



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Florida State Prison

in

Raiford, Florida

on

April 9 – 10, 2014

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,963	Male	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,460	Current Main Unit Census	1,104
Annex Capacity	802	Current Annex Census	859
Satellite Unit(s) Capacity	NA	Current Satellite(s) Census	NA
Total Capacity	2,262	Total Current Census	1,963

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1,394	400	211	0	1
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1,532	113	361	0	0	3

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	43	42	0	197	230	305

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	0.5	0
RN	6.2	0.3
LPN	17	2.3
CMT-C	2.8	0.8
Medical Assistants	2	1

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychological Services Director	1	1
Senior Mental Health Clinician	2.4	0
Mental Health Professional	15	0
Mental Health ARNP	1	1
Mental Health RN	1	0
Mental Health LPN	1	0
Activity Technicians	2	0

DEMOGRAPHICS

Medical Staffing: West Unit

	Number of Positions	Number of Vacancies
Physician	1	0
RN	4.6	1.9
LPN	7.6	1.6
Medical Assistants	1	0

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	0.2	0.2
Mental Health Professional	1	1

OVERVIEW

Florida State Prison (FSP) houses male inmates of minimum, medium, close, and maximum custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4 and psychology (S) grades 1, 2, and 3. FSP consists of the Main Unit and the West Unit.

The overall scope of services provided at FSP 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/infirmarary care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at FSP on April 9-10, 2014. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS – MAIN UNIT

Florida State Prison-Main (FSP-Main) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at FSP-Main:

- 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.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in six of the chronic illness clinics; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call. There are no infirmary services provided at FSP-Main.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of periodic screenings. There were findings requiring corrective action in the review of consultations, medication administration, and intra-system transfers; 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 systems. There was a finding requiring corrective action in the review of dental care; the item to be addressed is indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There was a finding requiring corrective action as a result of the institutional tour; the item to be addressed is indicated in the table below.

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline information was incomplete or missing (see discussion).</p> <p>(b) In 2 of 7 applicable records, there was no evidence that inmates with atherosclerotic cardiovascular disease were prescribed low dose aspirin or that contraindication was documented in the record.</p> <p>(c) In 6 of 15 applicable records, there was no evidence of pneumococcal vaccine or refusal (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 cardiovascular clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1(a): Baseline information includes the baseline history, baseline physical examination, and baseline laboratory data. This information was frequently missing from the current Chronic Illness Clinic Flowsheets (DC4-770). Per policy (Health Services Bulletins 15.12.03 and 15.03.05), the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.

Discussion PH-1(c): Health Services Bulletin (HSB) 15.03.30 states that inmates over age 65, those with chronic pulmonary, cardiovascular diseases, diabetes, certain immunocompromised conditions, and those 19-64 years of age who smoke cigarettes or have a history of asthma should receive the pneumococcal vaccine. Although addressed here, pneumococcal vaccination information was missing from several clinics as indicated in the tables below.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 3 of 7 applicable records, there was no evidence of an annual dilated fundoscopic examination (see discussion).</p> <p>(b) In 1 of 5 applicable records, 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 endocrine clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2(a):** HSB 15.03.05 Appendix #2 states that a dilated fundoscopic examination will be done annually on all inmates enrolled in this clinic with a diagnosis of diabetes.*

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 11 records reviewed, the baseline information was incomplete or missing.</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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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(s)
<p>PH-4: A comprehensive review of 5 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the baseline information was incomplete or missing.</p> <p>(b) In 4 records, 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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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(s)
<p>PH-5: In 7 of 14 records reviewed, 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 respiratory clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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)
<p>PH-6: In 1 of 4 applicable records (6 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 tuberculosis clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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>PH-7: In 7 of 10 records reviewed, the diagnosis was not accurately recorded 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 consultation services to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medication Administration Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 3 of 14 records reviewed, the medication orders did not include the route of administration of the medication.</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 on single dose medications to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 3 of 15 records reviewed, there was no evidence that a clinician reviewed the health record and the Health Information Transfer/Arrival Summary (DC4-760A) within 7 days of arrival (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 who have recently transferred from another institution to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-9: *The Nursing Manual states that a transfer form shall be completed for all transfers, and receiving facilities are to assess the transferred inmate and complete the DC4-760A within eight hours of arrival. Department Procedure 401.017 states a clinician will review the health record and the DC4-760A within seven days of arrival.*

Dental Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 5 of 18 records reviewed, there was no evidence the allergy box on the outside of the dental record was completed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental care to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p>PH-11: There was no evidence that proper stock levels of over-the-counter medications were maintained (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, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: *Ibuprofen was out of stock and therefore unavailable in B, L, and C wings. Per HSB 15.14.04 Appendix B, each pharmacy shall have a central inventory and guidelines established for each area within the institutions where pharmaceuticals are stored that will include the stock level within each area.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
PH-12: A tour of the facility revealed that medical equipment was not in proper working condition in the sick call triage/exam rooms (see discussion).	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-12: The portable suction machine was out of order at the time of the survey.

