



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Florida Women's Reception Center

In

Ocala, Florida

on

September 15-17, 2015

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
958	Female	Maximum	5

Institutional Potential/Actual Workload

Main Unit Capacity	1152	Current Main Unit Census	958
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1152		958

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		314	558	119	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	395	77	331	21	9	1

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	23	28	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	2	0
RN	5.6	0
LPN	9.6	0
CMT-C	0	0
Dentist	1.5	0
Dental Assistant	3	0
Dental Hygienists	1.5	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2.5	1
Psychological Services Director	1	0
Sr. Mental Health Clinician	3	1
Behavioral Specialist	10	1
Human Services Counselor	4	2

OVERVIEW

Florida Women's Reception Center (FWRC) houses female inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and impaired, and psychology (S) grades 1, 2, 3, 4, 5, and 6. FWRC consists of a Main Unit.

The overall scope of services provided at FWRC includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, infirmary services, and inpatient and outpatient mental health care, as well as the reception and orientation of inmates newly sanctioned to the state.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at FWRC on September 15-17, 2015. 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.

In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on September 22, 2015.

"Deficiencies found by the authority to be life-threatening or otherwise serious shall be immediately reported to the Secretary of Corrections. The Department of Corrections shall take immediate action to correct life-threatening or otherwise serious deficiencies identified by the authority and within 3 calendar days file a written corrective action plan with the authority indicating the actions that will be taken to address the deficiencies."

The emergency notification informed the Secretary that serious deficiencies were identified including significant delays in treatment and inmate care. These delays in treatment affected multiple areas of inmate physical and mental health care which include medication administration, follow-up with on-site providers, delays in outside consultations, and clinical review including the timely follow-up of abnormal labs and diagnostic services. Of additional concern was the notable disorganization of medical records. Multiple portions, and in some cases, whole records could not be located. Other records were thinned but not in compliance with Department policies and procedures. This made it difficult, and in some cases impossible to follow the course of treatment or to verify that treatment was provided. Poor record keeping and incomplete medical records can lead to medical errors, disrupt continuity of care, and cause further delays in treatment.

On September 25, 2015, the CMA was provided a copy of the Department's corrective action plan (CAP) addressing the emergency finding (EF). Once the Department is in receipt of this full survey report, the CMA looks forward to receiving an even more specific and detailed CAP. Many of the findings contained in this report are "stand alone" findings and are not necessarily major contributing factors to the emergency notification. Other findings, however, are directly related and will be identified as EF.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS

Florida Women's Reception Center (FWRC) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at FWRC:

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

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in 8 of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call. There were findings requiring corrective action in the review of emergency care and infirmary services; the items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care or dental systems.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control and pill line administration.

RECEPTION PROCESS

There were no findings requiring corrective action in the review of the reception process. There were findings requiring corrective action in the review of reception records; the items to be addressed are indicated in the table below.

INSTITUTIONAL TOUR

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

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-1: In 6 records, the diagnosis was not recorded on all required forms.</p> <p>PH-2: In 5 records, the baseline information was incomplete or missing (see discussion).</p> <p>PH-3: In 4 of 13 applicable records, patient education was incomplete or missing.</p> <p>PH-4: In 7 records, inmates were not seen according to their M-grade status (see discussion) [EF].</p> <p>PH-5: In 4 of 12 applicable records, there was no evidence that labs were available to the clinician prior to the visit.</p> <p>PH-6: In 6 of 13 applicable records, the chronic illness clinic forms were incomplete, illegible, not dated, timed, signed, and/or signature stamped.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: Baseline data was frequently missing from the “Chronic Illness Clinic Flowsheet” (DC4-770). Per Department standards, the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or missing, it may be difficult to obtain an adequate understanding of the inmate’s complete medical history.

Discussion PH-4: There were multiple examples where inmates were evaluated and treated in the CIC less frequently than was required by their assigned medical grade. Per Health Services Bulletin (HSB) 15.03.13, inmates who are assigned a health grade of M2 should be followed in the clinic every six months and those assigned as M3 every three months. Additionally, inmates may be scheduled more frequently at the discretion of their individual clinician. In four records, inmates classified as M3 were not scheduled for six months or more, and in one of those records, the gap between visits was greater than ten months. In another record, the inmate was classified as M2 but had not been seen for almost one year. In the sixth record, an inmate was classified as M2 but the clinician requested on 5/4/15 that she return in 90 days. The inmate had not been seen as of the date of the survey. In the final record, an M2 inmate was last seen on 8/4/15 but the clinician did not complete the “next clinic appointment” on the clinic form. This inmate had been seen every 3-6 months prior to this visit. The surveyors were concerned that long wait times or missed opportunities for follow-up could impact continuity of care and have deleterious effects on inmate health.

