



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Cross City Correctional Institution

In

Cross City, Florida

on

August 29-31, 2017

CMA Staff Members

Kathy McLaughlin, BS
Monica Dodrill, RN
Lynne Babchuck, LCSW
Jane Holmes-Cain, LCSW

Clinical Surveyors

James Langston, MD
Edward Zapert, DMD
Julie Holt, ARNP
Joanne Pintacuda, ARNP
Sue Sims, RN

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1708	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1022	Current Main Unit Census	1041
Satellite Unit(s) Capacity	712	Current Satellite(s) Census	667
Total Capacity	1734	Census	1708

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1059	591	81	0	1
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1698	33	0	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	57	42	0	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0.2	0
RN	5.2	3.3
LPN	7.3	4.3
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Psychologist	0.2	0
Behavioral Specialist	0	0
Mental Health Professional	1	1
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

Cross City Correctional Institution (CROCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1 and 2. CROCI consists of the Main, a Satellite Unit, and a work camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at CROCI on August 29-31, 2017. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS

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

- 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 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 no findings requiring corrective action in the review of infirmary care or sick call services. There was a finding requiring corrective action in the review of emergency care. The item to be addressed is indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care. There was a finding requiring corrective action in the review of dental systems. The item to be addressed is indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 6 of 14 records reviewed, the clinician’s documentation was not legible (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** Illegibility of chronic illness clinic records was a consistent finding throughout the survey. CMA clinical surveyors had significant difficulty in reading clinic and progress notes and frequently needed clarification from institutional staff to assist with the interpretation of notes. At times staff were unable to interpret the notes as well. This finding was an issue in multiple clinics.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 3 of 13 applicable records (15 reviewed), there was no evidence of pneumococcal 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>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-3: In 7 records, there was no evidence of an appropriate examination for the diagnosis (see discussion).</p> <p>PH-4: In 2 of 5 applicable records, there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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: *In one record, the renal function of an inmate with a history of an elevated renal function was not addressed, even though the inmate was receiving an angiotensin-converting-enzyme inhibitor. In six records, there was not a digital rectal examination or refusal for inmates with a diagnosis of benign prostatic hyperplasia (BPH).*

Discussion PH-4: *In two records, lab results revealed an elevated prostate-specific antigen (PSA) laboratory study in 2015 and 2016 respectively. Both inmates were over 55 years old and diagnosed with BPH, but labs had not been repeated nor medications adjusted as of the time of the survey.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 1 of 5 applicable records (9 reviewed), there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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-5: *The inmate was seen on 1/24/17 with a Dilantin level of 1.2. There was no evidence that this lab was addressed as the only assessment note was "seizures controlled" and the same Dilantin dosage of 150 mg BID was reordered. However, a medication adjustment was made on 1/26/17 as a result of the nurse informing the clinician that the medication was not available at 150 mg and the order was changed to 200 mg BID.*

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-6: In 2 records, the diagnosis was not recorded on the problem list.</p> <p>PH-7: In 1 record, there was no evidence that the inmate was given the correct number of doses of INH (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-7:** The March "Medication and Treatment Record" (DC4-701A) (MAR) could not be located in the chart or by institutional staff. In addition, there were missing doses on the July MAR.*

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 1 of 5 applicable records (13 reviewed), there was no evidence of a referral to a higher level of care when required by protocol (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 care 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-8:** The inmate presented with complaints of dizziness and arm and leg numbness. Per protocol, new onset of neurological deficits requires immediate clinician notification. Notation on the protocol form stated that the inmate refused clinician notification. However, there was not a refusal form located in the chart.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-9: In 9 records, the diagnosis was not recorded on the problem list.</p> <p>PH-10: In 3 of 15 applicable records, there was no evidence that the consultant’s recommendations were incorporated into the treatment plan (see discussion).</p> <p>PH-11: In 3 of 13 applicable records, there was no evidence that follow-up appointments were completed as per consultant’s recommendations (see discussion).</p> <p>PH-12: In 3 of 15 applicable records, the consultation log was not complete and/or accurate for the incident.</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 & PH-11: *In one record, the inmate was seen for a laceration of the right eye on 6/1/17. The consultant recommended that he return “ASAP” for rust ring removal. As of the date of the survey, this had not been done. In another record, the inmate had surgery on 1/11/17 for a right clavicle fracture. In March, the inmate was seen in the clinic for a follow-up appointment and complained of pain and decreased range of motion. Another consultation was requested, but an alternate treatment plan was advised. On 4/12/17 an X-ray was ordered as the inmate was still experiencing discomfort. The X-ray revealed a post-surgical right clavicular fracture with full shaft width displacement. Another orthopedic consultation was requested and the examination on 6/6/17 revealed limited neck motion, loss of sensation in the ulnar forearm, and pain down right arm upon shoulder movement. As a result, the consultant recommended a electromyography and nerve conduction velocity test. These tests had not been completed and were resubmitted at the survey when brought to the attention of the institutional staff. In the third record, an inmate was seen on 7/5/17 by the institutional clinician for right testicular pain. A consultation with urology was requested and the inmate was seen on 7/31/17. A bilateral orchiopexy was recommended as the inmate experienced intermittent right testicular torsion. CMA surveyors expressed concern that torsion of the testes is typically a medical emergency and if blood flow is cut off for more than six hours, testicular tissue can die. A telephone call was made at the time of the survey to schedule the appointment, but a hospital bed at the Reception and Medical Center was not available until 9/11/17.*

