



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY EVERGLADES CORRECTIONAL INSTITUTION

JANUARY 14-16, 2019

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Everglades Correctional Institution (EVECI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. EVECI consists of a Main Unit and a Re-Entry Center. ^{1 2}

Institutional Potential and Actual Workload

Main Unit Capacity	1827	Current Main Unit Census	1853
Annex Capacity	N/A	Annex Census	N/A
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	403
Total Capacity	2259	Total Current Census	2256

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	1198	859	194	4	1	85
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	1802	114	340	N/A	N/A	0

¹ Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

² Medical grades reflect the level of care inmates require. Grades range from M1, requiring the least level of medical care, to M5, requiring the highest level of care. Pregnant offenders are assigned to grade M9. Medical grades are as follows: M1, inmate requires routine care; M2, inmate is followed in a chronic illness clinic (CIC) but is stable and requires care every six to twelve months; M3, inmate is followed in a CIC every three months; M4, inmate is followed in a CIC every three months and requires on-going visits to the physician more often than every three months; M5, inmate requires long-term care (longer than 30 days) in inpatient, infirmary, or other designated housing.

Mental health grades reflect the level of psychological treatment inmates require. Grades range from S1, requiring the least level of psychological treatment, to S6, requiring the highest level of treatment. Mental health grades are as follows: S1, inmate requires routine care; S2, inmate requires ongoing services of outpatient psychology (intermittent or continuous); S3, inmate requires ongoing services of outpatient psychiatry; S4, inmates are assigned to a transitional care unit (TCU); S5, inmates are assigned to a crisis stabilization unit (CSU); and S6, inmates are assigned to a corrections mental health treatment facility (CMHTF).

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	0	35	0	0	0	0

Medical Unit Staffing: Main Unit

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
Registered Nurse	9	0
Licensed Practical Nurse	12	0
CMT-C	2	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	0

Medical Unit Staffing: Re-Entry Center

Position	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
Registered Nurse	2	0
Licensed Practical Nurse	1	0
CMT-C	0	0
Dentist	0	0
Dental Assistant	0	0
Dental Hygienist	0	0

Mental Health Unit Staffing: Main Unit

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	1	0
Psychological Services Director	1	0
Psychologist	0	0
Behavioral Specialist	1	1
Mental Health Professional	4	1
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

Mental Health Unit Staffing: Re-Entry Center

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

EVERGLADES CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Everglades Correctional Institution (EVECI) and Re-Entry Center on January 14-16, 2020. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

The overall scope of services provided at EVECI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include health education, preventive care, chronic illness clinics, emergency care, outpatient mental health, and observation/infirmiry care, as required.

A summary of physical and mental health survey findings is outlined in the tables below.

Physical Health Clinical Records Review – Main Unit

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	14	0
Cardiovascular Clinic	16	0
Endocrine Clinic	17	2
Gastrointestinal Clinic	16	1
Immunity Clinic	17	0
Miscellaneous Clinic	15	3
Neurology Clinic	13	3
Oncology Clinic	10	2
Respiratory Clinic	16	1
Tuberculosis Clinic	4	1

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	17	0
Infirmiry Care	17	2
Sick Call	18	0

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	17	1
Inmate Request	18	1
Intra-System Transfers	17	1
Medication Administration	11	0
Periodic Screenings	17	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	18	0
Dental Systems	N/A	0

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	1
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	1

ADDITIONAL ADMINISTRATIVE ISSUES

Assessment Area	Number of Records Reviewed	Total Number of Findings
Medication Administration Records (MARs)	N/A	1

PHYSICAL HEALTH SURVEY FINDINGS – Main Unit

Detailed in the tables below are reportable findings requiring corrective action.

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-1: In 6 of 11 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-2: In 4 of 13 applicable records, there was no evidence of influenza vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Gastrointestinal Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-3: In 2 of 10 applicable records (16 reviewed), there was no evidence of influenza vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-4: In 8 of 14 applicable records, there was no evidence of the control of the disease and/or status of the patient for each visit.</p> <p>PH-5: In 3 of 7 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-6: In 2 of 4 applicable records, there was no evidence of influenza vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-7: In 10 of 12 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal); primary or simple absence (petit mal); simple partial seizures; complex partial seizures.</p> <p>PH-8: In 3 of 11 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-9: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-10: In 4 of 9 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-11: In 4 of 6 applicable records, there was no evidence of influenza vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-12: In 4 of 16 records 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 respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-13: In 1 of 4 records 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 tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmary Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-14: In 5 of 13 applicable records, there was no evidence of a discharge note by the nurse indicating patient's condition on discharge, patient disposition, patient education and discharge instructions.</p> <p>PH-15: In 4 of 10 applicable records, there was no evidence that the clinician made rounds and entered progress notes per protocol.</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 services in the infirmary to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-16: In 7 of 17 records reviewed, there was no diagnosis documented on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Intra-System Transfers Review	
Finding(s)	Suggested Corrective Action
<p>PH-17: In 1 of 5 applicable records (17 reviewed), there was no evidence that a patient with chronic illness was scheduled in the appropriate time frame (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 received as transfers to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-17: Per Health Services Bulletin 15.03.05, when a patient in a Chronic Illness Clinic is transferred to another institution, she/he must be seen at the receiving institution within the previously established time frame. In this record, the inmate was scheduled for a 6-month vs 3-month follow-up.