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 4 of 15 applicable records (17 reviewed), there was no evidence of influenza vaccine 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>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-8: In 1 of 4 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-9: In 4 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-10: In 8 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</p> <p>PH-11: In 1 of 4 applicable records, there was no evidence of a referral to a specialist although indicated (see discussion) [EF].</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-11:** An inmate diagnosed with poorly controlled hypothyroidism presented at the clinic visit with a “generalized enlarged thyroid but no nodules upon palpation.” Documentation indicated the inmate was symptomatic and the clinician noted that an ultrasound of the thyroid and neck was needed on 9/3/15. However, there was no indication that a referral had been completed at the time of the survey.*

Additional Discussion: Although this deficiency did not rise to the level of a finding, further discussion is warranted. An inmate on oral diabetes medications was prescribed sliding scale insulin on 6/27/15 when her HbA1C was 10.4. Clinician orders were in the chart but there were no MARs to indicate that accuchecks were done to reflect the order for sliding scale. CMA surveyors expressed concern that clinician orders were not implemented and that the inmate did not receive the needed insulin. This record was brought to institutional staff for review and a follow-up appointment occurred on 9/16/15. It was determined that the inmate's HbA1C had dropped to 8.6 and the inmate appeared to be responding to the oral diabetes medication without the sliding scale insulin. The clinician discontinued the sliding scale insulin at that time.

Gastrointestinal Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-12: In 5 of 13 applicable records, there was no evidence of hepatitis A & B vaccines or refusal.</p> <p>PH-13: In 3 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-14: In 7 of 9 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-15: In 2 records, there was no evidence of the control of the disease or status of the patient.</p> <p>PH-16: In 3 records, there was no evidence that abnormal labs were reviewed/addressed timely (see discussion) [EF].</p> <p>PH-17: In 1 of 2 applicable records, there was no evidence of influenza vaccine 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>

Discussion PH-16: In three records, abnormal lab values were reported in April. Two were not reviewed until June and one was not reviewed until July.

Neurology Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-18: In 11 of 12 applicable records, seizures were not classified.</p> <p>PH-19: In 4 of 12 applicable records, there was no evidence that abnormal labs were reviewed or addressed timely (see discussion) [EF].</p> <p>PH-20: In 2 of 3 applicable records, there was no evidence of influenza vaccine 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>

Discussion PH-19: In one record, the last three laboratory studies indicated high tegretol levels which were never addressed in the clinical documentation. In one record, labs were completed on 7/30/15 and revealed an abnormal valproic acid level. The lab report was not reviewed until 8/31/15. In another record, labs completed on 5/22/15 indicated high glucose, high white blood cell count in urine, high lymph values, and high gamma glutamyl transpeptidase (GGTP). This lab was not reviewed until 7/16/15. In another record, amino alanine transferase (ALT), GGTP, and phosphorous levels were high. These labs were completed on 6/30/15 but were not reviewed until 9/15/15. Clinical surveyors expressed concern that delays in the review of abnormal labs could delay necessary adjustments in medications and/or treatment, as well as create the potential for adverse health complications for affected inmates.

Oncology Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-21: In 2 records, the physical examination was incomplete (see discussion).</p> <p>PH-22: In 1 record, there was no evidence of pneumococcal vaccine 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>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-23: In 1 record, there was no evidence of influenza vaccine or refusal.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-21: In one record, the physical assessment was blank. In the other record there was no reference to vaginal bleeding that was previously reported by an inmate with a history of cervical and vulvar cancer.

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-24: In 1 of 2 applicable records, there was no evidence that an inmate with moderate to severe reactive airway disease was prescribed anti-inflammatory medication.</p> <p>PH-25: In 3 of 9 applicable records, there was no evidence of influenza vaccine 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(s)
PH-26: In 1 of 2 records reviewed, there was no evidence of an appropriate examination (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-26: Per HSB 15.03.05 patients in the tuberculosis clinic shall be seen by the clinician for an initial clinic visit and then followed monthly by nursing staff for prophylaxis treatment. In this record, the inmate was evaluated for the TB clinic in 2013 and then was out to court from 11/12/13 until 2/25/15. The inmate returned to FWRC and started latent TB treatment. There was no evidence that the inmate was evaluated by the clinician prior to the start of treatment.

