



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Columbia Correctional Institution**

in

**Lake City, Florida**

on

**July 14-16, 2015**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2904	Male	Close	5

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1603	<b>Current Main Unit Census</b>	1384
<b>Annex Capacity</b>	1644	<b>Current Annex Census</b>	1520
<b>Total Capacity</b>	3247	<b>Total Current Census</b>	2904

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade (M-Grade)</i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<i>Impaired</i>
	1638	696	535	9	10	231
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<i>Impaired</i>
	1910	161	817	0	0	7

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<b>DC</b>	<b>AC</b>	<b>PM</b>	<b>CM3</b>	<b>CM2</b>	<b>CM1</b>
	211	184	76	0	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
<b>Physician</b>	1	0
<b>Clinical Associate</b>	0	0
<b>RN</b>	5.6	2.6
<b>LPN</b>	11.6	4.7
<b>Staff Dentists</b>	1	1
<b>Dental Hygienists</b>	1	1
<b>Dental Assistants</b>	2	1

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
<b>Psychiatrist</b>	.5	.5
<b>Senior Mental Health Clinician</b>	1	1
<b>Behavioral Specialist</b>	5	0

## DEMOGRAPHICS

### Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	.5	0
RN	5.2	1.8
LPN	7.0	1.7
Staff Dentists	1	1
Dental Hygienists	1	1
Dental Assistants	1	1

### Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	.5	.5
Senior Mental Health Clinician	1	1
Behavioral Specialist	3	1

## OVERVIEW

Columbia Correctional Institution (COLCI) 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 at the Main Unit and at the Annex. COLCI consists of a Main Unit, Annex, and Work Camp.

The overall scope of services provided at COLCI 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/infirmarary care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at COLCI on July 14-16, 2015. 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 demonstrating 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 monthly 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 monthly 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**

Columbia Correctional Institution-Main (COLCI-Main) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at COLCI-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.
- M5 - Inmate requires long-term care (greater than 30 days) inpatient, infirmary, or designated housing

### **CLINICAL RECORDS REVIEW**

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

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

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

There were findings requiring corrective action in the review of consultations, medical inmate requests, intra-system transfers, medical administration record review, and in 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 systems or dental care.

#### **ADMINISTRATIVE PROCESSES REVIEW**

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

#### **INSTITUTIONAL TOUR**

There was a finding as a result of the institutional tour; the item to be addressed is indicated in the table below.

## Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-1: In 7 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-2: In 7 records, the baseline information was incomplete or missing (see discussion).</b></p> <p><b>PH-3: In 6 records, there was no evidence of initial and ongoing patient education (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in chronic illness clinics 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:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the DC4-770 "Chronic Illness Clinic Flow Sheet." Per Department standards, the DC4-770 series must be completed in its entirety. When the flow sheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history.*

***Discussion PH-3:** In all of the records, the most recent CIC visit was not documented on the flow sheet and there was no documented education on the CIC progress note.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-4: In 2 of 9 applicable records, there was no evidence of the annual fundoscopic examination (see discussion).</b></p> <p><b>PH-5: In 1 of 4 applicable records, there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every three months (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine 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 both records, there was no evidence of a fundoscopic examinations since 2013.*

**Discussion PH-5:** In this record, an inmate with HgbA1c levels over 8.0 was scheduled for his endocrine clinic follow-up in six months.

<b>Gastrointestinal Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-6: In 2 of 2 applicable records, inmates with cirrhosis were not screened for hepatocellular carcinoma.</b></p> <p><b>PH-7: In 8 records, 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.</b></p> <p><b>PH-8: In 3 of 15 applicable records, there was no evidence of influenza vaccine or refusal.</b></p> <p><b>PH-9: In 2 of 2 applicable records, there was no referral to a specialist although indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal 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-9:** In the first record, an inmate with cirrhosis was seen by the gastroenterologist who recommended the inmate return to the clinic in three months. However, no appointment was scheduled. In the second record, an inmate with cirrhosis, documented by biopsy, had increasing abnormal lab values. CMA surveyors noted the inmate may require services outside of the scope of the current treatment plan, including off-site gastroenterological evaluation.



### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 4 of 14 applicable records (15 reviewed), there was no evidence of hepatitis B 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 records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-11: In 1 of 7 records reviewed, there was no referral to a specialist although indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-11:** *In this record, an inmate with glaucoma was evaluated by an ophthalmologist in October 2014. At that time, the specialist recommended follow-up in “3 to 4 months.” However, the inmate has not been evaluated since.*

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: In 11 of 14 records reviewed, seizures were not 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 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-12:** 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.*

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-13: In 7 of 13 applicable records, reactive airway diseases were not classified as mild, moderate, or severe.</b></p> <p><b>PH-14: In 1 of 1 applicable record, there was no evidence that anti-inflammatory medications were prescribed for inmates with moderate or severe disease.</b></p> <p><b>PH-15: In 3 of 13 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 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><b>A comprehensive review of 8 inmate records revealed the following deficiencies:</b></p> <p><b>PH-16: In 1 of 1 applicable record, there was no evidence that inmates with adverse reactions to INH therapy were referred to the clinician (see discussion).</b></p> <p><b>PH-17: In 1 of 1 applicable record, there was no evidence that the inmate was seen by the clinician for the final CIC visit.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis 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-16:** In this record, an inmate with elevated AST/ALT laboratory values was not referred to the clinician for follow-up. Additionally, laboratory testing has not been repeated since May 2015.*

