



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Columbia Correctional Institution

in

Lake City, Florida

on

July 17-19, 2018

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2950	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1427	Current Main Unit Census	1153
Annex Capacity	1566	Annex Census	1462
Satellite Unit(s) Capacity	441	Current Satellite(s) Census	335
Total Capacity	3434	Total Current Census	2950

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1442	912	326	4	8
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1726	116	790	N/A	N/A	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	226	217	147	0	0	0

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	N/A	N/A
RN	11	7
LPN	13	0
Dentist	1	0
Dental Assistant	1.5	0
Dental Hygienists	.5	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	.6	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Psychologist	1	0
Mental Health Professional	5	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	1
Mental Health LPN	1	0

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	2	1
RN	8	3
LPN	10	2
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatrist ARNP/PA	1	0
Psychological Services Director	1	1
Psychologist	0	0
Mental Health Professional	5	1
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	1	0

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. COLCI consists of a Main Unit, Annex, work camp, and work release center.

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, and outpatient mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at COLCI on July 17-19, 2018. 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.

Based on the number and clinical significance of the findings, as well as the issues related to access to care identified in this report, the CMA has serious concerns regarding the provision of care at this institution. Institutional and regional staff took immediate action to address the findings noted and will provide CMA with weekly updates of progress towards correction. It is the expectation of the CMA that corrective action monitoring will lead to immediate improvement of health care services. CMA staff will revisit the institution within approximately 30 days of the approval of the corrective action plan.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended, corrective actions suggest in-service training. A copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS – MAIN UNIT

Columbia Correctional Institution-Main (COLCI-Main) provides inpatient and outpatient 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 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 three 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 findings requiring corrective action in the review of sick call, emergency, and infirmary services. 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 periodic screenings. There were findings requiring corrective action in the review of consultations, inmate requests, intra-system transfers, and medication administration. The items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were findings requiring corrective action in the review of dental care and dental systems. 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 pharmacy services or infection control. There was a finding requiring corrective action in the review of pill line services. The item to be addressed is 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 (CIC) Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 4 of 16 records reviewed, there was no evidence inmates were seen according to their M-grade.</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 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:** In three records, the inmates with M-grades of 3 were scheduled at greater than 90-day intervals. In the last record, an inmate with an M-grade of 4 was scheduled at 120 days.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 3 of 10 applicable records (16 reviewed), there was no evidence that inmates with HgbA1c over 8.0 were seen every 3 months as required.</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>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 14 applicable records (15 reviewed), there was no evidence of hepatitis A & B vaccination or refusal.</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>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 1 of 5 records reviewed, there was no evidence the inmate received the correct number of doses of Isoniazid (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-4: February and March 2018 Medication Administration Records (MAR) were missing from the record and could not be located by staff. On 5/9/18 an incidental note indicated “70? documented doses” but a note on 6/5/18 indicated “61 documented doses.”

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-5: In 8 of 10 applicable records, there was no evidence of timely follow-up by the clinician upon referral (see discussion).</p> <p>PH-6: In 2 of 6 applicable records, there was no evidence the follow-up was complete and addressed the complaint.</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 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-5: *In several of these records, a medication order was written but there was no indication the clinician reviewed the chart or saw the inmate. In two records, immediate referral to the clinician was required due to blood pressure elevation above 160/100 and headaches. In one of the records, the inmate was not seen until his next scheduled clinic visit which was 17 days later. For the other inmate, an order was written but there was no documentation to indicate the clinician saw him and the order was not signed by the clinician. The third record was also regarding elevated blood pressure of 175/78. The referral section of the protocol form was blank so it was unclear if the inmate was referred to the clinician; however, there was an order for clonidine and blood pressure checks. There was no documentation from the clinician regarding follow-up. In the fourth record, an inmate was seen for weeping edema on his left leg. Per the protocol form, he should have been seen in 24 hours but he was not seen until five days later. In another record, an inmate was seen for a cyst which also required immediate clinician notification. There were no clinician notes found for this referral. In one record, there was a clinician note but it was not dated or timed, so timeliness could not be determined. In another record, an inmate was referred for a rash and orders were written, but there was no documentation regarding the medical need. In the last record, the inmate complained of rectal bleeding and was referred to the clinician for follow-up. There was no documentation by the clinician although an order for Preparation H was written even though the nursing assessment stated there was no sign of hemorrhoids.*

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-7: In 1 of 5 applicable records, there was no evidence of timely follow-up by the clinician upon referral.</p> <p>PH-8: In 1 of 4 applicable records, there was no evidence the follow-up was complete and addressed the complaint.</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>

