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# DESOTO ANNEX CORRECTIONAL INSTITUTION

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JULY 12-14, 2022

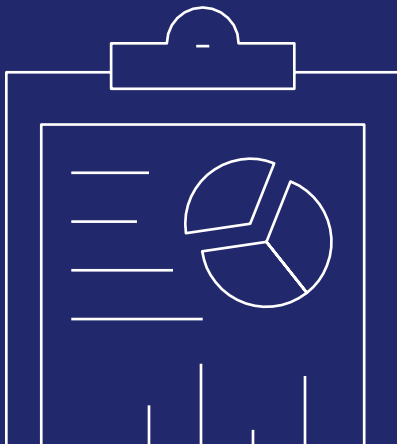
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## BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each Florida Department of Corrections (FDC) institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in FDC's correctional institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys 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.

## METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at institutions, identifies significant deficiencies in care and treatment, and assesses compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to the monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical, dental and mental health care service delivery. These tools are designed to assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage rounded to the nearest tenth. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Desoto Annex (DESAN) 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. DESAN consists of a Main Unit and a Work Camp. <sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	N/A	<b>Current Main Unit Census</b>	N/A
<b>Annex Capacity</b>	1631	<b>Current Annex Census</b>	1542
<b>Satellite Unit(s) Capacity</b>	288	<b>Current Satellite(s) Census</b>	288
<b>Total Capacity</b>	1919	<b>Total Current Census</b>	1830

### Inmates Assigned to Medical and Mental Health Grades

<b>Medical Grade (M-Grade)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	1126	605	81	0	2	488
<b>Mental Health Grade (S-Grade)</b>	<b>Mental Health Outpatient</b>			<b>Mental Health Inpatient</b>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	1747	113	0	N/A	N/A	0

### Inmates Assigned to Special Housing Status

<b>Confinement/ Close Management</b>	<b>DC</b>	<b>AC</b>	<b>PM</b>	<b>CM3</b>	<b>CM2</b>	<b>CM1</b>
	118	70	N/A	N/A	N/A	N/A

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	.5	0
Clinical Associate	2	.5
Registered Nurse	5.2	1.2
Licensed Practical Nurse	8	2
DON/Nurse Manager	1	1
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	.2	1

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	N/A
Psychiatric APRN/PA	0	N/A
Psychological Services Director	0	N/A
Psychologist	0	N/A
Mental Health Professional	2	1
Aftercare Coordinator	0	N/A
Activity Technician	0	N/A
Mental Health RN	0	N/A
Mental Health LPN	0	N/A

## DESOTO ANNEX INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at DESAN on July 12-14, 2022. 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.

Detailed below are results from the institutional survey of Desoto Annex. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

### Physical Health Survey Findings

#### Chronic Illness Clinic Review

##### Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	15	3	0	83%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	17	14	3	1	82%
4 Annual laboratory work is completed as required	18	17	1	0	94%
5 Abnormal labs are reviewed and addressed in a timely manner	8	7	1	10	88%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	12	9	3	6	75%
7 Medications appropriate for the diagnosis are prescribed	18	17	1	0	94%
8 Patients are referred to a specialist for more in-depth treatment as indicated	5	2	3	13	40%

##### Cardiovascular Chronic Illness Clinic Discussion:

Screen 8: In 3 of 4 records, there was no evidence of a referral for specialty services.

- In the first record, there was no evidence of a cardiology referral for an inmate with a history of hypertension, abnormal electrocardiogram (EKG), and cardiac stents.
- In the second record, the creatinine level increased from 4.16 on 01/27/22 to 7.51 on 04/29/22 and to 14.39 on 07/06/22. Additionally, multiple abnormal blood pressures were not addressed. An urgent cardiology consult was ordered on 05/17/22, and an emergent nephrology consult was ordered on 07/06/22. However, the second consult was never submitted, approved, or acted upon. CMA surveyors

