CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Charlotte Correctional Institution

In

Punta Gorda, Florida

on

April 16-18, 2019

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	**Type**	**Custody Level**	**Medical Level**
919	**Male**	**Close**	**5**

Institutional Potential/Actual Workload

Main Unit Capacity	**1078**	**Current Main Unit Census**	**802**
Satellite Unit(s) Capacity	**117**	**Current Satellite(s) Census**	**117**
Total Capacity	**1195**	**Census**	**919**

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	***1***	***2***	***3***	***4***	***5***	***Impaired***
	360	**93**	**14**	**0**	**0**	**26**
Mental Health Grade (S-Grade)	***Mental Health Outpatient***			***MH Inpatient***		
	1	***2***	***3***	***4***	***5***	***Impaired***
	661	**101**	**172**	**0**	**0**	**6**

Inmates Assigned to Special Housing Status

Confinement/ Close Management	***DC***	***AC***	***PM***	***CM3***	***CM2***	***CM1***
	65	**22**	**0**	**35**	**117**	**40**

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	7	0
LPN	18.8	1.4
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	1

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	1	1
Psychological Services Director	1	0
Psychologist	1	0
Mental Health Professional	14	6
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

OVERVIEW

Charlotte Correctional Institution (CHACI) 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, 2, and 3. CHACI consists of a Main Unit and a work camp.

The overall scope of services provided at CHACI include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at CHACI on April 16-18, 2019. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team 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

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in two 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 sick call services.There were findings requiring corrective action in the review of emergency care and the infirmary. 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 consultations, intra-system transfers, periodic screenings, or medication administration. There was a finding requiring corrective action in the review of inmate requests. The item to be addressed is indicated in the table below.

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of the pill line, infection control, or pharmacy services.

INSTITUTIONAL TOUR

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

Chronic Illness Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
A comprehensive review of 14 records revealed the following deficiencies: **PH-1: In 3 records, the diagnosis was not recorded on the problem list.** **PH-2: In 3 records, there was no evidence the inmate was seen at the required intervals (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 enrolled in a chronic illness clinic to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-2: *In all three records, the inmates were designated as M-3 in the Department's computer system but were scheduled as M-2's. Profile changes were not completed until brought to the attention of staff during the survey.*

Gastrointestinal Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
A comprehensive review of 15 records revealed the following deficiencies: **PH-3: In 1 of 3 applicable records, there was no evidence that abnormal labs were addressed in a timely manner (see discussion).** **PH-4: In 4 of 14 applicable records, there was no evidence of hepatitis A and/or B 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.

Discussion PH-3: *In this record, the hemoglobin lab result was 8.7 on 4/18/18. The lab was stamped as abnormal but was not addressed at the doctor's clinic on 4/19/18 even though the inmate complained of dizziness and headaches. CMA surveyors expressed concern that even though this can be a side effect of hepatitis C treatment, a hemoccult should have been done or the lab redrawn to confirm either a false result or to show improvement. The lab was not rechecked until 9/21/18 at which time it was normal.*

Oncology Clinic Record Review	
Finding(s)	**Suggested Corrective Action(s)**
PH-5: In 1 of 3 records reviewed, there was no evidence of a referral to a specialist when indicated (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 enrolled in the oncology clinic to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-5: *This inmate with a history of adenocarcinoma of the lung in 2015 presented in December 2018 with a neck mass and a needle biopsy was requested. Multiple procedures were started. A chest X-ray was completed on 12/11/18 which revealed a 2.3 cm pulmonary nodule on his right lung and a chest computed tomography (CT) was recommended. The inmate also had an abnormal PSA and prostatic mass, and a urological consultation was completed on 12/13/18. On 12/26/18 the clinician documented the recommendation for the chest CT but indicated he would wait for the needle biopsy of the neck mass before proceeding with the CT. On 1/28/19 an MRI of the neck mass was done and the biopsy was completed on 3/8/19 and indicated a benign parotid mass. As of the date of the survey, the chest CT had not yet been completed. In the meantime, the inmate was also diagnosed with malignant melanoma on 1/2/19. Although it was expressed that since the inmate had refused treatment for his lung cancer he may also refuse future treatment, it is imperative that the inmate be provided education regarding available treatments and allowed to make an informed decision based on any new diagnoses. CMA surveyors expressed concern that further delay in the follow-up of the nodule could have deleterious effects on the inmate's health.*

Emergency Services Record Review	
Finding(s)	**Suggested Corrective Action(s)**
A comprehensive review of 16 records revealed the following deficiencies: **PH-6: In 1 of 2 applicable records, there was no evidence of an appropriate assessment for an inmate with potentially life-threatening complaints (see discussion).** **PH-7: In 1 of 1 applicable record, there was no documentation of the date and/or time of the EMS arrival to transport to the outside emergency room.**	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-6: *An inmate with cardiomyopathy declared an emergency on 4/13/19 while in the dorm. Medical staff responded to the dorm but upon arrival was told by security staff that the inmate was "undeclaring" the emergency and the nurse was not able to assess the patient. There was not a refusal in the chart from the inmate. This same inmate was seen in sick call on 3/26/19 for shoulder pain, on 4/5/19 for hypertension, and again on 4/16/19 for chest pain.*