In an additional record not included in the findings as the consultation had not yet been completed, an inmate was seen in sick call multiple times between 3/10/17 and 7/10/17 complaining of extreme neck, back, shoulder, and arm pain. An X-ray of the clavicle, C spine, and shoulder was completed on 7/5/17 which revealed a C6 compression fracture and degenerative disc disease. An urgent MRI and consultation with neurosurgery was requested on 7/10/17. On 7/19/17 the MRI was completed showing at the C6/C7 level there was left paracentral 4 mm disc herniation compressing the exiting left C7 nerve roots. The neurosurgery

consult was never completed. It was brought to the attention of staff during the survey and was resubmitted on 8/31/17 as urgent.

Medical Inmate Requests	
Finding(s)	Suggested Corrective Action(s)
PH-13: In 4 of 18 records reviewed, there was no evidence of an appropriate incidental note regarding the inmate request (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-13: In all four records, the incidental notes were not in chronological order and were not labelled as a late entry.

Dental Systems Review	
Finding(s)	Suggested Corrective Action(s)
PH-14: There was no evidence dental assistants were working within the guidelines established by the Florida Board of Dentistry regarding radiographs (see discussion).	<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-14: Full mouth X-rays were taken by the dental assistant and not read by the dentist until several months later or in some cases, not at all.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at CROCI serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to accessing sick call and emergency services. The majority of inmates interviewed described the health care as somewhat adequate or not adequate. Overall, medical records were well organized and documentation appeared to be filed in a timely manner. The staff at CROCI was helpful throughout the survey process.

Clinical concerns, particularly in consultation services, identified in the review of the medical records are outlined in the tables above. Narrative records in the chronic illness clinic notes were limited and often illegible. Institutional staff was frequently called upon to assist with reading the documentation. Oftentimes, they were unable to interpret the narrative. There were concerns that insufficient and illegible documentation could lead to errors in patient care.

During the oncology clinic review, an issue was discovered that did not reach the level of a finding, however warrants further discussion. An inmate was diagnosed with invasive prostate cancer in May 2015 and received no treatment. The clinician's note indicated the treatment as "watchful waiting." There was no evidence of a digital rectal exam or refusal in the chart. The PSA continued to increase from 5.22 on 11/2/15, 6.58 on 4/6/16, 6.74 on 10/26/16, 7.38 on 2/6/17, and 8.93 on 8/7/17. CMA surveyors expressed concern that watchful waiting no longer met the standard of care.

As a result of this review, the institution developed a new process for submitting, tracking, determining follow-up, and reviewing records submitted for consultation services. It is believed that these steps will be beneficial in ensuring guidelines described in Health Services Bulletin (HSB) 15.09.04 regarding timeframes for consultations are met. It is important that follow-up appointments are also completed timely as they are often crucial in determining the final diagnosis and course of treatment. Many opportunities were missed to obtain timely services for the consultations discussed above as the inmates continued to return to the clinic with complaints of pain or worsening symptoms. While CMA acknowledges that wait times at the Reception and Medical Center are not in the control of CROCI, these cases highlight the need for staff to explore treatment alternatives in the community.

It is evident that the CMA corrective action process will be beneficial to CROCI 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

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

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

There were no use of force episodes available for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

ADMINISTRATIVE ISSUES

There was a finding requiring corrective action in the review of mental health systems; the item to be addressed is indicated in the table below.

Self-harm Observation Status (SHOS)

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

Discussion MH-1: Per Department protocol, mental health staff will complete the “Mental Health Emergency Evaluation” or in their absence, medical staff will complete the “Mental Health Emergency Nursing Assessment” (DC4-642G or 683A respectively). In three records, there was no indication that either assessment was completed.