*noted the abnormal lab values and recommended the inmate be reassessed by the on-site clinician. After reassessment, the inmate was sent to the outside emergency room on 07/18/22; however, there was no nephrologist available to see him. The inmate was admitted to the hospital but returned to the institution on 07/21/22 after refusing dialysis.*

- *In the third record, there was no indication an EKG had been performed since 3/2021 on an inmate with a history of atrial fibrillation.*

**Endocrine Clinic Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	16	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
4 Annual laboratory work is completed as required	12	12	0	4	100%
5 Abnormal labs are reviewed and addressed in a timely manner	13	13	0	3	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	10	10	0	6	100%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	8	8	0	8	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	13	13	0	3	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	13	13	0	3	100%
10 Medications appropriate for the diagnosis are prescribed	14	14	0	2	100%
11 Patients are receiving insulin as prescribed	8	8	0	8	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	5	5	0	11	100%

**Gastrointestinal Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	15	1	0	94%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	13	3	0	81%
4	Annual laboratory work is completed as required	16	14	2	0	88%
5	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	15	100%
6	Medications appropriate for the diagnosis are prescribed	7	7	0	9	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	9	8	1	7	89%
8	Abdominal ultrasounds are completed at the required intervals	12	12	0	4	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	12	12	0	4	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	4	4	0	12	100%
12	Hepatitis C treatment was started within the appropriate time frame	5	5	0	11	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	4	4	0	12	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	3	3	0	13	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	2	2	0	14	100%



### General Chronic Illness Clinic

SCREEN QUESTION	Total Applicable Record	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 The inmate is enrolled in all clinics appropriate for their diagnosis	14	14	0	0	100%
2 Appropriate patient education is provided	12	8	4	2	67%
3 The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	14	4	10	0	29%
4 There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	13	10	3	1	77%

#### General Chronic Illness Clinic Discussion:

**Screen 3:** In nine records, M-3 inmates were scheduled at intervals greater than 90 days, with most being seen approximately every six months. In one record, an M-2 inmate was seen at an interval greater than 365 days.

### Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	11	1	0	92%
3 Medications appropriate for the diagnosis are prescribed	11	10	1	1	91%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	1	1	0	11	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	9	6	3	3	67%

#### Miscellaneous Chronic Illness Clinic Discussion:

**Screen 6:** In the deficient records, inmates with a history of glaucoma had not been evaluated by ophthalmology within the past year.

**Neurology Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis was appropriate for inclusion in the neurology clinic	11	11	0	0	100%
2	There is evidence of an appropriate physical examination	11	8	3	0	73%
3	Annual laboratory work is completed as required	10	7	3	1	70%
4	Abnormal labs are reviewed and addressed in a timely manner	2	2	0	9	100%
5	At each visit there is an evaluation of the control of the disease and the status of the patient	8	7	1	3	88%
6	Medications appropriate for the diagnosis are prescribed	10	10	0	1	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A

### Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				
	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1 The diagnosis is appropriate for inclusion in the oncology clinic	3	3	0	0	100%
2 There is evidence of an appropriate physical examination	3	1	2	0	33%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	0	100%
4 Annual laboratory work is completed as required	3	3	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	2	0	2	1	0%
7 Medications appropriate for the diagnosis are prescribed	1	1	0	2	100%
8 Oncological treatments are received as prescribed	0	0	0	3	N/A
9 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	2	100%

### Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				
	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1 The diagnosis is appropriate for inclusion in the respiratory clinic	15	15	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	5	5	0	10	100%
3 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
4 A peak flow reading is recorded at each visit	14	11	3	1	79%
5 There is evidence of an appropriate physical examination	14	13	1	1	93%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	13	12	1	2	92%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

**TUBERCULOSIS CHRONIC ILLNESS CLINIC**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	6	6	0	0	100%
2 Baseline information is complete	6	6	0	0	100%
3 There is evidence of initial and ongoing education	6	6	0	0	100%
4 There is evidence of monthly nursing follow-up	6	6	0	0	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	4	4	0	2	100%
6 AST and ALT testing are repeated as ordered by the clinician	5	5	0	1	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	1	1	0	5	100%
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	2	2	0	4	100%
9 The appropriate medication regimen is prescribed	2	2	0	4	100%
10 The inmate receives TB medications as prescribed	5	5	0	1	100%
11 The Inmate is seen by the clinician at the completion of therapy	5	5	0	1	100%
12 Documentation of the CIC visit includes an appropriate physical examination	5	5	0	1	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	6	N/A