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-9: In 4 of 9 applicable records, the nursing discharge note was incomplete (see discussion).</p> <p>PH-10: In 3 of 9 applicable records, there was no evidence of daily clinician rounds and progress notes for acute inpatients.</p> <p>PH-11: In 3 of 4 applicable records, there was no evidence of weekend and/or holiday telephone rounds.</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>

Discussion PH-9: *Per the nursing manual, the discharge note is to address current complaints, disposition, patient education, any follow-up appointments, and discharge instructions.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-12: In 4 records, the diagnosis was not recorded on the problem list.</p> <p>PH-13: In 3 of 15 applicable records, there was no evidence that follow-up appointments were completed per the consultant's recommendations (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation 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-13:** In one record, an inmate with a right hand fourth digit injury was seen on 6/25/18 by orthopedics and surgery was recommended. The inmate was scheduled for surgery on 7/6/18 but it was subsequently cancelled and had not been rescheduled as of the date of the survey. In another record, an inmate was seen on 4/30/18 for right inguinal hernia repair and the consultant recommended urgent repair. The inmate returned to sick call again on 6/28/18 complaining of pain but the surgery has still not occurred. In the last record, the inmate was seen for possible conjunctivitis on 1/25/18 and eye drops were ordered. There was no resolution and the inmate was seen again on 2/14/18 and referred for an urgent optometry consult. The appointment did not occur until 3/13/18. At that time a series of medications and a diagnosis of uveitis was given with the instruction to return for follow-up in one month. The inmate was not seen until 7/9/18.*

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: In 4 of 18 records reviewed, there was no evidence the clinician reviewed the record within 7 days of arrival.</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>

Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-15: In 4 of 12 records reviewed, there was no evidence that all medication orders had a corresponding clinician note.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Inmate Requests Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-16: In 4 of 15 applicable records (16 reviewed), the outcome did not occur as intended (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of 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-16: *In one record, the inmate requested TED hose which were provided without a clinician's order. In another record, the inmate had been requesting contact solution since 5/1/18 in multiple requests, subsequent sick call visits, and a referral to the clinician. An order was written on 6/8/18 but the solution had not been received as of the date of the survey. In the third record, the inmate submitted a request asking when his sick call appointment would be scheduled because he had been waiting since 3/12/18. The answer was "you are scheduled soon" but he was not seen until 4/28/18. In the last record, an inmate requested renewal of his Ibuprofen and was told to access sick call. When the inmate went to sick call for the issue he was told he should get the Ibuprofen from the dorm. The middle step delayed access to the medication.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-17: There was no evidence that necessary equipment was available and in working order (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-17:** Multiple items in the dental clinic were not in working order. Two of the four dental chairs were non-functional. One of the two wall-mounted X-ray heads was not operational, so occasionally staff would have to move an inmate during a surgical procedure to obtain new radiographs. The dental X-ray developer was also broken and the water faucets in the clinic did not work well; making it difficult to get water for handwashing.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-18: In 1 of 4 applicable records, there was no evidence follow-up appointments were completed in a timely manner.</p> <p>PH-19: In 1 of 2 applicable records, there was no evidence consultant's treatment recommendations were incorporated into the treatment plan.</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 services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Pill Line

Finding(s)	Suggested Corrective Action(s)
<p>PH-20: There was no evidence that an oral cavity check was completed by nursing staff (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-20:** Per Procedure 403.007, nursing staff will issue the medication by unit or single-dose and observe the inmate as the medication is taken.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-21: There were no eye wash stations in the medical unit.</p> <p>PH-22: The otoscope/ophthalmoscope in the trauma/emergency room did not work.</p> <p>PH-23: The over-the-counter medications logs were not current.</p> <p>PH-24: Access to sick call posters in Spanish were not posted in the dorms.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>PH-25: Medical records were disorganized (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 medical records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-25: Medical records were disorganized with items frequently filed out of chronological order or in the wrong section of the file.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at COLCI-Main serves a difficult population that includes inmates with medical and psychiatric 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.

Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Generally, inmates housed in the infirmary expressed satisfaction with health care services, but those in open population expressed concern about getting their medications in a timely manner. An inspection of the medical areas revealed that they were adequately stocked; however, the trauma/treatment rooms were unorganized and in general disarray.

CMA surveyors had difficulty obtaining the needed medical records throughout the survey and noted that the records were disorganized, with documentation frequently misfiled or out of chronological order.