Emergency Care Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-27: In 4 of 18 records reviewed, there was no evidence of complete vital signs.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmiry Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-28: In 7 outpatient and inpatient records, there was no evidence that all orders were implemented (see discussion).</p> <p>PH-29: In 6 of 13 applicable outpatient and inpatient records, the nursing discharge note was incomplete or missing.</p> <p>PH-30: In 2 of 5 applicable outpatient records, there was no evidence of a nursing evaluation (see discussion).</p> <p>PH-31: In 2 of 10 applicable inpatient records, there was no evidence of nursing rounds as required [EF].</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmiry services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmery Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-32: In 4 of 10 applicable inpatient records, there was no evidence of clinician rounds as required [EF].</p> <p>PH-33: In 4 of 9 applicable inpatient records, there was no evidence of weekend or holiday clinician rounds [EF].</p>	

Discussion PH-28: In all records reviewed, vital signs were not documented in accordance with the frequency ordered.

Discussion PH-30: Per the Nursing Manual, nursing staff shall document every 8 hours on the "23 Hour Observation Notes" (DC4-732B) for all 23 hour observation patients unless otherwise ordered by the clinician. These two records contained only an entry note.

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-34: In 6 records, there was no evidence the referral was sent to utilization management in a timely manner.</p> <p>PH-35: In 7 of 16 applicable records, there was no evidence the consultation was performed in a timely manner (see discussion) [EF].</p> <p>PH-36: In 10 records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</p> <p>PH-37: In 10 of 16 applicable records, the diagnosis was not reflected on the problem list.</p> <p>PH-38: In 4 of 14 applicable records, there was no evidence that additional diagnostic, laboratory testing, and/or medical follow-up was completed per</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>the consultant's recommendations (see discussion) [EF].</p> <p>PH-39: In 6 of 16 applicable records, the consultation log was incomplete or inaccurate.</p> <p>PH-40: In 1 of 2 applicable records, there was no evidence that the alternate treatment plan was implemented.</p>	

Discussion PH-35 & PH-38: A review of consultation records revealed several concerns regarding the timeliness of specialty services. Many of these delays were the result of additional diagnostic or laboratory testing requested by the consultant 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.

In one record, an inmate with a brain aneurysm was to have a follow-up visit with the consultant in December 2014. The inmate utilized the inmate request process to alert staff of the delay in care. The follow-up appointment was then scheduled in February 2015.

In another record, an inmate had an abnormal pap smear on 4/20/15 that revealed "low grade squamous intraepithelial lesion, cannot exclude high grade." The incidental note on 4/23/15 indicated the inmate was referred for colposcopy follow-up, however it was not completed until 6/26/15.

In the third record, an inmate had an abnormal mammogram on 7/14/15 that was not read until 8/20/15. An ultrasound was ordered that day. On 8/25/15 the inmate submitted a sick call request stating she had found a lump a "little larger than a pea" to the right of her right nipple. The ultrasound was not completed until 9/8/15. The ultrasound report confirmed a palpable area on the right breast near the nipple however the recommendation was for "follow-up as clinically indicated" and "no ultrasonographically identifiable abnormalities."

In the fourth record, an inmate complained of a golf ball sized lump behind her ear in June. An X-ray completed on 7/1/15 recommended follow-up with an MRI. The MRI was requested on 7/20/15, but was denied by utilization management. An alternate treatment plan was provided, which suggested that the inmate be evaluated by a general surgeon. There was no evidence that a surgical consultation was requested or completed as of the date of the survey.

In the fifth record, an inmate was referred for a CT scan due to a large pelvic mass. The CT was completed on 1/9/15 and a surgical consult was submitted on 1/15/15. The surgeon requested additional lab work to include a CBC, CMP, CEA, and CA-125 "today" and for the inmate to return in one week. The lab work was available on 2/10/15 but was not reviewed until 2/29/15 delaying the follow-up until 3/27/15. The surgical consultation was subsequently submitted on 4/24/15 but another delay occurred because the surgeon requested an urological consult. Surgery was eventually completed on 6/18/15.