Inmate Requests Review

Finding(s)	Suggested Corrective Action
<p>PH-18: In 2 of 8 applicable records (18 reviewed), there was no evidence an interview, appointment, test, etc. occurred as indicated in the request response (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-18:** In one record, there was no evidence the issues were addressed, Additionally, the date was missing. In the second record, medication was ordered on 6/24/19, requested on 7/26/19 and delivered on 8/6/19 resulting in a treatment delay.*

Pharmacy Services

Finding(s)	Suggested Corrective Action
<p>PH-19: In the Pharmacy, there was no evidence that out-of-date controlled substances were segregated (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 pharmacy 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-19:** The expired medications were stored with the controlled medications.*

Institutional Tour	
Finding(s)	Suggested Corrective Action
<p>PH-20: There was no evidence that hot water was available for showering and handwashing in all dorms (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-20: There was no hot water in Dorms A, B & F.

Additional Administrative Issues	
Finding(s)	Suggested Corrective Action
<p>PH-21: The majority of Medication Administration Records (MARs) from October, November & December 2019 were not in charts (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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-21: MARs from October, November, and December were in the medication room in a sorter waiting to be filed.

PHYSICAL HEALTH SURVEY CONCLUSION – MAIN UNIT

Reportable findings requiring corrective action are outlined in the tables above. In several of the records reviewed, there were no annual fundoscopic exams noted. Clinician documentation lacked the classification of seizures, the control of the disease and/or status of the patient, dates, diagnoses, progress notes and discharge notes.

Pneumococcal and influenza vaccinations were missing in most chronic clinics and were not consistently offered to inmates deemed a high priority. Everglades CI staff reported that they had not received their allotment of influenza vaccinations from the Department of Health until the week before the survey thus preventing the administration of influenza vaccinations at the beginning of flu season. Even though there were findings in this area, vaccinations due in 2019-2020 were not counted in the deficiency total.

The staff at Everglades Correctional Institution was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Inmate records were well organized except for the missing Medication Administration Records (MARs). Most of the MARs from October through December had not been filed. It was mentioned the filing issue was due to a recent loss of staff in that department.

Interviews conducted by surveyors indicated most of the inmates were satisfied with their health care services except for one stating an issue regarding language as a barrier. They, as well as security personnel, were familiar with how to obtain routine medical and emergency services.

Everglades Correctional Institution staff indicated they were appreciative of the review and would use the CMA corrective action process to improve health care services.

Mental Health Clinical Records Review – Main Unit

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	2	0

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	0	0

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	0	0
Inmate Requests	18	0
Special Housing	8	0

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	18	0
Outpatient Psychotropic Medication Practices	18	1
Aftercare Planning	8	0

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	2

MENTAL HEALTH SURVEY FINDINGS – Main Unit

Detailed in the tables below are reportable findings requiring corrective action.

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action
<p>MH-1: In 1 of 4 applicable records (18 reviewed), there was no indication of appropriate follow-up after an abnormal lab result (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 with Outpatient Mental Health Services 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, a low sodium level was noted on 12/19/19 with instructions to make an appointment with the physical health clinician “ASAP”. However, there was no indication that this took place by the time of the survey.*

Mental Health Systems Review	
Finding(s)	Suggested Corrective Action
<p>MH-2: There was no evidence of an adequate system for timely filing of pertinent medical information (see discussion).</p> <p>MH-3: There was insufficient training for the use of psychiatric restraints (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 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:** Medication Administration Records (MARs) were not filed in the medical records timely.*

Discussion MH-3: *Staff members interviewed were unable to provide verbal instructions on the application of psychiatric restraints. Although these types of restraints are rarely utilized, staff should be able to provide verbal instructions as to the process of using them in an emergency.*

MENTAL HEALTH SURVEY CONCLUSION – MAIN UNIT

The staff at EVECI-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including psychotropic medication management, case management, and individual counseling are provided to approximately 454 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on Self-Harm Observation Status (SHOS). Reportable findings requiring corrective action are outlined in the tables above.

Inmates were seen timely by mental health staff and documentation was thorough and informative. Individualized Service Plans (ISP) were updated timely and accurately reflected the inmate's needs. Staff were helpful in obtaining records, answering questions and locating documents which assisted with expediting the survey process. Inmates interviewed were knowledgeable about the process for requesting services and felt the care was adequate. There were no deficiencies noted in most areas of review.