PHYSICAL HEALTH FINDINGS – WEST UNIT

Florida State Prison-West Unit (FSP-West) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at FSP-West:

- 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.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in nine of the chronic illness clinics; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, medication administration, or periodic screenings. There was a finding requiring corrective action in the review of consultations; the item to be addressed is indicated in the table below.

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There were findings requiring corrective action as a result of the institutional tour; the items to be addressed are indicated in the table below.

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline information was incomplete or missing (see discussion).</p> <p>(b) In 6 of 15 applicable records, there was no evidence of pneumococcal vaccine or refusal (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 cardiovascular clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1(a): *Baseline information includes the baseline history, baseline physical examination, and baseline laboratory data. This information was frequently missing from the current Chronic Illness Clinic Flowsheets (DC4-770). Per policy (Health Services Bulletins 15.12.03 and 15.03.05), the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.*

Discussion PH-1(b): *Department policy states that cardiovascular disease is an indicator for the pneumococcal vaccination (HSB 15.03.30).*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline information was incomplete or missing.</p> <p>(b) In 7 records, the annual laboratory work was incomplete (see discussion).</p> <p>(c) In 4 of 11 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>(d) In 7 of 11 applicable records, there was no evidence of influenza vaccine or refusal (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 endocrine clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2(b):** HSB 15.03.05 Attachment #2 dictates that a urinalysis be completed annually to assess kidney functioning. If no proteins are detected in the urine, a microalbuminuria will be done. In all of the deficient records, no microalbuminuria was completed.*

***Discussion PH-2(d):** In six of the deficient records, the last influenza vaccination occurred in 2012. In the last record, there was only a remote history of vaccination.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, the baseline information was incomplete or missing.</p> <p>(b) In 3 of 12 applicable records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.</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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 2 of 10 records reviewed, there was no evidence of influenza vaccine or refusal (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 immunity clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *Secondary to their immunocompromised condition, inmates with HIV/AIDS are at high risk for developing complications from influenza. Therefore, inmates enrolled in the Immunity Clinic are designated at the highest level of priority for vaccination by the Department (HSB 15.03.30).*

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, the baseline information was incomplete or missing.</p> <p>(b) In 5 of 8 applicable records, there was no evidence of pneumococcal vaccine or refusal (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-5(b):** Although enrollment in the Miscellaneous Clinic does not automatically qualify an inmate for the pneumococcal vaccination; the inmates in the records noted above all had comorbid disorders that qualified them for vaccination.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 6 of 7 records reviewed, seizures were not classified (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-6:** Department policy (HSB 15.03.05 Attachment #7) requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial or complex partial seizures.*

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: A comprehensive review of 1 inmate record revealed the following deficiencies:</p> <p>(a) The baseline information was incomplete or missing.</p> <p>(b) 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 appropriate biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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(s)
<p>PH-8: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, the baseline information was incomplete or missing.</p> <p>(b) In 6 records, reactive airway diseases were not classified (see discussion).</p> <p>(c) In 4 records, peak flow readings were not recorded at each visit.</p> <p>(d) In 7 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(e) In 5 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. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-8(b): According to Departmental policy (HSB 15.03.05 Attachment #1), inmates with reactive airway diseases will be classified as mild, moderate, or severe.

