03/19 and there was no indication that this consultation took place. While a transfer summary for CSU placement was completed by the mental health professional, no order for transfer was written by the attending clinician. CMA surveyors expressed concern that staff involved in this infirmary mental health admission were not in agreement as to the plan of care and that delays in the treatment process could cause further decompensation of the inmate's mental health.*

Discussion MH-4*: In one record, the inmate was on SHOS from 10/03/19-10/07/19 and there was no documentation that a follow-up visit occurred by the date of the survey.*

Psychological Emergencies	
Finding(s)	**Suggested Corrective Action**
MH-6: In 2 of 8 psychological emergencies reviewed, there was no evidence of follow-up by mental health staff (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records with psychological emergencies to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH:6: *According to Procedure 404.001, if the psychological emergency is responded to by medical nursing staff, a referral to mental health will be made. Mental health staff should review the health record and initiate an evaluation of the inmate as soon as feasible, but no later than the next workday. In this record, an inmate declared a psychological emergency on 7/25/19 at 12:30 pm indicating he felt homicidal and paranoid. He declared another psychological emergency later that day at 9:40 pm in which he stated that security was trying to kill him. According to security staff, he was found sitting on the floor of his cell with a sheet tied around his neck. He was evaluated by nursing staff after both emergencies and referred to mental health. The subsequent documentation by mental health staff indicated that the record was reviewed, and a determination made that an evaluation was not necessary. There was no evidence in the medical record that the inmate was ever seen for follow-up and evaluation by mental health staff.*

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action**
MH-7: In 2 of 9 applicable records (11 reviewed), the inmate was not interviewed by mental health staff within 14 days of arrival.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records with Outpatient Mental Health Services to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Mental Health Systems Review	
Finding(s)	**Suggested Corrective Action**
MH-8: Therapeutic groups were not offered to meet the needs of the inmate population (see discussion).	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via group schedule and attendance and signed off by regional staff.

Discussion MH-8: *There are not currently any therapeutic groups being offered. Additionally, there are three inmates within two years of expiration of sentence that are on the waiting list for sex offender treatment.*

MENTAL HEALTH SURVEY CONCLUSION

At the time of the survey, one mental health professional (MHP) was providing outpatient and infirmary mental health services to approximately 40 inmates. In addition to providing services to inmates on the mental health caseload, staff answers inmate requests, responds to psychological emergencies and performs weekly rounds in confinement.

Over half of the findings noted were in the review of SHOS; however, there were few findings noted overall. Documentation of clinical encounters was thorough and individualized and progress notes were sufficient to follow the course of treatment. Inmates on the mental health caseload were receiving the services listed on their Individualized Service Plan. Staff seemed dedicated to the inmates on the caseload and was striving to meet their treatment needs. There were several areas of review in which no findings were identified.

From the items listed above, it is clear that staff at CENCI would benefit from using the CMA's corrective action plan process to improve mental health services.

Survey Process

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

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