In the sixth record, an ultrasound of the neck was completed on an inmate with a history of thyroid cancer. The ultrasound revealed a left thyroid fossa nodule and recommended a CT scan. A CT scan was completed on 12/24/14 but was not reviewed until 1/17/15. The inmate was seen by an ENT on 1/21/15 and excision and biopsy was recommended. An “urgent” request was submitted and a laryngoscope and biopsy was completed on 2/26/15. Post-op follow-up did not occur until 4/1/15 and radioactive iodine treatment was initiated. The inmate was seen again on 7/8/15 at which time it was determined the nodule had grown and surgery was recommended as “urgent.” Surgery was not completed until 9/18/15.

In the seventh record, an inmate with a history of cervical and ovarian cancers had an abnormal cervical cancer screen on 5/31/15. Although there was concern for a reoccurrence of malignancy, a colposcopy was not completed until 8/27/15. The results were not in the chart. Additionally, the inmate complained of neurological symptoms consistent with metastatic disease. She submitted several sick call and inmate requests, and was seen in the emergency clinic. The inmate notified medical staff that she had been evaluated in the community, prior to her incarceration, and was found to have lesions in her brain. Medical records from the community were not requested until 7/17/15, and a referral for consultation did not take place until 9/9/15.

In the last record, a consultation with cardiology was requested on 3/5/15 for an inmate with chronic chest pain. Two appointments had to be rescheduled but the inmate was eventually seen on 6/4/15. The consultant recommended an echocardiogram, lexiscan, and halter evaluation and then resubmittal of the request. There were no results of the diagnostics documented in the chart but the consultation request was resubmitted on 9/2/15.

Periodic Screenings	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>PH-41: In 3 records, there was no evidence that the screening included all required elements (see discussion).</p> <p>PH-42: In 4 of 6 applicable records, there was no evidence that all required diagnostic tests were performed 7-14 days prior to the screening (see discussion).</p> <p>PH-43: In 2 of 6 applicable records, there was no evidence that health education was provided.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-41: *In one record, the back of the periodic screening form was blank. In another record, vital signs were documented but the form was otherwise blank. In the third record, the height, previous weight, and smoking history were blank.*

Discussion PH-42: In three records, the required labs were completed two or more months prior to the periodic screening. In one record, there was no documentation of a random blood glucose by finger stick for an inmate with a history of diabetes.

Intra-System Transfers	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 records revealed the following deficiencies:</p> <p>PH-44: In 2 of 8 applicable records, the “Transfer Arrival Summary” (DC4-760A) was incomplete (see discussion).</p> <p>PH-45: In 6 of 6 applicable 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 facility to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-44: In one record, the medications were not recorded on the DC4-760A and the record was not reviewed timely. As a result, the inmate submitted a medical grievance and an inmate request because her medication and passes expired in the interim. In the other record, the permanent facility was not listed and vital signs were not documented.

Medical Inmate Requests	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-46: In 4 records, the inmate request was not present in the chart and could not be located by staff [EF].</p> <p>PH-47: In 3 of 12 applicable records, the incidental note regarding the response was incomplete or missing.</p> <p>PH-48: In 2 of 9 applicable records, there was no evidence that the interview/appointment/test/etc. occurred as intended (see discussion) [EF].</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-48: In one record, the inmate inquired how to obtain cholesterol levels without blood/urine. The inmate feared that results would interfere with her legal case. The response was that the inmate would be put on call out to discuss with the clinician. There was no indication in the chart that this occurred. In the other record, the inmate requested a prescription refill on 6/3/15 prior to the prescription expiration date of 6/22/15. The incidental note in the chart indicated that the record was forwarded to the clinician for medication renewal. A second request was submitted by the inmate on 6/26/15 stating that the medication had not been received. The prescription was not refilled until 7/7/15.