Several areas were identified in which the provision of physical health services was found to be deficient. Inmates were not seen as often as required per policy, clinician rounds and weekend telephone rounds were not documented for infirmary care, and corresponding notes for medication orders could not be located. In addition, follow-up care in emergency services, sick call, and consultations were often late or missing. For example, it may be that a chart is referred to the clinician for follow-up rather than a scheduled appointment for the inmate. In these cases, an incidental note should be documented regarding the review and action taken, especially if medication is ordered so that it does not appear that nurses are working beyond their scope of practice in diagnosing or ordering medications. At other times, the referral may require an appointment so that an in-person assessment can be completed and these should be documented as well. Regarding consultations, a new process for submitting, tracking, determining follow-up, and reviewing records for consultation services may be beneficial. It is important that follow-up appointments are completed timely as they are often crucial in determining the final diagnosis and course of treatment. While CMA acknowledges that wait times at the Reception and Medical Center are not in the control of COLCI, these cases highlight the need for staff to explore treatment alternatives in the community.

Staff were helpful throughout the survey process and indicated they would use the results of this survey to improve inmate health care in the areas that were found to be deficient. Staff presented a plan to begin improvements at the exit meeting. It is clear that the CMA corrective action process will be beneficial in this endeavor.

MENTAL HEALTH FINDINGS – MAIN UNIT

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 care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS). The items to be addressed are indicated in the tables below. There were no episodes of restraints at COLCI-Main.

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 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 mental health services and psychotropic medication practices. The items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There was a finding requiring corrective action in the review of aftercare planning. The item to be addressed is indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

There were no findings requiring corrective action in the review of mental health systems.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, the “Infirmiry Admission Nursing Evaluation” (DC4-732) was not completed as required.</p> <p>MH-2: In 1 of 5 applicable records, the guidelines for SHOS management were not observed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS 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-2: According to the Department’s Health Services Bulletin, during the fourth day of infirmiry mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the applicable record, there was no evidence that transfer to a higher level of care was considered.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 1 of 4 applicable records (7 reviewed), there was no follow-up care when indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3: In this record, the clinician indicated that follow-up was needed; however, as of the date of the survey he had not been seen.

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 19 inmate requests revealed the following deficiencies:</p> <p>MH-4: In 6 records, a copy of the inmate request form was not present in the medical record (see discussion).</p> <p>MH-5: In 3 of 12 applicable records, a referral did not occur as intended in response to an inmate request.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-4:** Initially most of the inmate requests were not found in the medical record. Eventually staff were able to locate some copies of the requests in a notebook; however, six were never found.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 special housing records revealed the following deficiencies:</p> <p>MH-6: In 3 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p>MH-7: In 3 of 9 applicable records, psychotropic medications were not continued as ordered while the inmate was in special housing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-7:** In one record, the inmate was placed in confinement on 6/14/18; however, he did not receive medication until 6/20/18. In another record, there were blanks on the Medication Administration Record (MAR) indicating the inmate had not received medication. In the last record, the MAR could not be located.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-8: In 4 records, the S-grade in the medical record did not match the S-grade in OBIS.</p> <p>MH-9: In 1 of 4 applicable records, psychotropic medications were not continued upon the inmate's arrival.</p> <p>MH-10: In 2 of 4 applicable records, the inmate was not seen by psychiatry prior to the expiration of prescriptions from the sending institution.</p> <p>MH-11: In 4 records, individualized service plan (ISP) interventions were not written according to protocol.</p> <p>MH-12: In 7 records, the ISP was not signed by all relevant parties.</p> <p>MH-13: In 5 records, problems were not recorded on the problem list.</p> <p>MH-14: In 7 records, the inmate did not receive the interventions as listed on the ISP.</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>

Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 19 outpatient records revealed the following deficiencies:</p> <p>MH-15: In 2 of 8 applicable records, follow-up laboratory studies were not conducted as required.</p> <p>MH-16: In 15 records, the inmate did not receive medication as prescribed (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>

Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-17: In 15 records, follow-up psychiatry services were not conducted at appropriate intervals.</p> <p>MH-18: In 3 of 4 applicable records, the Abnormal Involuntary Movements Scale (AIMS) was not completed as required.</p> <p>MH-19: In 1 of 1 applicable record, the rationale for Emergency Treatment Order (ETO) was not clearly documented (see discussion).</p> <p>MH-20: In 1 of 1 applicable record, an order for medications without inmate consent was not documented as an ETO.</p> <p>MH-21: In 1 of 1 applicable record, there was no documentation that the ETO was administered in the least restrictive manner.</p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-16: *In some records, either the prescription for medication expired and was not renewed and there was no corresponding order to discontinue the medication. In other cases, the MAR could not be located, therefore surveyors were unable to verify if the medication was offered.*