Infirmary Record Review	
Finding(s)	**Suggested Corrective Action(s)**
A comprehensive review of 10 records revealed the following deficiencies: **PH-8: In 2 records, there was no evidence of a complete discharge note by the nurse.** **PH-9: In 1 of 1 applicable record, there was no evidence of weekly clinician rounds and progress notes for a chronic inpatient.**	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 inmates receiving infirmary services to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Medical Inmate Requests	
Finding(s)	**Suggested Corrective Action(s)**
PH-10: In 2 of 7 applicable records (16 reviewed), there was no evidence the response occurred as intended (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 inmate requests to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-10: *In one record, the inmate requested a copy of his vision records on 12/12/18. He was told to watch for call out but it had not occurred as of the date of the survey. In the other record, the inmate requested and was approved for a back brace on 6/10/18 but never received it. He put in another request on 2/29/19 and received it on 3/6/19.*

CONCLUSION – PHYSICAL HEALTH

The physical health staff at CHACI 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.

There were relatively few findings noted during the record review. Overall, clinical care met the established standards set forth in the Health Services Bulletins but CMA surveyors had some concern about delays in care.

Interviews conducted by CMA staff and surveyors indicated that inmates and medical staff were familiar with how to obtain routine medical and emergency services. The majority of inmates interviewed expressed satisfaction with the health services they received. Patient medical records were well organized and filed according to Department standards.

The staff at CHACI indicated they would use the corrective action plan (CAP) process to improve the areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Charlotte Correctional Institution (CHACI) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at CHACI:

- 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 or psychiatric ARNP care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no findings requiring corrective action in the review of Self-Harm Observation Status (SHOS). There were no episodes of restraints available for review at CHACI.

USE OF FORCE REVIEW

There were no findings requiring corrective action in the review of use of force.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests. There were findings requiring corrective action in the review of psychological emergencies 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 and outpatient psychotropic medication practices. The items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

There were no findings in the mental health systems review.

Special Housing	
Finding(s)	**Suggested Corrective Action(s)**
MH-1: In 2 of 10 records reviewed, the initial mental status exam (MSE) was not completed.	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 inmates in special housing to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Psychological Emergencies	
Finding(s)	**Suggested Corrective Action(s)**
MH-2: In 2 of 10 records reviewed, not all entries were dated, timed, signed and stamped.	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 psychological emergencies to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action(s)**
MH-3: In 5 of 18 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties (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 applicable outpatient records to evaluate the effectiveness of corrections.

Outpatient Mental Health Services	
Finding(s)	**Suggested Corrective Action(s)**
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-3: *In five records, the ISP was not signed by the inmate. Inmates sign their ISPs to signify their agreement with the service plan as well as to acknowledge problems, interventions, and goals for treatment.*

Outpatient Psychotropic Medication Practices	
Finding(s)	**Suggested Corrective Action(s)**
A comprehensive review of 17 outpatient psychotropic medication practices revealed the following:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
MH-4: In 5 of 17 records, the inmates did not receive medications as prescribed or documentation of refusal was not present in the medical record.	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.
MH-5: In 4 of 8 applicable records, there was no "Refusal of Health Care Services" (DC4-711A) after 3 consecutive medication refusals or 5 in one month.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION – MENTAL HEALTH

The mental health staff at CHACI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Outpatient services include case management, individual counseling, group therapy and medication management. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and respond to psychological emergencies. Staff also perform sex offender screenings when needed, provide daily counseling for inmates in SHOS, and provide at least one hour of group or individual counseling each week for inmates in close management.

The institution had recently undergone a transition and change in mission in which the inpatient units were closed effective August 21, 2018, and close management beds were added February 5, 2019. At the time of the survey, two close management dorms (F-dorm and B-dorm) had been added, with G-dorm next to be opened.

A tour of the mental health office area revealed ample space, including offices for all staff, a waiting area for inmates, a library, and rooms where individual or group therapy could be privately provided. With the transition to close management, additional mental health positions were added. The psychological services director was actively recruiting and interviewing for the new positions.

A variety of outpatient groups were offered including Anger Management, Communications, Conflict Resolution, and Life after Release (Aftercare). Groups provided in Close Management included Weekly Processing Group and Sex Offender Group.

Two of the findings are related to psychiatric services. It was noted that several inmates had gaps in receiving their medications; however, this had improved in recent months which was attributed to the addition of the mental health nurse.

As part of the outpatient mental health survey, 18 inmate records were reviewed with only one finding (inmates had not signed their Individualized Service Plans). This review included 11 inmates who were either in or had recently been in close management, and there were no deficiencies noted in the close management area. For two inmates in confinement, mental status exams were not found.

There were no findings in the review of Self-Harm Observation Status (SHOS), inmate requests, use of force, or discharge planning. Inmates indicated in interviews that they know how to access mental health services. Overall, treatment plans were goal directed and individualized and the course of treatment was easy to follow.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

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

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