Based on the findings of this survey, the CMA corrective action process will be beneficial to EVECI-Main as they strive to meet the mental health needs of the inmate population they serve.

Physical Health Clinical Records Review – Re-Entry Center

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	13	1
Cardiovascular Clinic	15	2
Endocrine Clinic	10	4
Gastrointestinal Clinic	6	2
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	6	1
Neurology Clinic	2	1
Oncology Clinic	1	0
Respiratory Clinic	10	1
Tuberculosis Clinic	2	0

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	10	1
Infirmiry Care	N/A	N/A
Sick Call	16	3

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	4	7
Inmate Request	12	2
Intra-System Transfers	16	1
Medication Administration	N/A	N/A
Periodic Screenings	8	1

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	N/A	N/A
Dental Systems	N/A	N/A

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	0

PHYSICAL HEALTH SURVEY FINDINGS – Re-Entry Center

Detailed in the tables below are reportable findings requiring corrective action.

Chronic Illness Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 3 of 13 records reviewed, inmates were not seen according to their M-grade status.</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 clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Cardiovascular Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-2: In 3 records, there was no evidence of required annual diagnostic tests (see discussion).</p> <p>PH-3: In 3 records, 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 cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: In two records, there was no documented urinalysis. In the remaining record, an inmate with hypertension, tricuspid regurgitation and aortic stenosis did not receive an electrocardiogram (EKG) or an echocardiogram (ECHO) annually.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-4: In 4 records, there was no evidence of an appropriate examination for the diagnosis (see discussion).</p> <p>PH-5: In 2 records, there was no evidence of the control of the disease and/or status of the patient.</p> <p>PH-6: In 4 records, laboratory tests were not completed as required (see discussion).</p> <p>PH-7: In 5 of 5 applicable records, there was no evidence of an annual fundoscopic examination.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *In all four records, there was no documentation of a thyroid exam.*

Discussion PH-6: *In two records, there was no evidence of an annual thyroid stimulating hormone (TSH) level for patients with hypothyroidism. In one record, a chest x-ray was ordered on 5/29/19 but there was no evidence this was completed by the time of the survey. In the remaining record, an inmate with type 2 diabetes did not have a hemoglobin A1C since June 2018.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>PH-8: In 1 of 3 applicable records, treatment for hepatitis C was not initiated timely (see discussion).</p> <p>PH-9: In 3 records, there was no evidence of the control of the disease and/or status of the patient.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8:** In one record, an inmate was diagnosed as fibrosis stage 3 in May 2017 and treatment did not begin until November 2018. According to Health Services Bulletin (HSB 15.03.09, supplement #3) this inmate would be a priority level 2 and therefore should have begun treatment within 12 months.*

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-10: In 1 of 2 applicable records (6 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 miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-11: In 1 of 2 records reviewed, there was no evidence of an appropriate examination (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-11: In one record, there was no documentation of a complete neurological exam.

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-12: In 3 of 10 records 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 respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Emergency Services Record Review

Finding(s)	Suggested Corrective Action
<p>PH-13: In 1 of 2 applicable records (10 reviewed), subsequent follow-up visits were not completed timely and/or not consistent with presenting needs (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-13:** In this record the inmate declared an emergency on 12/14/19 and reported 8/10 headache pain. He had a medical history significant for hypertension, heart disease, asthma, diabetes and hypothyroidism. The nursing protocol form was incomplete, but the clinician was contacted, and the form was signed by both staff members. However, he returned to sick-call three more times with the same complaint prior to being seen by the nurse practitioner on 1/07/20.*

Sick-Call Services Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-14: In 3 of 12 applicable records, there was no evidence of referral to a higher level of care when indicated (see discussion).</p> <p>PH-15: In 2 of 9 applicable records, subsequent follow-up visits were not completed timely and/or not consistent with presenting needs (see discussion).</p> <p>PH-16: In 2 of 9 applicable records, clinician's orders from a follow-up visit were not appropriate or were not adequate for presenting condition (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick-call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-14: In two records the nursing protocol indicated that the clinician be contacted immediately based on the assessment but there was no indication this took place. In the remaining record, an inmate reporting cough for three weeks with purulent sputum was not referred to the clinician.

Discussion PH-15: In one record, the request for follow-up was made on 11/25/19 and the patient was not seen until 1/14/20. In the other record, the inmate was seen timely for a follow-up appointment but only one of two issues were addressed.

Discussion PH-16: In one record, the patient reported 10/10 leg pain and stated his “leg gave out”. There was no indication that a neurological or orthopedic consult was considered. In the remaining record, the clinician ordered x-rays of the spine and pain medication on 11/26/19. He also requested medical records be obtained from the community healthcare provider. There was no indication these orders were implemented. He was later placed on a call-out for 1/07/20. There was no evidence that he had been seen. Additionally, the inmate reported that his approved back brace had been taken by security staff and there was no indication this was investigated further.