Discussion MH-19: *In this record, documentation indicated the inmate was brought to the emergency room by security. Although he had been placed in SHOS several hours earlier due to a self-inflicted laceration, there was no indication as to why the ETO was given at that time.*

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-22: In 5 of 11 records reviewed, consent for aftercare was not obtained within 30 days of expiration of sentence (EOS).</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>

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-23: Medical records were disorganized (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 medical 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-23: *Medical records were disorganized with items frequently filed out of chronological order or in the wrong section of the file. Staff were unable to locate documents including nursing assessments, medication orders, MARs and inmate requests. Additionally, one record contained information belonging to another inmate.*

CONCLUSION – MENTAL HEALTH

The staff at COLCI-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There were several serious findings noted in the review of psychotropic medication. In the majority of records reviewed, inmates were not seen within the required time frame resulting in lapses in follow-up laboratory studies, missed AIMS assessments, and the expiration of prescriptions for psychotropic medications. In some cases, inmates were without medications for months, placing them at risk for a deterioration in mental status. Additionally, if stopped abruptly, some psychotropic medications can cause withdrawal symptoms, particularly for inmates who have been taking them for an extended period of time. Although some inmates had active prescriptions, in many cases the MAR could not be located by institutional staff, therefore it was impossible to determine if medications were given as prescribed. Inmates transferring from other institutions with an active prescription did not consistently receive medication upon arrival or the prescription expired shortly after transfer. Additionally, medication was not continued for some inmates held in special housing. Staff indicated there have been significant vacancies in psychiatry.

In addition to the issues noted above, there were findings related to missing or incomplete assessments and forms as well as inadequate follow-up in response to inmate requests and after a use of force incident. There were also findings related to documentation on the ISP.

Mental health staff indicated they were aware of many of the findings noted, particularly those related to psychiatry and have been working to ensure inmates in need of medication are referred as quickly as possible. It is clear that staff will benefit from the CAP process as they use the results of the survey to make improvements in the deficiencies noted.

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 requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in four 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 findings requiring corrective action in the review of sick call and emergency services. The items to be addressed are indicated in the tables below. There are no infirmary services provided at COLCI-Annex.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental care and dental systems. 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 pharmacy services or the pill line. There was a finding requiring corrective action in the review of infection control. The item to be addressed is indicated in the table below.

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 (CIC) Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-1: In 3 records, the baseline information was incomplete or missing.</p> <p>PH-2: In 6 records, there was no evidence that inmates were seen according to their M-grade (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:** In one record, an inmate's M-grade was incorrectly identified. In three records, inmates with M-grades of 3 were rescheduled at intervals greater than 90 days. In one record, the clinician requested that the inmate return to the CIC at 180 days but he was not seen for almost one year. In the last record, an M3 inmate had not been seen in the clinic since 2/7/18.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-3: In 2 of 8 applicable records, there was no evidence of the annual fundoscopic examination.</p> <p>PH-4: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-5: In 4 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</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>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-6: In 2 of 4 applicable records, there was no evidence that inmates with known or suspected cirrhosis were screened for hepatocellular cancer annually.</p> <p>PH-7: In 4 of 8 applicable records, there was no evidence of influenza vaccination or refusal.</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>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-8: In 1 of 4 applicable records, there was no evidence that abnormal labs were addressed timely (see discussion).</p> <p>PH-9: In 3 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</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>

Discussion PH-8: Anemia was not addressed by either the Department of Health or institutional clinician.

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 1 of 5 records reviewed, there was no evidence the inmate received the correct number of doses of Isoniazid (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-10:** The inmate received only 64 of 78 doses.*

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: In 3 of 11 applicable records (18 reviewed), follow-up appointments were not completed as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-11:** In one record, an inmate with an exacerbation of gout symptoms was not referred to the clinician. In two records, the nursing assessment indicated the inmate would be referred to the clinician, but there was no evidence that this occurred.*