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-18: In 5 records, there was no evidence of appropriate care orders (see discussion).</b></p> <p><b>PH-19: In 2 of 9 applicable records, there was no evidence that all orders were implemented (see discussion).</b></p> <p><b>PH-20: In 8 of 9 applicable, there was no evidence of a discharge note or the note was incomplete (see discussion).</b></p> <p><b>PH-21: In 3 of 6 applicable records, there was no evidence that the inmate was evaluated within one hour of admission (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 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>

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-22:</b> In 3 of 6 applicable records, patient evaluations by nursing staff were not conducted at the required intervals (see discussion).</p> <p><b>PH-23:</b> In 2 of 6 applicable records, there was no evidence that guidelines for 23 hour observation status were observed (see discussion).</p> <p><b>PH-24:</b> In 5 of 6 applicable records, the inpatient file did not contain all the necessary components (see discussion).</p> <p><b>PH-25:</b> In 4 of 6 applicable records, there was no evidence that clinician rounds were conducted according to policy.</p> <p><b>PH-26:</b> In 4 of 6 applicable records, there was no evidence that weekend and holiday phone rounds were conducted according to policy.</p>	

**Discussion PH-18:** In three records, the clinician's orders were not found in the medical record and were unable to be located by institutional staff. In two records, the orders were present but were missing information regarding the frequency of vital signs, activity level, and dietary restrictions.

**Discussion PH-19:** In one record, Phenergan was ordered but there was no evidence that it was given to the inmate. In another record, vital signs were ordered every four hours, but the medical record indicated they were taken only at admission and discharge.

**Discussion PH-20:** In four records, the discharge note was not contained in the medical record and was unable to be located by institutional staff. In four records, the discharge note was present, but patient education was not documented.

**Discussion PH-21 & 22:** Inmate health information, patient care orders, nursing notes, and discharge summaries are to be documented on the form "Infirmary Outpatient Admission 23-Hour Observation Nursing Notes" (DC4-732B). This form provides prompts for all of the required information. In all of the deficient records, the form was not utilized.

**Discussion PH-23:** According to Health Services Bulletin (HSB) 15.03.26 “Infirmiry Services”, at the end of the 23 hour observation period, inmates must either be discharged or transferred into a higher level of care. In both of the deficient records, there was no documentation that indicated when the patient was discharged.

**Discussion PH-24:** In two records, the history and physical was missing. In two records, the “Infirmiry Admission Order Sheet” (DC4-414D) was missing. In the last record, vital signs were not documented.

<b>Sick Call Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-27: In 3 of 10 applicable records (18 reviewed), there was no evidence that follow-up visits occurred timely (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call 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-27:** In the first record, an inmate was seen in sick call for complaints of foot pain and uncontrolled blood sugars. Follow-up with the clinician was indicated, however there was no documentation in the medical record that he was seen. Subsequently, the inmate was later admitted multiple times to the infirmiry for uncontrolled blood sugars. In the second record, an inmate was seen in sick call on 4/26/15 for back pain. A follow-up visit with the clinician was scheduled, but later cancelled and never rescheduled. The inmate had to place a second sick call request in order to be seen. In the last record, an inmate complained of anergia and lethargy secondary to his blood pressure medications. He was assessed in sick call and found to have a blood pressure reading of 112/78. At that time, the inmate admitted to skipping doses. The sick call encounter noted that blood pressure checks were ordered daily for five days but evidence of these checks was not contained in the medical record. Additionally, notes indicated that the chart would be forwarded to the clinician for review of the medication, however there was no notation contained in the record that this occurred.

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>PH-28: In 7 records, the relevant diagnosis was not recorded on the problem list.</b></p> <p><b>PH-29: In 4 records, the consultation log was incomplete.</b></p> <p><b>PH-30: In 1 of 5 applicable records, the Alternative Treatment Plan (ATP) was not documented in the medical record.</b></p> <p><b>PH-31: In 1 of 5 applicable records, there was no evidence that the ATP was implemented.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Medical Inmate Requests Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-32: In 4 of 12 applicable records (18 reviewed), the follow-up response did not occur as intended (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those writing medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-32:** *In the first record, an inmate was inquiring about the delay in returning to the urologist for a follow-up appointment. A note written by the clinician on 6/1/15 indicated that the inmate was to return to the urologist in 30 days, however at the time of the survey the inmate had not been scheduled. In the second record, an inmate was requesting a cane for assistance with ambulation. The response indicated that the inmate would be evaluated by the clinician and a note from the nurse indicated that the inmate had fallen "two times in three weeks." At the time of the survey there was no documentation in the medical record that the inmate had been seen by the clinician. In*