Reception Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-49: In 18 records, there was no evidence that required immunizations were provided.</p> <p>PH-50: In 9 records, there was no evidence that all labs were reviewed, initialed, and/or date stamped.</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 reception records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Additional Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
<p>PH-51: Medical records were disorganized (see discussion) [EF].</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>PH-52: Prescriptions were not filled in a timely manner (see discussion) [EF].</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</p>

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
	<p>the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-51: *CMA surveyors noted that medical records were disorganized, with documentation frequently misfiled or missing altogether. Necessary documentation such as vaccination information, consultation follow-up or diagnostics, recent medication administration records (MARs), and inmate requests were often not in the chart and were unable to be located by staff.*

Discussion PH-52: *Several inmates reported during interviews that medications were not received timely. This was confirmed by record review and during the tour of the pharmacy area. CMA staff noted a large number of prescriptions had been returned to the institution unfilled due to incomplete or illegible orders.*

CONCLUSION

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

Several areas were identified in which the provision of physical health services were found to be deficient. Multiple delays in care were noted in consultations, follow-up for diagnostic services, the review of abnormal labs, and prescription refills. Specific examples are addressed in the tables and the discussions above.

Surveyors had difficulty getting the needed records for review. When received, the records were disorganized, with necessary documentation frequently misfiled or missing altogether. Physical examinations and assessments were often incomplete. When assessments are blank or documents are missing from the records, it is difficult to follow the course of treatment. CMA surveyors were concerned that poor record keeping could disrupt continuity of care or lead to medical errors.

Additionally, immunizations were not provided in accordance with Department guidelines, and clinician and nursing infirmary rounds were inconsistently documented. CMA surveyors noted that these missed opportunities could adversely impact inmate health and could lead to poor outcomes for the affected inmates.

CMA staff and surveyors expressed concern that these issues could not be properly addressed with the standard corrective action plan process due to the lack of organizational structures apparent at this institution and an emergency notification was utilized. After the immediate intervention by the Department and institutional staff to implement system and organizational changes, it is clear that the institution will benefit from the corrective action plan (CAP) process.

MENTAL HEALTH FINDINGS

Florida Women's Reception Center (FWRC) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at FWRC:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric or psychiatric ARNP care).
- S4 - Inmates are assigned to a Transitional Care Unit (TCU).
- S5 - Inmates are assigned to a Crisis Stabilization Unit (CSU).
- S6 - Inmates are assigned to a corrections mental health treatment facility (MHTF).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of psychiatric restraints and Self-harm Observation Status (SHOS); the items to be addressed are indicated in the tables below.

USE OF FORCE REVIEW

There was a finding requiring corrective action in the review of use of force episodes; the item to be addressed is indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

INPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of inpatient psychotropic medication practices and inpatient mental health services; the items to be addressed are indicated in the tables below.

OUTPATIENT SERVICES REVIEW

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

RECEPTION PROCESS

There were findings requiring corrective action in the review of the reception process; the items to be addressed are indicated in the table below.

AFTERCARE PLANNING REVIEW

There were findings requiring corrective action in the aftercare planning review; the items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

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

Mental Health Restraints	
Finding(s)	Suggested Corrective Action(s)
A comprehensive review of 2 psychiatric restraint episodes revealed the following deficiencies [EF]:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
MH-1: In 1 record, the appropriate precipitating behavioral signs indicating the need for psychiatric restraints were not documented (see discussion).	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable psychiatric restraint episodes to evaluate the effectiveness of corrections.
MH-2: In 2 records, less restrictive means of behavioral control were not attempted or documented prior to the application of restraints (see discussion).	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
MH-3: In 1 record, the physician's order did not contain the maximum duration of the order or behavioral criteria for release (see discussion).	
MH-4: In 1 record, the inmate's behavior was not consistently documented every 15 minutes on the "Restraint Observation Checklist" (see discussion).	
MH-5: In 1 record, respiration and circulation checks were not documented (see discussion).	
MH-6: In 1 record, vital signs were not recorded when the inmate was released from restraints (see discussion).	
MH-7: In 1 record, restraints were not removed after 30 minutes of calm behavior (see discussion).	