## Episodic Care Review

### Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Potentially life-threatening conditions are responded to immediately	2	2	0	16	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3	Vital signs including weight are documented	18	18	0	0	100%
4	There is evidence of appropriate and applicable patient education	16	14	2	2	88%
5	Findings requiring clinician notification are made in accordance with protocols	15	15	0	3	100%
6	Follow-up visits are completed timely	15	12	3	3	80%
7	Clinician's orders from the follow-up visit are completed as required	14	13	1	4	93%
8	Appropriate documentation was completed for patient's requiring transport to a local emergency room	1	1	0	17	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	18	15	0	3	83%

### Outpatient Infirmary Care

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	8	3	5	0	38%
2	All orders are received and implemented	8	6	2	0	75%
3	The inmate is evaluated within one hour of being placed in observation status	8	8	0	0	100%
4	Patient evaluations are documented at least once every eight hours	8	8	0	0	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	2	0	2	6	0%
6	The inmate is discharged within 23 hours or admitted to the infirmary for continued care	8	8	0	0	100%
7	A discharge note containing all of the required information is completed as required	6	3	3	2	50%

### Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	14	6	8	0	43%
2 All orders are received and implemented	14	12	2	0	86%
3 A thorough nursing assessment is completed within two hours of admission	14	9	5	0	64%
4 A Morse Fall Scale is completed at the required intervals	14	12	2	0	86%
5 Nursing assessments are completed at the required intervals	14	14	0	0	100%
6 Clinician rounds are completed and documented as required	14	14	0	0	100%
7 Weekend and holiday clinician phone rounds are completed and documented as required	9	2	7	5	22%
8 A discharge note containing all of the required information is completed as required	13	1	12	1	8%
9 A discharge summary is completed by the clinician within 72 hours of discharge	12	7	5	2	58%

### Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	13	5	0	72%
2 The inmate is assessed in the appropriate time frame	18	11	7	0	61%
3 The nursing assessment is completed in its entirety	14	9	5	4	64%
4 Complete vital signs including weight are documented	15	8	7	3	53%
5 There is evidence of applicable patient education	15	9	6	3	60%
6 Referrals to a higher level of care are made in accordance with protocols	10	9	1	8	90%
7 Follow-up visits are completed in a timely manner	10	9	1	8	90%
8 Clinician orders from the follow-up visit are completed as required	8	6	2	10	75%

**Sick Call Discussion:**

**Screen 1:** In the deficient records, sick call requests were not given a determination of routine, urgent, or emergent.

**Screen 8:** In both records, there were no orders for medications given.

**Other Medical Records Review**

**Confinement Medical Review**

SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 The Special Housing Health Appraisal is complete and accurate	14	14	0	0	100%
2 All medications are continued as prescribed while in the inmate is held in special housing	2	2	0	12	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	12	12	0	2	100%
4 All emergencies are responded to within the required time frame	2	2	0	12	100%
5 The response to the emergency is appropriate	2	2	0	12	100%
6 All sick call appointments are triaged and responded to within the required time frame	6	6	0	8	100%
7 New or pending consultations progressed as clinically required	0	0	0	14	N/A
8 All mental health and/or physical health inmate requests are responded to within the required time frame	4	4	0	10	100%

## Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of clinical information is sufficient to obtain the needed consultation	18	14	4	0	78%
2	The referral was sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	18	17	1	0	94%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	18	13	5	0	72%
4	The consultation report is reviewed by the clinician in a timely manner	13	12	1	5	92%
5	The consultant's treatment recommendations are incorporated into the treatment plan	13	12	1	5	92%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	13	12	1	5	92%
7	The diagnosis is recorded on the problem list	18	15	3	0	83%
8	The "alternative treatment plan" (ATP) is documented in the medical record	17	17	0	1	100%
9	There is evidence that the APT is implemented	17	17	0	1	100%

### Consultations Discussion:

**Screen 1:** In four records, the request for specialty services was unable to be located. CMA surveyors were unable to assess the adequacy of the documentation.