*the third record, an inmate requested that his hearing aid be repaired. Documentation in the medical record indicated that the inmate left the hearing aid with medical staff in April but the device was not sent out to be fixed until June. In the last record, an inmate stated that he had not received his prescription for Bentyl which was ordered in April. The response on 5/11/15 indicated the medication was reordered. However, the inmate's medication administration record (MAR) could not be located and CMA surveyors were unable to verify that this medication had been provided to the inmate.*

### Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 inmate records revealed the following deficiencies:</b></p> <p><b>PH-33: In 4 of 9 applicable records, chronic illness clinic (CIC) appointments did not take place as scheduled (see discussion).</b></p> <p><b>PH-34: In 5 records, there was no evidence that the clinician reviewed the health record within seven 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 biweekly monitoring of no less than ten records of those transferring into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-33:** *In the first record, an inmate was placed on Keppra for seizure control but had not been enrolled in the neurology clinic. In the second record, the inmate has not had a CIC appointment since June 2014. In the third record, the inmate was last seen in September 2014. In the last record, an inmate was enrolled into the clinic on 5/26/15 and an intake appointment scheduled for 6/17/15. The inmate transferred into COLCI on 6/30/15 but was never rescheduled by institutional staff.*

### Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-35: In 10 records, the periodic screening was incomplete (see discussion).</b></p> <p><b>PH-36: In 6 records, the diagnostic testing was incomplete (see discussion).</b></p> <p><b>PH-37: In 6 records, there was no evidence that the inmate was provided</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p>with laboratory results at the time of the screening (see discussion).</p> <p><b>PH-38: In five records, there was no evidence that health education was provided (see discussion).</b></p>	

***Discussion PH-35, 36, 37, & 38:** According to the HSB that governs periodic screenings (15.03.04), the periodic screening encounter may be conducted by the clinician as part of the regularly scheduled CIC visit. The encounter should also be documented on the "Periodic Screening Encounter" (DC4-541). This form contains prompts for all of the required screening and diagnostic testing requirements. In all of the periodic screening encounters that were conducted at the CIC visit, the requirements were not met. In addition, the DC4-541 was not utilized.*

### Medication Administration Record (MAR) Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-39: In 1 of 3 applicable records (10 reviewed), there was no evidence that an inmate was counseled after three missed consecutive doses.</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 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>

### Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-40: A tour of the inmate housing areas revealed that first-aid kits were not inspected monthly.</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, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



## **PHYSICAL HEALTH FINDINGS - ANNEX**

Columbia Correctional Institution-Annex (COLCI-Annex) provides outpatient physical health services. The following are the medical grades used by the department to classify inmate physical health needs at COLCI-Annex:

- 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.
- M5 - Inmate requires long-term care (greater than 30 days) inpatient, infirmary, or designated housing

### **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 was a finding requiring corrective action in the review of sick call services; the item to be addressed is indicated in the table below. There are no infirmary services provided at the Annex.

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

There were no findings requiring corrective action in the review of intra-system transfers, medication administration records, medical inmate requests, or periodic screenings. There were findings requiring corrective action in the review of consultations; the items to be addressed are indicated in the table below.

#### **DENTAL REVIEW**

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

#### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control or pharmacy services. There were findings requiring corrective action in the administration of the pill line; the items to be addressed are indicated in the table below.

#### **INSTITUTIONAL TOUR**

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

## Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 4 of 15 records reviewed, inmates were not seen appropriately according to their M-grade (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in 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 Health Services Bulletin (HSB) 15.03.13, inmates with an M-grade of 3 should be seen in the chronic care clinic every three months. In all four records, the inmates were seen at intervals of 6 months or more.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: In 3 of 13 applicable records (14 reviewed), there was no evidence of an annual fundoscopic examination.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 2 records, the diagnosis was not appropriate for the clinic (see discussion).</b></p> <p><b>PH-4: In 2 of 8 applicable records, the 770C “Miscellaneous Clinic Flow Sheet” was incomplete or missing (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-3:** The miscellaneous clinic is for any patient with a chronic disease that requires treatment/monitoring not addressed in another chronic illness clinic. In these two records, the inmates had conditions that should be addressed in the cardiovascular clinic per HSB 15.03.05 Appendix #4. One inmate was diagnosed with hyperlipidemia and the other was diagnosed with hypertriglyceridemia.*

***Discussion PH-4:** In one record, the 770C “Miscellaneous Clinic Flow Sheet” was not updated to include information from the latest clinic visit and there was no evidence of the documentation of the control of the disease or the status of the patient. In the second record, the DC4-770C was not located in the record. Department policy requires that all areas of the DC4-770 be completed in its entirety.*

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 8 of 13 applicable records, seizures were not classified.</b></p> <p><b>PH-6: In 3 of 13 applicable records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-6:** In one record, Tegretol was not listed on the chronic illness clinic (CIC) worksheet in the current medications and dosage box. In another record, the CIC*

worksheet for the May clinic visit did not list the Valporic Acid or Dilantin that the inmate was prescribed and only listed Vimpat. Further review of the MAR indicated missed doses in June of all three medications and as a result, the inmate was seen for seizure activity. A new drug exemption request (DER) for Vimpat was written in July but not sent to the pharmacy so the medication was not received timely. This was brought to the attention of staff who went to the local pharmacy to pick up the medication during the survey. In the last record, an inmate was evaluated for the endocrine and neurology clinic at the same clinic visit on 2/16/15. The neurology medications were appropriate, however the inmate's HgA1c was elevated at 11.1 and his diabetes medication was renewed without adjusting the dosage. The clinician ordered another HgA1c draw in one month which resulted in a level of 11.6. A progress note dated 5/6/15 indicated the inmate needed to be seen in clinic, but as of the date of this survey the inmate had not been seen.