Mental Health Restraints

Finding(s)	Suggested Corrective Action(s)
<p>MH-8: In 1 record, there was no documentation that the inmate was referred to the inpatient unit's Risk Assessment Team (RAT) and the inmate's Multidisciplinary Services Team for (MDST) review at the next scheduled meeting (see discussion).</p>	

Discussion MH-1 - 8: In one case the inmate was housed in the CSU from 5/8/15 to 8/10/15 and the restraint episode took place during this admission. The episode was identified by the restraint log and verified on-site by institutional staff, however the medical record for this admission could not be located. Surveyors were unable to determine if appropriate care was provided since there was no documentation to review.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-9: In 4 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-10: In 3 of 6 applicable records, the length of stay for inmates placed in observation cells exceeded 72 hours (see discussion).</p> <p>MH-11: In 2 of 3 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-12: In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-13: In 2 records, the "Inpatient Mental Health Daily Nursing Evaluation" (DC4-673B) was not completed once per shift.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-14: In 2 records, daily rounds by the attending clinician did not occur or were not documented [EF].</p> <p>MH-15: In 6 record, daily counseling by mental health staff did not occur or was not documented [EF].</p>	

Discussion MH-10: According to the Department’s policy, the use of an observation cell when an Isolation Management Room (IMR) is not immediately available at the institution of residence will only occur for the purpose of providing safe, temporary housing of an inmate until an IMR becomes available. The use of an observation cell will not exceed 72 continuous hours. In one record, the inmate was in an observation cell for six days, in another record for five days, and the last record for four days.

Discussion MH-11: According to the Department’s HSB, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In two records, there was no documentation by the attending clinician that this was considered.

Discussion MH-12: Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In 3 records, there were blanks on the checklist indicating the inmate was not observed as required.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-16: In 2 of 2 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed [EF].</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inmate request episodes revealed the following deficiencies:</p> <p>MH-17: In 6 records, a copy of the inmate request was not present in the medical record.</p> <p>MH-18: In 2 of 8 applicable records, a referral was indicated in the request response but did not occur (see discussion) [EF].</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 request episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-18: *In one record an inmate request was completed on 7/22/15. The inmate reported her prescription had expired and she was not receiving her psychotropic medication. She asked for her medication to be renewed, but no new prescription was written until 7/28/15. There was no indication that medication was administered or that she was evaluated by psychiatry during those six days. In another record, the inmate requested to see mental health for medication evaluation on 7/15/15. The response stated she would be seen by mental health, but no interview had been conducted as of the date of the survey.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-19: In 7 records, the “Special Housing Health Appraisal” (DC4-769) was not present or completed in its entirety.</p> <p>MH-20: In 4 of 4 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing (see discussion) [EF].</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-20: *HSB 15.05.08 indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In one record, there was no medication administration record (MAR) from 8/30/15 to 9/9/15. In the other three records, there was no MAR present for the dates the inmate was in confinement. Additionally, there was no indication the medication was discontinued or refused and it is unknown if the inmate received medication during that time.*

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 inpatient records revealed the following deficiencies:</p> <p>MH-21: In 2 of 9 applicable records, a thorough psychiatric evaluation was not present or completed within the required time frame (see discussion) [EF].</p> <p>MH-22: In 3 of 9 applicable records, the physician’s admission note was not completed within 24 hours of admission.</p> <p>MH-23: In 2 of 9 applicable records, follow-up lab tests were not ordered and/or completed as required [EF].</p> <p>MH-24: In 1 of 2 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days (see discussion).</p> <p>MH-25: In 6 of 9 applicable records, a physical examination was not completed within 3 working days of admission to the CSU, TCU, or MHTF [EF].</p> <p>MH-26: In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals [EF].</p> <p>MH-27: In 1 of 3 applicable records, the rationale for an emergency treatment order (ETO) for medication was not documented.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-21: According to HSB 15.05.19, a psychiatric evaluation is to be completed within three business days for inmates admitted to the inpatient unit. In one record, the evaluation was completed after 19 days. In the other record, a psychiatric evaluation could not be located.

Discussion MH-24: According to HSB 15.05.19, nursing staff will meet with an inmate who has refused a prescribed psychotropic medication within the previous two consecutive days to assess the situation, counsel the inmate, and refer the inmate to the psychiatrist if warranted. In one record, there was no indication that this meeting occurred after two consecutive days of refusing psychotropic medication.