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: A comprehensive review of 9 inmate records revealed the following deficiencies:</p> <p>(a) In 1 of 2 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(b) In 1 of 1 applicable record, 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 tuberculosis clinic to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 1 of 4 applicable records (9 reviewed), there was no discharge note contained in the medical record (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 inmates receiving infirmary services to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: *In this record, an inmate was released from 23 hour observation status following an incident of hyperglycemia. There was no indication in the medical record that this inmate received the necessary discharge instructions or education required for the presenting complaint. Additionally, there was no indication that the physician was aware of the discharge.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: In 7 of 12 records reviewed, the diagnosis was not accurately recorded 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 consultation services to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Pill Line Administration

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: A review of pill line administration practices revealed that an oral cavity check was not conducted for each inmate (see discussion).</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-13: *An oral cavity check should be conducted for each instance of pill line administration to ensure that the medication has been swallowed.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: A tour of the facility revealed the following deficiencies:</p> <p>(a) Procedures to access medical and dental services were not posted in the dormitory areas.</p> <p>(b) Medical equipment was not in proper working condition (see discussion).</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-14(b):** At the time of the survey, only one of five IV pumps was working. Additionally, none of the six oxygen concentrators on-site were working properly.*

CONCLUSIONS – PHYSICAL HEALTH

MAIN UNIT

The physical health staff at FSP-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. Inmates requiring infirmary services are transferred to another facility or RMC (Reception and Medical Center) where their needs can be met. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control. The physical health team reviewed 188 records and found deficiencies in 54 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were readily available to the surveyors. Overall, documents appeared to be filed in a timely manner and charts were generally organized in accordance with Department policy (*HSB 15.12.03*).

Two trends were revealed when analyzing the survey data. Baseline diagnostic and historical information as well as pneumococcal vaccination information was lacking in many patient charts. In the six chronic illness clinics that had findings requiring corrective action, three clinics had findings regarding missing or incomplete baseline documentation and four clinics had findings regarding missing pneumococcal vaccinations or documentation of refusals. As mentioned in the discussions above, Departmental policies (*HSB 15.12.03, 15.03.05, and 15.03.30*) address these issues.

Although, not a finding requiring corrective action, the dental surveyor noted several concerns regarding documentation issues that involved incomplete progress notes or treatment plans. In two records, distal decay was not noted, and in one record, bony decay was not noted. In one record, radiographs were not labeled. The surveyor stated that several records had multiple treatment plans as a result of one being initiated at a previous institution with subsequent addendums on alternate pages; thus making it difficult to determine the updated plan. The surveyor expressed concern that these issues may make it difficult to obtain an adequate understanding of the inmate's needs and may have a negative impact on continuity of care.

The dental surveyor also stated that the dental clinic recently lost a dental hygienist which has resulted in a decrease in productivity and timely care. The waiting period to begin treatment is ten months for an initial exam and eight months for subsequent appointments. Two of the records pulled for the survey sample indicated the inmates had not been seen for their annual examination.

Interviews held with medical staff, correctional officers, and inmates indicated that all were generally knowledgeable about how to access both routine and emergency medical services. A tour of the facility revealed all areas on the compound were clean and neat.

Survey findings indicated the overall medical care provided at FSP-Main fell within Department standards. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of this difficult population.

WEST UNIT

The physical health staff at FSP-West serves a complex population, including inmates with multiple medical comorbidities. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 188 records and found deficiencies in 79 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

A comprehensive review of medical records revealed several significant trends. A large number of records were missing baseline physical, diagnostic, and laboratory data. Lack of necessary baseline clinical information in the current volume of the medical record makes it difficult to maintain continuity of care in an already complex and difficult to manage population. Department policy requires that the chronic illness clinic flow sheet be completed in its entirety and that a minimum of four remain in the current record.

There were several findings regarding the provision of clinical services. Records were frequently missing vaccinations, fundoscopic examinations (where required), and complete laboratory studies. Although, not a finding requiring corrective action, clinical surveyors noted several concerns regarding access to specialty services for inmates at FSP-West. Specifically, an inmate with traumatic facial fractures was seen by an Otolaryngologist who recommended surgical repair of the multiple fractures. The consultation request for the procedure was completed by the physician at FSP-West, but was ultimately denied by Utilization Management (UM) and an alternative treatment plan of conservative management suggested. CMA clinical surveyors were concerned that lack of surgical intervention may place the inmate at risk for facial deformation or medical complications later in life. In a second instance, a consultation was requested for an inmate with a large inguinal hernia. The consultation was denied by UM and the provided rationale was that the surgery carried a great risk of death. The CMA clinical surveyors were concerned that the inmate was at risk for hernia associated complications, including strangulation. After an extensive review of the record, CMA surveyors did not identify any comorbidities or contraindications for surgical intervention.

A comprehensive review of dental services revealed no deficiencies in patient care. The dental surveyor remarked that the clinic was exceptionally clean, patient charts were well organized, and wait times for dental services were short.