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: In 2 of 4 applicable records (10 reviewed), there was not a referral to a specialist when indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-7:** In one record, a consultation request was made for an inmate with prostate cancer to see the urologist. That consultation request was denied as with an "ATP" (alternate treatment plan) requesting that labs and an ultrasound be done and then resubmitted. The labs were completed but the ultrasound was not done and the consultation request was never resubmitted. As a result of discussions with the CMA surveyor, the ultrasound was scheduled. In another record, an inmate with prostate cancer refused a referral to the urologist per progress notes, but there was not a refusal in the record signed by the inmate. Without a signed refusal in the record, it is difficult to determine the inmate's intention.

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 6 of 11 applicable records (16 reviewed), there was no evidence that reactive airway disease was classified.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory 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><b>PH-9: In 1 of 3 applicable records (17 reviewed), there was no evidence that the follow-up assessment was completed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call 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-9:** *In this record, an inmate reported to sick call on 6/8/15 with a nose bleed, stating that he had been hit while playing basketball. The progress note states that the inmate was to be scheduled for an X-ray but the X-ray had not been completed as of the date of this survey.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-10: In 3 of 15 applicable records, the consultation was not performed in a timely manner (see discussion).</b></p> <p><b>PH-11: In 5 records, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-12: In 3 of 15 applicable records, there is no evidence that the consultant's treatment recommendations were incorporated into the treatment plan (see discussion).</b></p> <p><b>PH-13: In 2 of 2 applicable records, the ATP was not documented in the record (see discussion).</b></p> <p><b>PH-14: In 2 of 2 applicable records, there was no evidence that the ATP was implemented (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-10:** In one record, a diabetic inmate was seen for a consultation with an optometrist on 4/28/15 who recommended an evaluation for cataract surgery. On 5/8/15, the new consultation was submitted and marked "urgent," but was returned as an ATP requesting additional information. On 5/21/15, progress notes indicated that the inmate was seen in clinic to re-evaluate the visual disturbance and that the consult for surgery would be resubmitted. There was no evidence in the chart that the consultation had been resubmitted and after discussions with CMA surveyors, the new consultation request was completed on 7/16/15.*

*In another record, an initial consultation was submitted on 10/30/14 for an inmate with a history of trauma to the left foot and a 3<sup>rd</sup> toe cystic lesion. The consultation was completed on 2/13/15, recommending a partial amputation of the toe due to a large enchondroma. On 4/23/15, the request for general surgery was submitted, the inmate was seen on 5/15/15 by the surgeon, and the toe was amputated on 6/2/15, four months after the original recommendation for surgery. The inmate was subsequently referred to oncology with a diagnosis of grade 1 chondrosarcoma.*

*In the third record, an inmate was seen on 3/31/15 at RMC regarding a giant cell tumor of the left proximal tibia. The recommendation was to get an MRI of the knee, a CT of the chest, abdomen, and pelvis to rule out possible metastatic disease, and to make an "urgent" referral to University of Florida Health Shands Hospital (Shands) for possible surgery. The inmate was seen at Shands on 6/8/15. Shands requested copies of the MRI and CT, however they had not been completed. The resulting plan was that a*

decision for biopsy would be made based on the requested radiographs. The CT scan was done in June but the MRI had not been done and was only scheduled at the time of the survey as a result of discussions with staff by CMA surveyors.

**Discussion PH-12:** In one record, an inmate was referred to an orthopedic specialist for a complex tear of the meniscus and abnormal ACL. On 5/5/15, the consultant stated that he had evaluated the inmate in November 2014 with the same complaint, and at that time recommended a consultation at Shands due to the inmate’s complicated medical situation.

The consultant’s recommendation from 2014 was not incorporated into the treatment plan, but a new consultation request was submitted on 5/7/15 for the Shand’s referral. That referral, however, was returned to the institution requesting that additional information be supplied. In addition to this record, the consultant’s recommendations were not incorporated into the treatment plan in the two records discussed above regarding the cataract surgery and the tumor in the left tibia.

**Discussion PH-13 & PH-14:** Policy requires that the clinician document the denial in the progress notes and describe an “alternative plan of care” (Health Services Bulletin, 15.09.04, effective date 3/28/13).