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 inpatient records revealed the following deficiencies:</p> <p>MH-28: In 6 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p>MH-29: In 3 records, a risk assessment for violence was not completed in the required time frame.</p> <p>MH-30: In 4 of 12 applicable records, the required hours of planned structured therapeutic services were not provided or were not clinically appropriate (see discussion).</p> <p>MH-31: In 8 of 12 applicable records, weekly documentation of the inmate's participation in the group activity was not present in the medical record.</p> <p>MH-32: In 10 records, nursing evaluations were not documented or completed as required.</p> <p>MH-33: In 6 records, vital signs were not documented at the required intervals (see discussion).</p> <p>MH-34: In 6 records, weight was not recorded weekly as required (see discussion).</p> <p>MH-35: In 6 records, behavioral level assessments were missing or not reviewed within the required time frame (see discussion).</p> <p>MH-36: In 2 of 4 applicable records, an inpatient discharge summary was not completed prior to the inmate's discharge from the CSU.</p> <p>MH-37: In 6 records, not all of the entries were dated, timed, signed, and/or stamped as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-30: In three of the four records with deficiencies, the required 12 or 15 hours of planned structured therapeutic services were provided, however the majority were classified as “activity therapy” or “therapeutic community.” Five to six hours per week of these activities may be clinically appropriate, however in the three records noted, these activities made up the majority of the services offered and did not meet the criteria for core mental health services. In the remaining record, the required hours of services were not provided for the month of June.

Discussion MH-33 & MH-34: In the records with deficiencies, vital signs and weights were not recorded or were recorded inappropriately. For example, in one record, vital signs were recorded daily, however they had not changed since they were initially recorded on 8/9/15. In another example, vital signs and weight were recorded twice daily for several weeks. The only change noted was a documented weight change from 143 to 250 (which was not noted on any additional documentation).

Discussion MH-35: Behavioral levels are reviewed by the MDST to ensure the inmate has access to privileges and activities and is progressing through the level system. In six records, there were missing assessments noting the levels, making it difficult to determine if the inmate was given the opportunity to advance through the level system.

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-38: In 1 of 5 applicable records, follow-up lab tests were not ordered and/or conducted as required [EF].</p> <p>MH-39: In 8 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion) [EF].</p> <p>MH-40: In 2 of 5 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-41: In 1 of 3 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-42: In 13 records, follow-up psychiatric contacts were not conducted at appropriate intervals [EF].</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-39: *At the end of the first day of the two-day survey process, the majority of the outpatient psychotropic medication records reviewed were missing at least one month of evidence of the administration of medication. According to the HSB, this evidence is to be documented on the MAR (DC4-701A). In some of these records, an order was written but there was no MAR indicating the inmate received the medication for a period of time (usually covering one month). In other records, the inmate had a previous order for medication, however no longer had an active order. In these records, there was no corresponding order to discontinue the medication, indication of a plan to stop the medication by the prescribing clinician, or refusal by the inmate. Because of the missing and inconsistent documentation, surveyors were unable in many instances to extrapolate whether the medication expired, was not administered, or if it was discontinued as a plan of treatment. In all instances, surveyors requested the missing MARs and many were located during the second day of the survey. However, some MARs were never located, therefore it is unknown if these inmates received medications during this time.*

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 20 outpatient records revealed the following deficiencies:</p> <p>MH-43: In 5 of 9 applicable records, there was no indication that health care staff reviewed the chart within 24 hours of the inmate’s arrival.</p> <p>MH-44: In 4 of 9 applicable records, there was no indication that instruction for accessing mental health care was provided.</p> <p>MH-45: In 2 of 9 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival (see discussion).</p> <p>MH-46: In 2 of 7 applicable records, the BPSA was not approved by the MDST within 30 days of initiation of mental health services.</p> <p>MH-47: In 3 of 8 applicable records, the individualized service plan (ISP) was not completed within 30 days after assignment of S2 or S3 grade.</p> <p>MH-48: In 4 of 19 applicable records, the ISP did not address all required information (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-49: In 5 of 16 applicable records, the ISP was not signed by the inmate or a refusal was not documented.</p> <p>MH-50: In 8 records, mental health problems were not listed on the problem list.</p> <p>MH-51: In 5 of 17 applicable records, there was no documentation that the inmate received the services listed in the ISP (see discussion).</p>	

***Discussion MH-45:** In the first record, the interview was documented at 37 days. In the second record, the interview was documented at 40 days.*

***Discussion MH-48:** In two records, the inmate had a diagnosis of hypothyroidism that was not addressed in the ISP. Additionally, another inmate had a diagnosis of diabetes not addressed in the ISP. In the last record, the inmate reported hallucinations within the last 30 days, but those symptoms were not addressed in the ISP.*

