



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Desoto Annex Correctional Institution

In

Arcadia, Florida

on

September 6-8, 2016

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1478	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1338	Current Main Unit Census	1478
Satellite Unit(s) Capacity	384	Current Satellite(s) Census	374
Total Capacity	1722		1852

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1247	621	23	0	0
<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	
	1828	63	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>
		141	66	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	1
RN	6	2
LPN	6	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	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
Mental Health Professional	1.6	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

Desoto Annex Correctional Institution (DESCI) houses male inmates of Minimum, Medium, and Close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. DESCI consists of a Main Unit, Work Camp, and Road Prison.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at DESCI on September 6-8, 2016. 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

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in one chronic illness clinic and in the general chronic illness clinic record review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control or pharmacy services. There was a finding requiring corrective action in the administration of the pill line; the item to be addressed is indicated in the table below.

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>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-1: In 14 records, the baseline information was incomplete or missing.</p> <p>PH-2: In 12 records, patient education was incomplete or missing (see discussion).</p> <p>PH-3: In 8 records, inmates were not seen at the frequency required by their M-grade status (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: Per form instructions, education is to be documented on the DC4-770 "Chronic Illness Clinic Flowsheet" by entering the corresponding number of relevant education provided as: 1. Disease process 2. Risk reductions 3. Smoking Cessation (if applicable) 4. Medication(s) 5. Treatment Compliance. In all deficient records, only initials were entered to indicate that education had been provided.

Discussion PH-3: In four records, the inmates were scheduled to return for the next clinic visit in one year. In four records, the inmates were not scheduled to return to the clinic for nine months.

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 5 of 11 records reviewed, seizures were not classified (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-4: Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.

Infirmiry Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 7 of 13 records reviewed, there was no note by the discharge nurse contained in the medical record.</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 infirmiry services 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>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-6: In 5 records, the periodic screening encounter did not include all necessary components (see discussion).</p> <p>PH-7: In 4 records, health education was not documented.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-6: In all deficient records, there were blanks on the periodic screening encounter form indicating that not all required components of the examination were completed.

Dental Care Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 9 of 18 records reviewed, there was no evidence of an accurate diagnosis and treatment plan (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 dental 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 dental clinical surveyor expressed concern regarding the use of gross debridement where there is subgingival calculus and a periodontal screening and recording (PSR) of three.*

Pill Line Administration

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: An observation of the pill line indicated that medications were administered by personnel without the required qualifications (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column and evidence in the closure file that the issue described has been corrected. This may be in the form of documentation of observation, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-9:** Department policy requires that all medications be administered by a registered nurse (RN) or licensed practical nurse (LPN). At the time of the survey, one of the three daily pill lines was administered by a staff member who was qualified as both a certified nursing assistant (CNA) and certified medical technician (CMT) only.*

CONCLUSION

The physical health staff at DESC I serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

There were relatively few findings noted during the record review and the majority of those found were related to deficiencies in documentation rather than the provision of clinical services. Overall, CMA surveyors noted that medical records were well organized and documents appeared to be filed in a timely manner. Interviews with inmates, medical personnel, and security staff indicated familiarity with policies related to the accessing of health services. Several inmates interviewed were complimentary of the medical department.

The staff at DESC I was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Medical staff were receptive to the feedback provided by the CMA and indicated that they would use the corrective action process to improve the deficiencies identified in this report.

MENTAL HEALTH FINDINGS

Desoto Annex Correctional Institution (DESCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at DESCI:

- 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 was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below. There were no episodes of psychiatric restraint available for review.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies or special housing. There was a finding requiring corrective action in the review of inmate requests; the item to be addressed is indicated in the table 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 table below.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 3 of 7 records reviewed, 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:** In one record, the inmate was due for follow-up on 7/29/16 and had not been seen by the time of the survey. In another record, follow-up was completed greater than three weeks late. In the last record, the inmate was not seen by mental health until almost three weeks after discharge from SHOS, in response to a psychological emergency.*

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In 7 of 14 records reviewed, a referral or interview 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 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-2:** In all records reviewed, the inmates had not been seen by mental health at the time of the survey.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 outpatient mental health records revealed the following deficiencies:</p> <p>MH-3: In 2 of 8 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival (see discussion).</p> <p>MH-4: In 2 of 3 applicable records, the sex offender screening was not completed.</p> <p>MH-5: In 5 of 10 applicable records, the Individualized Service Plan (ISP) was not revised at 180 day intervals.</p> <p>MH-6: In 8 of 11 applicable records, the inmate was not seen for counseling services as indicated on the ISP (see discussion).</p> <p>MH-7: In 8 of 11 applicable records, the inmate did not receive case management services as listed on the ISP (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3: *In one record, the inmate arrived on 5/31/16 and was not evaluated until 8/10/16. In the other record, there was no indication that the inmate was interviewed.*

Discussion MH-6 and MH-7: *In two records, these services have not been provided since the inmate arrived in May 2016. In the remaining records, case management and counseling were not provided within the required time frame.*

CONCLUSION – MENTAL HEALTH

The staff at DESCi 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, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The majority of the findings listed in this report are related to missing or late assessments and follow-up. Inmates were not assessed upon arrival within the required time frame. Sex offender screenings were not completed and ISPs were not revised to indicate the inmates' continued plan of care. Inmates were not seen in response to inmate requests or follow-up after discharge from SHOS. Additionally, counseling and case management services were not provided in accordance with the ISP.

Overall, available treatment plans were goal directed and individualized and the course of treatment was easy to follow. It was evident from assessments and clinical notes that were present in the record, that mental health staff are familiar with the inmates on their caseload and work towards addressing their individual issues. The inmates interviewed were knowledgeable about how to access care and expressed satisfaction with the mental health services provided. Responses to psychological emergencies were timely and resulting dispositions were clinically appropriate. Mental status exams for inmates in confinement were timely and thorough.

According to staff a half-time mental health professional position was added in April, however it was not filled until mid-July. Staff were hopeful that the addition of the part-time staff member would alleviate the workload so that assessments and follow-up can be provided timely. Staff throughout the facility were cooperative and helpful during the survey 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 also reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

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