<b>Dental Systems</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A tour of the dental clinic revealed the following deficiencies:</b></p> <p><b>PH-15: The preventive dentistry/oral hygiene posters and the American Heart Association prophylactic regimens were not displayed.</b></p> <p><b>PH-16: The autoclave testing log was not current or complete.</b></p> <p><b>PH-17: There was no evidence that an emergency drug kit was available or that it was checked monthly for expired drugs.</b></p> <p><b>PH-18: There was no evidence that dental request logs were maintained.</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, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Dental Care Services

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-19: In 4 of 6 applicable records (18 reviewed), there was no evidence of consultation or specialty services results that indicated outcome or current status of patient (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-19:** In one record, a biopsy was completed but no diagnosis or results were documented in the record. In two records, post-operative documentation of reconstruction surgery were difficult to follow and did not describe the current status of the inmate. In the final record, a consultation was completed in March 2015, but results were not documented.*

## Administration of the Pill Line

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-20: Staff administering the medications did not wash their hands prior to beginning the pill line.</b></p> <p><b>PH-21: Medications were pre-poured for the next morning (see discussion).</b></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-21:** Per the nursing manual, medications may not be pre-poured for other shifts, days, or personnel.*



## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-22: The log for the medical refrigerator was not current or complete.</b></p> <p><b>PH-23: One emergency medication was expired and one medication count was not accurate on the emergency/trauma medication log.</b></p> <p><b>PH-24: Over-the-counter medications were not consistently available in all dorms and there was no log for the count in N dorm.</b></p> <p><b>PH-25: The first aid kit in O dorm was inaccessible behind a locked door and staff did not have a key.</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, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## CONCLUSIONS – PHYSICAL HEALTH

### MAIN UNIT

The physical health staff at COLCI-Main serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities as well as advanced age. 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 and infection control activities. The physical health team reviewed 266 records and found deficiencies in 157 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.

At the time of the survey, COLCI-Main was affected by staffing shortages. Agency staff was being utilized in some positions. The clinician, in addition to his regular duties had been providing coverage for psychiatry at COLCI-Main, as well as some duties at COLCI-Annex.

CMA surveyors noted several areas in which the provision of clinical services were found to be deficient. These included delayed or overlooked follow-up clinical services on-site, as well as missed opportunities for follow-up with consultants off-site. Additionally, multiple deficiencies were identified in the review of periodic screenings, as a majority of the records reviewed did not include all the necessary screening components and almost half of the records reviewed had incomplete laboratory and diagnostic testing. This screening is an important preventative mechanism for identifying health concerns, in particular for inmates not utilizing other medical services.

In several areas documentation was also found to be deficient. There were multiple examples of incomplete patient care orders, blank spaces on required documentation, and incorrect forms being utilized. In particular, a review of infirmary services revealed notable lapses in documentation. Even for an experienced CMA surveyor, it was difficult to identify the plan of care and ascertain whether ordered treatments were implemented. CMA surveyors were concerned that incomplete and inadequate documentation could affect continuity of care or lead to medical errors.

Overall, medical records were organized and paperwork appeared to be filed in a timely manner. Interviews with staff and inmates revealed that both parties identified current staffing levels as a concern, with inmates in particular identifying long wait times for sick call services and follow-up appointments. A tour of the compound revealed that all areas were clean and neat.

Taking into account the large number of insufficiencies related to both the documentation and provision of clinical services, it is clear that COLCI-Main will benefit from the corrective action process.

## ANNEX

The physical health staff at COLCI-Annex serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. Inmates requiring infirmary care are transferred to the Main Unit. 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 256 records and found deficiencies in 69 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.

Interviews with inmates and medical and security staff, revealed inconsistent methods of collection and distribution of an inmate's sick call request form. Three of the four inmates interviewed expressed dissatisfaction with medical services and the process for sick call. While it is recognized that the inmate population may have an incentive to complain about services, when a significant number of inmates report similar concerns, further investigation may be warranted. It is not always possible to confirm or refute interview findings during a survey, but in this case, several staff confirmed the inmate complaints when they also described inconsistencies in the sick call process. According to Procedure 403.006, the inmate can sign up for sick call by filling out an "Inmate Sick Call Request" and giving it to health services staff or placing it in a secured box. The policy states that only health care staff will open this container and forms will then be triaged daily by nursing staff. While some interviewees agreed that this policy was followed, others described different methods. One interviewee stated that forms are filled out and passed back to security who then gave it to medical. One inmate described that when the officer calls you out for sick call that "he yells out your problem too." CMA surveyors expressed concern that inmate privacy and HIPAA violations may occur during this process.

After discussing these concerns, medical staff was receptive and immediately provided the CMA with a narrative that described the sick call process and indicated their intent to uniform the process across all dorms. Health care staff indicated that the procedure had been changed in early June so that the secured box was no longer used and that security would deliver a sign-up sheet to medical each night by midnight. Although this new process had been implemented, staff admitted that some continued to use the old process which resulted in the inconsistencies. It was not known if some requests for sick call (those put in the secured box after the policy change) were ever received by medical staff. The new procedure will require inmates to sign up for sick call in the dorm (the form contains no complaint information). Security will collect the sign-up sheet before midnight and transport it to medical triage. The next morning the inmate will report to medical at 0700 to fill out a sick call form that identifies the complaint to medical staff.