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: In 2 of 8 applicable records (17 reviewed), follow-up appointments were not completed as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency 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-12:** In both records, the inmate was referred for seven days of blood pressure checks; however, there was no evidence that they were completed.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-13: In 2 of 10 applicable records, there was no evidence that the consultation request was completed timely (see discussion).</p> <p>PH-14: In 3 records, there was no evidence that the clinician entered an incidental note documenting the consultant's recommendations.</p> <p>PH-15: In 7 records, the diagnosis was not recorded on the problem list.</p> <p>PH-16: In 4 of 10 applicable records, the consultant's treatment recommendations were not incorporated into the treatment plan (see discussion).</p> <p>PH-17: In 3 of 8 applicable records, there was no evidence of follow-up diagnostic testing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-18: In 4 records, the consultation log was incomplete or inaccurate.</p> <p>PH-19: In 1 of 1 applicable record, the alternative treatment plan (ATP) was not documented in the medical record.</p> <p>PH-20: In 1 of 1 applicable record, the ATP was not implemented (see discussion).</p>	

Discussion PH-13: In the first record, the neurological consultation was not completed. In the second record, an endoscopy and colonoscopy requested in December 2017 were not completed until July 2018.

Discussion PH-16: In two records, neurological follow-up was recommended but not completed. In one record, the general surgeon recommended gastroenterological follow-up which was never completed. In the last record, an inmate was supposed to return to the urologist to check for a reoccurrence of prostate cancer; however, this follow-up had not been completed at the time of the survey.

Discussion PH-17: In one record, the MRI was not reviewed by the clinician and a cerebrospinal fluid evaluation was not completed. In the second record, the clinician did not review the echocardiogram. In the third record, the inmate was supposed to return to the urologist for a cystoscopy and possible transurethral resection of bladder tumor but this was never completed.

Discussion PH-20: A CT scan or MRI was recommended but never ordered.

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-21: In 3 of 9 applicable records (15 reviewed), the response to the inmate request did not occur as intended.</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 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>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-22: In 2 of 4 applicable records (15 reviewed), there was no evidence the inmate was referred to the clinician as intended (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 periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-22:** In the first record, the nursing documentation indicated the inmate would be referred to the clinician due to a change in vision. In the second record, the nursing documentation indicated that the chart would be forwarded to the clinician for pass renewal. Neither follow-up appointment was documented in the medical record.*

Dental Systems

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiency:</p> <p>PH-23: Preventive dentistry/oral hygiene posters were not displayed in the dental clinic.</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-24: In 4 records, there was no evidence of a head and neck examination.</p> <p>PH-25: In 3 of 15 applicable records, there was no evidence of an accurate diagnosis and treatment plan.</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 who received dental services 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>A tour of the facility revealed the following deficiency:</p> <p>PH-26: Over-the-counter medications were not available in all dormitory areas.</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>

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>PH-27: Nursing staff were unable to explain the procedure for handling a known or suspected case of tuberculosis.</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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>PH-28: Medical records were disorganized (see discussion).</p> <p>PH-29: Inmates with a history of cancer or active malignancy were not enrolled in the oncology clinic (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 medical records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-28: *Medical records were disorganized with items frequently filed out of chronological order or in the wrong section of the file. Additionally, several records contained information belonging to another inmate.*

Discussion PH-29: *During the survey, two inmates with a history of cancer and one inmate with a current malignancy were not being followed in the oncology clinic.*

CONCLUSION – PHYSICAL HEALTH

The physical health staff at COLCI-Annex serves a difficult population that includes inmates with medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities.

CMA surveyors noted several areas in which the provision of clinical services was found to be deficient. Notably, there were multiple incidents of missed vaccinations, improper medication administration in the tuberculosis clinic, as well as medical appointments that were not scheduled within the appropriate clinical time frame. Lack of clinical follow-up was also noted in the review of consultations as well as in sick call and emergency services. CMA surveyors and staff members were concerned that long wait times or missed opportunities for follow-up could have adverse impacts on inmate health.

It was also noted that improvements to medical record keeping were warranted. CMA surveyors had difficulty finding necessary documents and had to thoroughly examine many different areas of the medical record to find pertinent information. In some cases, the documentation was not in the medical record and was unable to be located by institutional staff. Overall, surveyors noted that improved documentation and organization of medical records may increase efficiency and help maintain continuity of care.

Interviews with medical and security staff demonstrated familiarity with policies and procedures related to the accessing of health care. The majority of inmates interviewed expressed dissatisfaction with the health care services they received. Several inmates identified delays in single-dosed and keep-on-person medications.

Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services. After a review of physical health records, interviews with staff and inmates, and based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process.

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 care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-Harm Observation Status (SHOS). The items to be addressed are indicated in the table below. There were no episodes of restraints at COLCI-Annex.