**Screen 3:** In four records, there was no evidence the consultation was completed in a timely manner.

- In one record, an urgent request was submitted on 12/28/21 for malignant hypertension but the inmate was not seen until 7/12/22.
- In the second record, an urgent request was submitted on 5/18/22 for an inmate with hyperthyroidism/exophthalmos, but as of the date of the survey, the inmate had not been seen.
- In the third record, a biopsy was completed on 4/13/22 which indicated spindle cell carcinoma and recommended excision. An urgent request was submitted on 4/14/22. However, as of the date of the survey, the surgery had not occurred.
- In the fourth record, an urgent request was submitted on 3/16/22 for an inmate having difficulty swallowing but the inmate was not seen until 4/22/22 by the ENT.



### Medical Inmate Requests

SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	18	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurred as intended	18	18	0	0	100%

### Medication And Vaccination Administration

SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 The inmate received medications as prescribed	12	9	3	0	75%
2 The Medication Administration Record (MAR )contains accurate allergy information	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	4	1	3	8	25%
4 There is evidence of pneumococcal vaccination or refusal	8	6	2	4	75%
5 There is evidence of influenza vaccination or refusal	9	4	5	3	44%
6 There is evidence of COVID-19 vaccination or refusal	10	9	1	2	90%

### Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	17	17	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	17	10	7	0	59%
3	The inmate's medications reflect continuity of care	14	13	1	3	93%
4	The medical record reflects continuity of care for inmate's pending consultations	4	3	1	13	75%
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	15	9	6	2	60%
6	Special passes/therapeutic diets are reviewed and continued	6	2	4	11	33%
7	A clinician reviewed the health record and DC4-760A within seven (7) days of arrival	17	9	8	0	53%

### Intra-System Transfers Discussion:

**Screen 4:** The DC4-760A erroneously indicated that there were no pending consultations resulting in a delay in the urological evaluation.

### PERIODIC SCREENINGS

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	17	17	0	0	100%
2	All components of the screening are completed and documented as required	17	16	1	0	94%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	13	4	0	76%
4	Referral to a clinician occurs if indicated	1	1	0	16	100%
5	All applicable health education is provided	17	17	0	0	100%

**Periodic Screening Discussion:**

**Screen 3:** In two records, documentation indicated that the inmate refused to provide stool hemocult cards although there was no evidence that signed refusals and informed consent were provided to the inmate. In the remaining records, there was no evidence that inmates were offered the required stool hemocult testing.

**PREA Medical Review**

SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 The Alleged Sexual Battery Protocol is completed in its entirety	4	4	0	0	100%
2 If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	4	N/A
3 There is documentation that the alleged victim was provided education on STIs	0	0	0	4	N/A
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	4	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	4	N/A
6 Repeat STI testing is completed as required	0	0	0	4	N/A
7 A mental health referral is submitted following the completion of the medical screening	4	4	0	0	100%
8 The inmate is evaluated by mental health by the next working day	4	1	3	0	25%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	4	N/A