When analyzing the data, there were several areas in which concerns were raised. Many consultation requests were returned as ATPs requesting additional information & delaying services for the inmate. It should be noted that incomplete or inadequate follow-up to these requests continued until the time of the survey when pointed out by CMA surveyors. Consultations were also identified as an issue in dental services and in the oncology clinic. Lapses or delays in medication administration were identified in the neurology clinic as evidenced by blanks on MARs and DERs that were not submitted. In other clinics, the review of appropriate medications was difficult due to incomplete documentation on the CIC flow sheets.

CMA surveyors acknowledge that several challenges may have contributed to some of these findings. Shortly after the contract transition in November 2013, this institution was designated

as an ADA camp housing inmates in need of high acuity care. In addition, retaining nursing staff has been difficult and currently there are 9.8 nursing positions vacant. The Director of Nursing started in June 2015 and the site Medical Doctor started two weeks prior to the survey.

Based on the findings of this survey and discussions above, it is clear that the corrective action process will be beneficial to COLCI-Annex as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

## **MENTAL HEALTH FINDINGS - MAIN**

Columbia Correctional Institution - Main (COLCI-Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at COLCI-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 or psychiatric ARNP care).

### **CLINICAL RECORDS REVIEW**

#### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were no available episodes of restraints for review at COLCI-Main. 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.

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

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

#### **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 medication practices 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.

#### **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><b>A comprehensive review of 8 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p> <p><b>MH-2: In 3 records, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</b></p> <p><b>MH-3: In 1 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</b></p> <p><b>MH-4: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-5: In 5 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</b></p> <p><b>MH-6: In 8 records, daily counseling by mental health staff did not occur or was not documented.</b></p> <p><b>MH-7: In 2 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-3:** According to the Department’s HSB, 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 one of the two applicable records, there was no documentation by the attending clinician that this was considered.*

***Discussion MH-4:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 “Observation Checklist.” In 3 records, there were blanks on the checklist indicating the inmate was not observed as required.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-8: In 2 of 5 applicable records, there was no evidence that initial lab tests were conducted.</b></p> <p><b>MH-9: In 2 of 2 applicable records, there was no evidence that abnormal laboratory results were addressed (see discussion).</b></p> <p><b>MH-10: In 8 of 13 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>MH-11: In 11 of 17 applicable 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>MH-12: In 4 of 4 applicable records, there was no indication that the nurse met with an inmate if he refused psychotropic medication for two consecutive days and/or referred to the clinician if needed.</b></p> <p><b>MH-13: In 4 of 4 applicable records, there was no DC4-711A "Refusal of Health Care Services" after 3 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-14: In 17 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-15: In 7 of 9 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</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 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-9: In both cases, labs were not repeated for inmates with low Tegretol levels.*

**Discussion MH-11:** Deficiencies noted in 9 of the 11 records, were related to blanks on MARs or no documentation of refusals. The remaining deficiencies were related to implementation of orders. In one case, an order was written for the inmate to receive Tegretol in a chewable form, however the medication was not given. In the other case, the orders to change the dosages of Prolixin and Cogentin were not implemented.

### Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-16:</b> In 1 of 5 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</p> <p><b>MH-17:</b> In 9 records, the Individualized Service Plan (ISP) was not signed by the inmate or a refusal was not documented.</p> <p><b>MH-18:</b> In 6 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-18:** Counseling was not provided every 30 days and /or inmates were not seen by the psychiatrist every 90 days as indicated on the ISP.

### Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-19:</b> In 3 of 5 applicable records (18 reviewed), psychotropic medications ordered were not continued as directed while the patient was held in special housing.</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>



## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-20: In 3 of 9 applicable records (16 reviewed), a referral was indicated in the request response but did not occur (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 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-20:** *Each of the three requests were related to medication issues. In one record the inmate asked why he was not receiving medication. When he was seen by the mental health professional nearly two months later, he continued to report he was not receiving medication. There were numerous blanks on the MARs and the MAR for April could not be located. In another case the inmate requested medication. The response indicated that he was seen by the psychiatrist, however there was no corresponding note, therefore surveyors were unable to determine if he was actually seen and medications considered. In the remaining record, the inmate requested a change in the time of administration of medication. He was not seen until one month later in response to a psychological emergency related to the same issue.*

## MENTAL HEALTH SYSTEMS REVIEW

<b>Administrative Issues</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-21: The Main Unit did not have all of the required restraint equipment and the equipment was stored outside the secure gates in the administration building (see discussion).</b>	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via purchase order
<b>MH-22: Two Isolation Management Rooms had safety concerns (see discussion).</b>	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.
<b>MH-23: There was no documentation indicating the clinical staff were receiving weekly clinical supervision.</b>	Provide evidence in the closure file that the issue described has been corrected.  Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

**Discussion MH-21:** According to the Department's HSB (15.05.10) the institution should have at least two sets of four point restraints and one helmet in three varying sizes (small, medium and large). There were no four point restraints and only one helmet, which were located in the administration office outside the gate.

**Discussion MH-22:** There were gaps in the edges of the floor and paint was peeling from the wall in one cell. The floor in another cell was moist due to a leaky window and wet toilet paper was pressed into the bottom edges of the floor.