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 psychological emergencies or inmate requests. 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 mental health services and psychiatric medication practices. The items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There were findings in the review of aftercare planning. The items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEM REVIEW

There were findings in the review of mental health systems. The items to be addressed are indicated in the table below.

**Self-harm Observation Status
(SHOS)**

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission (see discussion).</p> <p>MH-2: In 1 record, the order for SHOS was incomplete.</p> <p>MH-3: In 1 record, the “Infirmity Admission Nursing Evaluation” (DC4-732) was not completed as required.</p> <p>MH-4: In 1 record, the inmate was not observed at the frequency ordered by the clinician.</p> <p>MH-5: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed as required.</p> <p>MH-6: In 1 record, the attending clinician did not interview the inmate on the day of discharge.</p> <p>MH-7: In 1 record, mental health staff did not provide post-discharge follow-up within 7 days (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS 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-1: In two records, neither the “Mental Health Emergency Evaluation” or “Mental Health Emergency Nursing Assessment” (DC-642G or DC-683A, respectively) could be located by staff.

Discussion MH-7: In one record, the inmate was seen 12 business days after discharge from SHOS.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-8: In 2 of 4 records reviewed, the post use of force exam was not completed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-8: *In two records, the date on the form was illegible, making it impossible to determine if the documentation corresponded to the date on the use of force log.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>MH-9: In 7 records, the initial mental status examination (MSE) was not completed within the required time frame (see discussion).</p> <p>MH-10: In 5 of 7 applicable records, the follow-up MSE was not completed.</p> <p>MH-11: In 8 records, outpatient treatment did not continue while the inmate was in special housing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-9: *In four records, the MSE was not completed timely. In the remaining three records, there was no evidence that the MSE was completed.*

Discussion MH-11: *In all eight records, case management or therapy services were not provided to the inmate while in special housing. The documentation by the mental health professional indicated, "Inmate not seen. Inmate in confinement."*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 20 outpatient mental health records revealed the following deficiencies:</p> <p>MH-12: In 4 of 15 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival (see discussion).</p> <p>MH-13: In 4 records, the bio-psychosocial assessment (BPSA) was not present in the record.</p> <p>MH-14: In 4 records, the Individualized Service Plan (ISP) was not signed by all relevant parties.</p> <p>MH-15: In 3 of 14 applicable records, the ISP was not reviewed or revised per protocol.</p> <p>MH-16: In 4 records, problems were not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-12:** In two records, the interview was not completed timely. In the remaining two records, there was no indication that the interview took place.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-17: In 9 of 18 records reviewed, the inmate did not receive medication as prescribed (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-17:** In two records, the documentation of medications on the Medication Administration Record (MAR) did not match the order by the physician. In one record, the inmate's prescription expired after rescheduled psychiatry appointments and there was no evidence that the chart was forwarded to the clinician for disposition. In the remaining six*

records, there were blanks on the MAR making it impossible to determine if the inmate was offered these medications.

Aftercare Planning	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-18: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-19: In 1 of 5 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-657) was not completed for inmates within 30 days of EOS.</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	
Finding(s)	Suggested Corrective Action(s)
<p>MH-20: Psychiatric restraint training was not provided to medical, nursing, and mental health staff.</p> <p>MH-21: One hour of accrued clinical supervision was not provided to each mental health professional weekly.</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>

CONCLUSION – MENTAL HEALTH

The staff at COLCI-Annex serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

CMA surveyors expressed concern regarding the lack of consistent medication administration. In half of the records reviewed, multiple blanks were noted on the MAR. "Security lockdown" was listed on the MAR as the reason the inmate did not receive medications. Staff reported that there is a policy in place to provide inmates with medication regardless of security measures. Additionally, in half of the special housing records reviewed, the mental health professional did not provide case management and therapy services while inmates on their caseload were held in confinement and mental status exams were not performed as required.

There were also findings related to incomplete documentation. Admission and daily assessments in SHOS, post use of force exams, and safety checks for an acute care infirmary admission were not consistently completed. Additionally, ISPs were not reviewed and revised timely and aftercare services were inconsistent for inmates nearing the end of their sentence.

There were no findings related to psychological emergencies or inmate requests. In interviews, inmates reported that they know how to access mental health care and found the services to be adequate. The mental health staff demonstrated familiarity with inmates on their caseload and were cooperative and helpful throughout the survey process. The staff that participated in the CMA survey were receptive to using the CAP process to improve mental health services 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 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.