***Discussion MH-51:** In five records, the inmate was not seen by the psychiatrist and in one of those records the inmate was not seen for counseling at the intervals listed on the ISP.*

Reception Process

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>MH-52: In 12 of 14 applicable records, there was an interruption of the inmate's psychotropic medication after arrival from the county jail (see discussion) [EF].</p> <p>MH-53: In 15 of 15 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days [EF].</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 weekly monitoring of no less than ten applicable reception records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Reception Process

Finding(s)	Suggested Corrective Action(s)
<p>MH-54: In 1 of 1 applicable record, an inmate with acute symptomatology was not evaluated by psychiatry within 24 hours (see discussion).</p> <p>MH-55: In 5 of 13 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</p>	

***Discussion MH-52:** In all but two applicable records reviewed, there was at least a two-day gap between admission and the administration of psychotropic medication. Furthermore, five records were missing the MAR during the admission month and there was no order or documentation that the medication was discontinued. This made it impossible to know if the inmate received medication during the admission month.*

***Discussion MH-54:** In one record, documentation indicated the inmate was tearful, sad, hyperventilating, and experiencing panic attacks. Additionally, the documentation indicated a history of paranoia and hallucinations. The inmate was not evaluated by psychiatry within 24 hours.*

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-56: In 1 of 5 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p> <p>MH-57: In 1 of 2 applicable records, assistance with social security benefits was not provided at 90 days of EOS for inmates.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Other Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-58: Medical records were disorganized (see discussion) [EF].</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-58:** Medical records were disorganized with pages misfiled or missing altogether. Some of the missing forms include MARs, nursing notes, SHOS observation forms, and inmate requests. Staff were able to locate some of the missing documents during the survey, however many were not found. Inpatient records were not thinned according to Department format and there was no consistent process for thinning these records. Many current documents were misfiled in previous volumes, while older documents were filed in current volumes.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>IT-1: The inpatient mental health services program description was not posted on the unit.</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>

CONCLUSION

The staff at FWRC serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health inpatient services are provided in a 16 bed Transitional Care Unit (TCU), a 32 bed Crisis Stabilization Unit (CSU), and a 4 bed Mental Health Treatment Facility (MHTF). Many of the Department's most severely mentally ill female inmates are served in the inpatient units at FWRC. Mental health outpatient services, including case management and individual and group counseling, are provided to over 380 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 in Self-harm Observation Status (SHOS). Reportable findings requiring corrective action are outlined in the tables above.

Many of the concerns noted were related to delays in care. For example, inmates were not consistently assessed by psychiatry within the required time frame. This often resulted in delays in the initiation of medication, disruptions in the inmate's current medication regimen, and lapses in follow-up laboratory studies. In many records, staff could not locate MARs making it difficult to determine if prescribed medications were received. Interviews with staff and inmates indicated there are system-wide concerns regarding missed medications. These delays in care can lead to inadequate mental health treatment and place affected inmates at risk for a deterioration in mental status.

Additionally, concerns were also noted with regards to the frequency of clinical contacts for inmates receiving both inpatient and outpatient mental health services. For inmates on the inpatient unit, psychiatric and physical examinations were not completed as required. Inmates on the outpatient caseload were not consistently evaluated by mental health staff within the required time frame and there were multiple examples of inmates not receiving the services outlined on their treatment plans.

There were also many findings related to missing, incomplete and inaccurate assessments. For example nursing assessments in SHOS, special housing, and on the inpatient units were often incomplete, late, or missing. BPSAs, risk assessments, behavioral level assessments and weekly group summaries were missing in inpatient records. Individualized Service Plans for inmates receiving outpatient services were frequently incomplete or not completed timely. These assessments are crucial in determining the proper course of treatment for inmates in need of mental health services.

Medical records were disorganized with pages misfiled or missing. Inpatient records were not thinned according to Department policy. In one case an inmate's record could not be located. This disorganization also made it difficult for experienced clinical surveyors to follow the course of treatment. Disorganized medical records can lead to medical errors and disrupt continuity of care in this vulnerable population.

CMA staff and surveyors expressed concern that these issues could not be properly addressed with the standard corrective action plan process due to the lack of organizational structures apparent at this institution and an emergency notification was utilized. After the immediate intervention by the Department and institutional staff to implement system and organizational changes, it is clear that the institution will benefit from the corrective action plan (CAP) process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

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

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

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