**Discussion MH-23:** According to the Department's HSB (15.11.01 Appendix F), a senior psychologist is responsible for providing a minimum of one accrued hour of clinical supervision to all psychological services providers weekly. There was no documentation of this supervision at COLCI-Main.

## **MENTAL HEALTH FINDINGS - ANNEX**

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

- 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 available episodes of restraints for review at COLCI-Annex. 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.

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

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

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

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

#### **OUTPATIENT SERVICES REVIEW**

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

#### **AFTERCARE PLANNING REVIEW**

There were findings requiring corrective action in the aftercare planning review; 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><b>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</b></p> <p><b>MH-2: In 2 records, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</b></p> <p><b>MH-3: In 3 records, the length of stay for the inmate placed in an observation cell exceeded 72 hours.</b></p> <p><b>MH-4: In 5 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-5: In 8 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</b></p> <p><b>MH-6: In 6 records, daily counseling by mental health staff did not occur or was not documented.</b></p> <p><b>MH-7: In 3 of 9 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p> <p><b>MH-8: In 4 records, not all entries were dated, timed, signed, and/or stamped (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-4:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 “Observation Checklist.” In 4 records, there were blanks on the checklist indicating the inmate was not observed as required. In 1 record, no observation checklist was present.*

***Discussion MH-8:** In 2 records, a daily nursing evaluation was not dated. In another record, an observation checklist was not dated. In an additional record, the admission was incorrectly dated and had no clinician signature.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-9: In 1 of 3 records reviewed, a written referral to mental health by physical health staff 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 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-9:** 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. In one record, there was no written referral to mental health.*

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>MH-10: In 7 of 13 records, the mental status exam (MSE) was not completed within the required time frame (see discussion).</b></p> <p><b>MH-11: In 3 of 12 applicable records, follow-up mental status exams (MSEs) were not completed within the required time frame (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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-10 & 11:** The Department's HSB (15.05.08) states that each inmate who is classified as S3 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a MSE within 5 days and every 30 days thereafter. The MSEs listed above did not meet the required time frames.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-12: In 1 of 5 applicable records, there was no evidence that initial lab tests were conducted.</b></p> <p><b>MH-13: In 1 of 4 applicable records, there was no evidence that abnormal laboratory results were addressed (see discussion).</b></p> <p><b>MH-14: In 7 of 11 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>MH-15: In 11 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-16: In 3 of 11 applicable records, there was no DC4-711A “Refusal of Health Care Services” after 3 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-17: In 14 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-18: In 4 of 7 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</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 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-13:** *In one record, the inmate was referred to medical after a high Lithium level. Medical documented that mental health needed to adjust Lithium medication because of the high level. After the recommendation to decrease Lithium, it was increased without justification. The inmate then began refusing the medication and it was eventually discontinued due to non-adherence.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-19: In 3 of 15 applicable records, there was no indication that a qualified healthcare staff person reviewed the medical record within 24 hours of the inmate's arrival.</b></p> <p><b>MH-20: In 3 of 10 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</b></p> <p><b>MH-21: In 11 records, the ISP was not signed by the inmate or a refusal was not documented.</b></p> <p><b>MH-22: In 2 of 13 applicable records, the ISP was not reviewed or revised at the 180 day interval.</b></p> <p><b>MH-23: In 5 records, mental health problems were not listed on the problem list.</b></p> <p><b>MH-24: In 5 records, there is a lack of documentation that the inmate received the mental health interventions and services described in the ISP.</b></p> <p><b>MH-25: In 3 of 8 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days (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 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-25:** *The Department's HSB (15.05.18) states that counseling services will be offered to inmates with a current diagnosis of psychotic disorder, or any disorder with psychotic features. In three records, there was at least one 30 day period in which the inmate did not receive counseling.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-26: In 3 of 4 applicable records, a DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of EOS.</b></p> <p><b>MH-27: In 3 of 7 applicable records, assistance with social security benefits was not provided at 90 days of EOS for applicable inmates.</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 inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## MENTAL HEALTH SYSTEMS REVIEW

### Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-28: Mattresses used in the SHOS/Observation Cells were damaged (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>
<p><b>MH-29: There was no documentation indicating the clinical staff were receiving weekly clinical supervision (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-28:** One of the observation cells had a mattress with a tear that compromised the cover. The other cell had a mattress with a large torn area (frayed) that could be removed by an inmate. Both mattresses could create safety concerns for inmates on SHOS.

**Discussion MH-29:** According to the Department’s HSB (15.11.01 Appendix F), a senior psychologist is responsible for providing a minimum of one accrued hour of clinical supervision to all psychological services providers weekly. There was no documentation of this supervision at COLCI-Annex. This was especially important at COLCI-Annex because of recent staff turnover and hires.



# CONCLUSIONS – MENTAL HEALTH

## MAIN UNIT

The mental health staff at COLCI-Main serves a complex and difficult population. Outpatient services, including case management and individual counseling, are provided to approximately 500 inmates on the mental health caseload. 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, provide aftercare planning for eligible inmates, and daily counseling for inmates in Self-harm Observation Status (SHOS).