**PREA Medical Review Discussion:**

**Screen 8:** The evaluations were completed four to seven days late.

# Dental Review

## Dental Care

### COMPLIANCE SCORE

	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The dental record contains a Dental Health Questionnaire, which is complete, current, and signed by the dentist	18	18	0	0	100%
2	Allergies are documented and correspond to the information in the current Dental Health Questionnaire	18	18	0	0	100%
3	There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
4	Dental appointments are completed in a timely manner	16	16	0	2	100%
5	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	16	16	0	2	100%
6	There is evidence of accurate diagnosis based on a complete dental examination	16	15	1	2	94%
7	The treatment plan is appropriate for the diagnosis	16	14	2	2	88%
8	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	14	14	0	4	100%
9	Dental findings are accurately documented	16	16	0	2	100%
10	Sick call appointments are completed timely	14	14	0	4	100%
11	Follow-up appointments for sick call or other routine care are completed timely	13	13	0	5	100%
12	Consultations or specialty services are completed timely	5	5	0	13	100%
13	Consultant's treatment recommendations are incorporated into the treatment plan	5	5	0	13	100%
14	There is evidence of informed consent or refusal for extractions and/or endodontic care	16	16	0	2	100%
15	The use of dental materials including anesthetic agent are accurately documented	14	14	0	4	100%
16	Applicable patient education for dental services is provided	16	16	0	2	100%

## Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	1	0	0	100%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

## Mental Health Survey Findings

### Self-Injury and Suicide Prevention Review

#### Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	11	10	1	0	91%
2	The nursing evaluation is completed within 2 hours of admission	11	10	1	0	91%
3	Guidelines for SHOS management are observed	3	1	2	8	33%
4	The inmate is observed at the frequency ordered by the clinician	11	2	9	0	18%
5	Nursing evaluations are completed once per shift	11	10	1	0	91%
6	There is evidence of daily rounds by the attending clinician	11	10	1	0	91%
7	There is evidence of daily counseling provided by mental health staff	11	9	2	0	82%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	11	6	5	0	55%
9	There is evidence of adequate post-discharge follow-up by mental health staff	9	2	7	2	22%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	4	0	4	7	0%

#### Self-Injury and Suicide Prevention Discussion:

**Screen 3:** In the two deficient records, there was no evidence the clinician evaluated the inmate on the fourth day of the SHOS admission to assess whether a higher level of mental health care was needed.

#### Psychiatric Restraints

There were no episodes of psychiatric restraints for review.

## Access To Mental Health Services

### Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	6	3	3	0	50%
2	The post use-of -force physical examination is completed in its entirety	6	4	2	0	67%
3	There is evidence physical health staff completed a referral to mental health staff	6	2	4	0	33%
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	5	2	3	1	40%
5	Recent changes in the inmate's condition are addressed	1	1	0	5	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	6	0	0	6	N/A
7	A physician's order is documented if force is used to provide medical treatment	6	0	0	6	N/A

#### Use of Force Discussion:

**Screen 3:** Although referrals for mental health evaluation were located in the medical record, the referrals erroneously indicated that follow-up was to be completed within seven days.

**Screen 4:** In all three records, the interview was not found.

## Psychological Emergency

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	8	8	0	0	100%
2	The emergency is responded to within one hour	8	8	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	8	8	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	8	6	2	0	75%
5	A thorough mental status examination is completed	8	8	0	0	100%
6	Appropriate interventions are made	8	7	1	0	88%
7	The disposition is clinically appropriate	8	8	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	3	1	2	5	33%

### Psychological Emergency Discussion:

**Screen 4:** In two records, future orientation was not assessed.

**Screen 8:** In two records, there was no evidence that mental health staff responded to the referral submitted by physical health staff.

## Mental Health Inmate Request

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	14	14	0	0	100%
2	The request is responded to within the appropriate time frame	14	10	4	0	71%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	13	12	1	1	92%
4	The follow-up to the request occurred as intended	12	1	11	2	8%
5	Consent for treatment is obtained prior to conducting an interview	7	7	0	7	100%



**Mental Health Inmate Request Discussion:**

**Screen 2:** In one record, a response was not documented. In three records, the patient expressed suicidal ideations in the inmate request and should have been assessed immediately. In two of those records, the inmate was never evaluated.

**Screen 4:** In four records, the inmate was not evaluated by mental health until six to eight weeks after the request was received. This included one inmate who had expressed suicidal ideations in his request for services. In the remaining records, follow-up by mental health was not located. This included the two inmates who had expressed suicidal ideations in the original request.