Consultation Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>PH-17: In 4 records, the consultation request was not approved by the chief health officer or designee.</p> <p>PH-18: In 1 record, the consultation referral was not sent to utilization management (UM) in a timely manner (see discussion).</p> <p>PH-19: In 2 records, the consultation was not performed timely (see discussion).</p> <p>PH-20: In 1 record, there was no evidence that the institutional clinician reviewed the consult and addressed treatment recommendations (see discussion).</p> <p>PH-21: In 1 record, the diagnosis was not reflected on the problem list.</p> <p>PH-22: In 1 record, treatment recommendations were not incorporated into the plan of care (see discussion).</p> <p>PH-23: In 1 record, the consultation log was incomplete.</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-18: In one record, the request for a consultation was completed on 7/16/19 and the referral was sent to UM on 9/05/19.

Discussion PH-19, PH-20 & PH-22: A review of consultation records revealed several concerns regarding the timeliness of specialty services. Many of these delays were the result of consultations requested by the clinician but not completed timely, if at all, by the institution. Surveyors noted that there were opportunities where institutional staff could have intervened to address this access to care issue. An incomplete consultation log may also have contributed to this system breakdown.

In one record, the consultation request was submitted 7/16/19, but the inmate was not seen by the specialist until 10/24/19. In the second record, a request was made on 11/13/19 for ophthalmology “ASAP re: retinal tear or flap”. There was no evidence in the file that this urgent consultation was completed with the exception of an incidental note stating, “return from Larkin, no recommendations, no orders, return in 2 months”. Without documentation from the consultant, surveyors were unable to assess if the appropriate course of action was taken. Another referral was later initiated for the same issue stating, “Refer ASAP for evaluation with retinal specialist”. There was no indication that this took place by the time of the survey.

Medical Inmate Requests	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-24: In 5 records, the response to the inmate request did not address stated needs or was not clinically appropriate (see discussion).</p> <p>PH-25: In 4 records, there was not an incidental note that corresponded to the inmate request.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-24: In one record, the inmate was nearing the end of his sentence and requested his eyeglass prescription for continuity of care after release, which was not provided. In the remaining four records, the inmate was requesting to access sick call but used an inmate request form. The Departments’ Health Services Bulletin (HSB 15.02.01) states that an inmate may use a request to ask for information about his/her health care status or to access services. The response was “put in a sick-call” or “access sick-call”. According to Policy and Procedure 403.006, all inmate requests for sick call will be reviewed and triaged daily by an RN. Any other requests for routine/non-urgent care will be evaluated and the inmates will be seen in a timely manner based on their assigned triage level (Level 3).

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action
<p>PH-26: In 4 of 16 records, there was no evidence the clinician reviewed the record within 7 days of arrival.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those transferring into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

PHYSICAL HEALTH SURVEY CONCLUSION – RE-ENTRY CENTER

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

Several areas were identified in which the provision of physical health services was found to be deficient. Delays in care were found in the review of consultations and a lack of appropriate physical exams and diagnostic services were noted in chronic illness clinics. Additionally, immunizations were not provided in accordance with Department guidelines.

Additionally, there were issues with sick-call and emergency services. Referrals to a higher level of care and subsequent appointments with a clinician were not completed timely. Surveyors expressed concern that long wait times or missed opportunities for follow-up could have serious and adverse effects on inmate health. Specific examples are addressed in the tables and the discussions above.

Based on the findings listed, the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

Mental Health Clinical Records Review – Re-Entry Center

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	N/A	N/A

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	0	0

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	0	0
Inmate Requests	7	0
Special Housing	N/A	N/A

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	9	0
Outpatient Psychotropic Medication Practices	7	0

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	0

MENTAL HEALTH SURVEY CONCLUSION – RE-ENTRY CENTER

At the time of the survey there was one mental health professional (MHP) at EVECI-Re-entry who provided services to a caseload of approximately 42 inmates. In addition to providing services to these inmates, staff answers inmate requests and responds to psychological emergencies. Staff also performs sex offender screenings when needed. The few inmates in need of psychiatric medication are provided these services by a clinician from the Main Unit. Inmates who were interviewed knew how to access mental health services and reported that the MHP was helpful and had an “open door” policy. The quality of progress notes and summaries was excellent, and the documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. The interview with the mental health professional revealed a familiarity with the mental health caseload and a strong desire to provide quality services. After a review of mental health records and interviews with inmates and staff, no corrective action plan is required by the CMA for mental health.

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. A deficiency rate of 20% or higher requires in-service training, monitoring and corrective action by institutional staff.