Many of the findings noted in this report are related to psychiatric services. In all but one of the 18 records reviewed for psychotropic medication, inmates were not seen for follow-up within the required 90 day timeframe. In 11 cases, follow-up was not provided for five months or greater and in three of those cases, follow-up was not provided for nine months or greater. Oftentimes medication orders were continued by the site Medical Director, however there was no corresponding note indicating the inmates had been seen. In other cases medication was discontinued when the order expired, however there was no order from a clinician to discontinue the medication. Additionally, initial, abnormal, and follow-up lab studies as well as AIMS assessments were not performed as required.

Many records lacked appropriate documentation of the daily administration of medication. On many occasions, there were gaps in the medication administration record (MAR) indicating that medication was not administered for that day. In addition, some MARs contained gaps on multiple and/or consecutive days. In some cases MARs indicated inmates refused medication, however corresponding refusals were not located. In two cases medication orders were not implemented. Additionally, a review of inmate requests revealed inmates' concerns regarding missed psychotropic medications. Surveyors were concerned that inmates on mental health medications (especially those requiring titration) who do not receive those medications as prescribed may experience adverse physical or psychological effects. There were also additional nursing findings related to incomplete or missing assessments in SHOS and documentation of medication refusals.

A review of outpatient services revealed that ISPs were not consistently signed by the inmate which is an indication that the inmate was not involved in the planning of his treatment goals. Additionally, inmates did not always receive the interventions (i.e. counseling and psychiatric services) as agreed upon in the ISP. However case management notes were thorough and relevant and counseling notes addressed the issues documented on the Individualized Service Plan. Inmates were seen as required in Special Housing. There were no findings requiring corrective action in the review of psychological emergencies and aftercare planning.

There is currently a vacant halftime psychiatrist position to serve the approximately 440 inmates receiving psychotropic medications. This position has been vacant for some time with various Locum Tenens providing coverage. Additionally there are 7.3 vacancies in the allotted 17.2 nursing positions, and none of these positions are dedicated to providing mental health services. There are five mental health professionals and a newly hired Senior Mental Health Clinician. Based on the findings in the psychiatric medication review, position vacancy, and current level of clinician coverage (20 hours per week), surveyors recommend evaluation of psychiatric staffing levels to ensure inmates have adequate access to 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 the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

## **ANNEX**

At the time of the survey, COLCI-Annex mental health staff was providing outpatient services to approximately 475 inmates on the mental health caseload. 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, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on Self-harm Observation Status (SHOS) temporarily housed in observation cells in the confinement unit.

COLCI-Annex faces a unique facility challenge. There are no isolation management rooms (IMR) in the Annex. There are four designated observation cells in confinement that are used to house inmates on SHOS while awaiting an open IMR. The Main Unit only has two IMRs to cover the inmates on the Main and the Annex. The observation cells are to be utilized for up to 72 hours, but are regularly used for longer while attempts are made to transfer inmates to an institution with a vacant IMR.

Of specific concern were the totality and severity of findings related to the prescribing, assessing, and distribution of psychotropic medication. The majority (11 of 16) of the applicable records, indicated the inmate did not receive medication as prescribed and/or continued to receive medication after it was ordered to be discontinued. In reviewing the MAR it was difficult to follow the daily distribution. Nurses were not using the identified key for assigning episodes of inmate refusals. The key indicated that the number one (1) be written in the blank if an inmate refused a dose. Throughout the MAR the number one appeared to be written frequently. After speaking with staff, our surveyors were informed that the number 1 they were observing on the MAR was written by a specific nurse to indicate her initials (describing the inmate had received the medication). This was confusing especially when the number 1 was written for a day in which the inmate signed a refusal for his medication. In these cases, the number 1 would have been correct but staff reported that, even in those cases, the mark indicated that the inmate had taken the prescribed medication. It was recommended to staff that they use the identified key system to document on the MAR to avoid further confusion. Additionally initial, abnormal, and follow-up lab tests were inconsistently ordered or followed-up. In the majority (14 of 17) of records reviewed, follow-up contacts were not conducted as required.

After completing the survey and interview process, some challenges related to staffing were observed. To provide psychiatric services to approximately 375 S3 inmates, there is a part-time (20 hours per week) Psychiatrist position assigned. This position was vacant at the time of the survey and was being covered by a Locum Tenens. In addition, there is one full-time Senior Mental Health Clinician position that was also vacant and covered by a Locum Tenens. Lastly, there were three full-time mental health positions assigned with one of those positions vacant at the time of the survey. These vacancies, although there was some Locum Tenens coverage, created difficulty in providing treatment continuity according to conversations with COLCI-Annex staff. Additionally based on the findings in the psychiatric medication review, position vacancy, and current level of clinician coverage (20 hours per week), surveyors recommend evaluation of psychiatric staffing levels to ensure inmates have adequate access to mental health services

Mental health staff were cooperative and helpful throughout the survey process. Although there were findings that raised concern during the survey, it should be noted that there were no findings in the review of psychological emergencies and inmate requests. The corrective action plan process will be beneficial in rectifying the findings noted above. In addition, staffing the vacant positions and providing new employees appropriate training and supervision will be an important step towards providing adequate mental health care at COLCI-Annex.

## 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.