**Special Housing**

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	The pre-confinement examination is completed prior to placement in special housing	10	9	1	0	90%
2	Psychotropic medications continue as ordered while inmates are held in special housing	0	0	0	10	N/A
3	A mental status examination (MSE) is completed in the required time frame	6	0	6	4	0%
4	Follow-up MSEs are completed in the required time frame	1	1	0	10	100%
5	MSEs are sufficient to identify problems in adjustment	1	1	0	10	100%
6	Mental health staff responded to identified problems in adjustment	0	0	0	10	N/A
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	5	0	5	5	0%

**Special Housing Discussion:**

**Screen 7:** In two records, the inmates had not been seen by mental health since December 2021. In one record, the inmate had not been seen by mental health since his orientation interview in May 2022. In the third record, the inmate had not received counseling or case management from his arrival in March 2022 through his transfer in June 2022. In the last record, the inmate had not received counseling or case management since April 2022.

**Outpatient Mental Health Services**

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A consent for treatment is signed prior to treatment and/or renewed annually	13	12	1	2	92%
2	The inmate was interviewed by mental health staff within 14 days of arrival	10	8	2	5	80%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	9	6	3	6	67%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	1	1	0	14	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	0	N/A
6	A clinically appropriate conclusion was reached following the sex offender screening	1	1	0	14	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	1	1	0	14	100%
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	15	N/A
9	The Bio-psychosocial (BPSA) is present in the record	12	8	4	3	67%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	2	1	1	13	50%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	1	1	0	14	100%
12	The ISP is individualized and addresses all required components	15	6	9	0	40%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	6	5	1	9	83%
14	ISP goals are time limited and written in objective, measurable behavioral terms	6	5	1	9	83%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	6	3	3	9	50%

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
16	The ISP is signed by the inmate and all members of the treatment team	6	3	3	9	50%
17	The ISP is reviewed and revised at least every 180 days	9	1	8	6	11%
18	Identified problems are recorded on the problem list	15	11	4	0	73%
19	The diagnosis is clinically appropriate	11	11	0	4	100%
20	There is evidence the inmate received the mental health services described in the ISP	9	7	2	6	78%
21	Counseling is offered at least once every 60 days	14	6	8	1	43%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	15	0	0	15	N/A
23	Case management is provided at least every 60 days for inmates without psychotic disorders	15	6	8	1	40%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	15	0	0	15	N/A
25	The BRA is accurate and signed by all members of the treatment team	15	0	0	15	N/A
26	The ISP is updated within 14 days of CM placement	15	0	0	15	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	15	0	0	15	N/A
28	Mental health staff completes the CM referral assessment within five working days	15	0	0	15	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	10	9	1	5	90%
30	The frequency of clinical contacts is sufficient	15	7	8	0	47%

### ***Outpatient Mental Health Services Discussion:***

**Screen 3:** *There was no evidence the service planning interview was completed in the three deficient records.*

**Screen 12:** *In two records, the ISPs were written in November 2021 at another FDC institution. In seven records, there was no evidence an ISP had been completed.*

**Screens 21 & 23:** *A review of outpatient services indicated that counseling and case management services were not offered at the required intervals.*

- *In one record, services were not provided from January 2022 through the inmate's transfer in July 2022.*
- *In the second record, services were not provided from January 2022 through the inmate's transfer in May 2022.*
- *In the third record, the inmate was overdue for case management and counseling by six weeks.*
- *In the fourth record, the documentation indicated that the inmate's appointment was cancelled due to a security lock down. There was no indication that this appointment had been rescheduled.*
- *In the remaining records, there was no evidence that the inmate had any contact with mental health staff in 2022.*

## Institutional Tour

### Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%

### Infirmary

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Handwashing facilities are available	1	0	0	100%
3	Infirmery beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%

***Inmate Housing Areas***

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	Over-the-counter medications are available and logged	1	0	0	100%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%

***Pharmacy***

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2	Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3	The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4	The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5	Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6	A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7	There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%

### Psychiatric Restraint

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All equipment is available and in working order	1	0	0	100%
2 There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3 All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%

### Self-Injury/Suicide Prevention

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2 A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