Discussion MH-2: Per Department policy, 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. The documentation established that the inmate was in SHOS from 7/12/17-7/19/17. However, there was no indication that the attending clinician considered a higher level of care.

Discussion MH-6: In one record, the follow-up was eight days late. In the other record, there was no indication this was completed.

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 psychological emergencies revealed the following deficiencies:</p> <p>MH-7: In 2 records, the psychological emergency evaluation did not include all required information (see discussion).</p> <p>MH-8: In 2 records, the disposition was not clinically appropriate (see discussion).</p> <p>MH-9: In 2 of 5 applicable records, there was not adequate follow-up after a psychological emergency 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-7: In both records the documentation was incomplete. The inmate's mental health history, mental health treatment, or history of suicide attempts were not addressed.

Discussion MH-8: In one record, the disposition prompt was not addressed on the form. In the second record, there was no evidence of referral to mental health or a higher level of care although clinically indicated.

Discussion MH-9: In one record, the inmate had yet to been seen by mental health for follow-up from a referral dated 4/04/17. In the other record, there was no mental health follow-up since the inmate declared the emergency on 6/30/17.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 special housing admissions revealed the following deficiencies:</p> <p>MH-10: In 1 record, the "Special Housing Health Appraisal" (DC4-769) was incomplete.</p> <p>MH-11: In 1 record, the initial mental status exam (MSE) was not completed.</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>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 outpatient mental health records revealed the following deficiencies:</p> <p>MH-12: In 2 of 6 applicable records, the “Health Information Arrival/Transfer Summary” (DC4-760A) was not completed within 24 hours of arrival to the institution (see discussion).</p> <p>MH-13: In 1 of 5 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-14: In 1 of 5 applicable records, the initial mental health screening interview was incomplete.</p> <p>MH-15: In 5 records, the Individualized Service Plan (ISP) did not specify the frequency of interventions (see discussion).</p> <p>MH-16: In 3 records, the ISP was not signed by all relevant parties (see discussion).</p> <p>MH-17: In 3 of 9 applicable records, the ISP was not reviewed or revised per protocol (see discussion).</p> <p>MH-18: In 2 records, counseling was not offered at least every 90 days (see discussion).</p> <p>MH-19: In 2 records, case management was not offered at least every 90 days.</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-12: *In both records, the inmate did not initial indicating acknowledgement of instructions for accessing health care services.*

Discussion MH-15: *In all five records, the frequency of counseling and case management services was listed “as needed.”*

Discussion MH-16: *In two records, the ISP was not signed by the inmate. In the remaining record, the ISP was not signed by anyone. Without the signatures of the mental health professionals and the inmate, it is impossible to determine if all are in agreement with the plan of care.*

Discussion MH-17: In one record, the ISP was due 6/20/17 and was completed in August 2017. In the next record, the ISP was due 8/06/17 and was not completed by the time of the survey. In the last record, the dates in the Offender Based Information System (OBIS) for the mental health encounter do not correspond to the dates on the ISP. The ISP was due in June 2017 and completed 7/29/17.

Discussion MH-18: In one record, the therapeutic encounter was greater than one month late. In the other record, the inmate did not receive counseling for over six months and there was no indication of refusal. Per Health Services Bulletin (HSB 15.05.18) counseling services will be provided for all inmates on the mental health caseload. This will be conducted as clinically indicated, but no less than once every ninety days.

Institutional Tour	
Finding(s)	Suggested Corrective Action(s)
MH-20: There were privacy concerns involving protected health information.	<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-20: Interviews with inmates revealed that inmate requests and psychological emergencies are screened by security prior to referral to mental health or medical staff. Three of the four inmates interviewed expressed concern that this process violated their right to confidentiality regarding their protected health information.

CONCLUSION – MENTAL HEALTH

The staff at CROCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to approximately 30 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, and complete sex offender screenings when needed. Reportable findings requiring corrective action are outlined in the tables above.

There were some findings noted in this report regarding incomplete nursing documentation; however, the majority were related to missing or late assessments that should have been conducted by mental health staff. For example, inmates were not seen timely while on SHOS, in special housing, in response to psychological emergencies, or for regularly scheduled case management and counseling appointments. There is one Mental Health Professional position assigned to CROCI; however, this position has been vacant for several months. Services were provided by a part-time psychologist who is on-site two days per week and at times coverage was provided by staff from neighboring institutions.

Documentation and assessments that were present were relevant and thorough, and staff seemed genuinely concerned for the inmates in their care. Medical records were well organized. However, due to inconsistent staffing, mental health services are not consistently provided as required by FDC policy.

Staff throughout the facility were cooperative and helpful during the survey process and were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

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

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