### Special Housing

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Confinement rounds are conducted weekly	1	0	0	100%
2 A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%

## Interview Summaries

### ***PATIENT INTERVIEWS***

Eleven patients agreed to participate in interviews with CMA surveyors and staff. Overall, inmates reported that medical services were adequate. However, they reported delays in several areas of clinical services. In particular, inmates reported that it often takes greater than two weeks to be evaluated by nursing staff following a sick call request. They also noted there were delays in obtaining follow-up appointments with the medical provider. Additionally, almost half of the inmates interviewed reported occasional difficulties in obtaining single-dosed or keep-on-person medications. Several inmates reported medical confidentiality was often compromised in the sick call waiting area. They indicated that security often insisted the inmate verbalize the reason for the sick call visit in front of the other inmates in the waiting area.

Inmates on the mental health caseload were complementary of the mental health professional (MHP). They were likely to describe the services they received as helpful in improving their mental health. The majority of the inmates endorsed having a good rapport with their mental health counselor. They felt that he is easily accessible when needed outside of appointment times. However, a few inmates reported not being seen at regular intervals and did have to send an inmate request in order to be to be seen. CMA surveyors noted that patient interviews regarding mental health treatment conflicted with the medical record reviews, which indicated that in many areas adequate mental health treatment was not documented.

### ***MEDICAL STAFF INTERVIEWS***

One mental health and five medical staff participated in interviews with CMA surveyors and staff. Overall, staff members were familiar with policies and felt that they have been provided adequate training. However, all staff expressed frustration due to ongoing changes that are being made as problems arise with the new electronic medical record.

All interview participants identified staffing shortages in the areas of nursing, security, and mental health. Medical and security interviewees indicated that medical transports are frequently cancelled in favor of security transports. A review of the consult log by CMA surveyors revealed there were many consultations postponed within the last six months due to security. Surveyors suggested that since there are two vans dedicated to transport, one should be reserved for medical transports thereby reducing the length of time inmates wait for consults. Delays in these appointments by weeks or months could negatively impact inmate health outcomes.

### ***SECURITY STAFF INTERVIEWS***

Three security officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process, and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in confinement. The relationship between security and mental health staff appeared to be collaborative in nature and there appeared to be good communication between the two groups. Security staff noted that staffing shortages in both medical and security negatively impacted the efficiency of both areas.



## Corrective Action

### Physical Health Findings

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	2
Endocrine Clinic	0
Gastrointestinal Clinic	0
General Chronic Illness Clinics	3
Immunity Clinic	N/A
Miscellaneous Clinic	1
Neurology Clinic	2
Oncology Clinic	2
Respiratory Clinic	1
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmatory Care	4
Inpatient Infirmatory Care	5
Sick Call	6
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	2
Medical Inmate Request	0
Medication and Vaccine Administration	4
Intra-System Transfers	5
Periodic Screening	1
PREA Medical Review	1
Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0

**Mental Health Findings**

<b>Self-Injury and Suicide Prevention Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Self-Injury and Suicide Prevention	5
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	4
Psychological Emergencies	2
Mental Health Inmate Request	2
Special Housing	2
<b>Outpatient Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Outpatient Mental Health Services	12

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA’s survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

## Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at DESAN, the CMA makes the following recommendations:

- Continue to train and support staff on optimally utilizing the electronic health record.
- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are scheduled at the appropriate intervals.
- Make needed improvements to CIC documentation.
- Ensure that laboratory results are reviewed prior to the CIC visit and abnormal lab results are addressed as clinically appropriate.
- Recruit, hire, and train for the open Mental Health Professional (MHP) position.
- Provide additional support or assistance to the MHP to ensure that inmates on the caseload receive adequate services and those services are documented in the medical record.
- Review SHOS procedures to ensure that the attending clinician personally evaluates patients prior to discharge.
- Train all staff members who review and respond to inmate requests on the importance of an immediate response and evaluation for an inmate who reports suicidal ideations. Staff members should be aware of who to contact if mental health staff is unable to respond.