A physical inspection revealed that all areas of the inspected compound were clean. Interviews with institutional personnel and inmates revealed that all were familiar with how to obtain both routine and emergency services.

Overall, it appears that FSP-West was providing adequate physical health care to its inmate population. Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. The clinic staff, including medical and administrative, should be acknowledged for their commitment to meeting the health care needs of the inmate population.

MENTAL HEALTH FINDINGS - MAIN UNIT

Florida State Prison-Main (FSP-Main) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at FSP-Main:

- 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 care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests, psychological emergencies, or special housing.

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were no findings requiring corrective action in the review of aftercare planning.

MENTAL HEALTH SYSTEM REVIEW

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

**Self-harm Observation Status
(SHOS)**

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 12 Self-harm Observation Status (SHOS) admissions records revealed the following deficiencies:</p> <p>(a) In 3 of 11 applicable records, the inmate’s admission orders were not signed/countersigned and/or not dated/timed (see discussion).</p> <p>(b) In 4 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1(a): *In three records, the inmate was placed in SHOS via telephone order. Those orders were countersigned by the admitting clinician but the signatures lacked the time.*

Discussion MH-1(b): *Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 “Observation Checklist”. In all of the records with findings, the checklists had gaps indicating observations were not documented.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 9 outpatient records revealed the following deficiencies:</p> <p>(a) In 1 of 3 applicable records, the psychiatric evaluation was not completed prior to initially prescribing psychotropic medication.</p> <p>(b) In 1 of 3 applicable records, abnormal lab tests were not followed-up as required.</p> <p>(c) In 1 of 4 applicable records, there was no indication that the baseline AIMS was administered upon initiation of psychotropic medication and/or every six months after.</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 prescribed psychotropic medication to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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-3: In 3 of 13 records reviewed, the Health Information Arrival/Transfer Summary lacked the prompted information or was not completed within 24 hours of arrival (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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3: *In three records, many of the prompted questions were not answered on the back of the Health Information Arrival/Transfer Summary.*

Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: A tour of the facility revealed that paint was peeling from the walls of Suicide Observation Status (SHOS) cells.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p>
<p>MH-5: Inmates on close management status were not provided the opportunity to sign the Refusal of Health Care Services (DC4-711A) for group activities.</p>	<p>Provide evidence of observation biweekly of the group call out and refusal process. This may be in the form of a log signed off by the Senior Mental Health Clinician or Psychological Services Director.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

MENTAL HEALTH FINDINGS – WEST UNIT

FSP-West provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at FSP-West:

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

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of restraints at FSP-West. There were no episodes of Self-harm Observation Status (SHOS) available for review.

USE OF FORCE REVIEW

There were no episodes of use of force available for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests, psychological emergencies, or special housing.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 4 of 10 records reviewed, the Individualized Service Plan (ISP) was not signed by all members of the Multidisciplinary Service Team (MDST) (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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: *In all of the deficient records, the inmate did not sign the ISP.*

Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: The mental health program descriptions were not posted in the dormitory areas.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p>
<p>MH-3: A tour of the facility revealed that paint was peeling from the walls of Suicide Observation Status (SHOS) cells.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p>

CONCLUSION– MENTAL HEALTH

MAIN UNIT

The mental health staff at FSP-Main serves a complex and difficult population. Outpatient services, including case management and individual and group counseling, are provided to over 440 inmates. Many of the inmates on the outpatient caseload are in close management (CM), administrative or disciplinary confinement, or Death Row. 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).

Inmates in CM require additional treatment and security measures. For example, many of the inmates on close management status (levels one and two) must be shackled in order to participate in out-of-cell activities. These required security measures make providing these out-of-cell activities especially challenging. When reviewing records it became clear that there was a lack of consistent inmate attendance of group activities. There were many refusals on the group attendance form in the inmate's medical record. Corresponding inmate interviews raised concern about the consistency at which inmates were being permitted to attend group. The majority of the inmates reported that on some occasions they were "bucked" or passed over for group by security. While it is recognized that the inmate population may have an incentive to complain about services, when a significant number of inmates report similar concerns, further investigation may be warranted. It is not always possible to confirm or refute interview findings during a survey; therefore this information was brought to the attention of the Warden

In an attempt to validate one inmate's claim that he had "never refused group" but was often not allowed to go, a review of his medical record was conducted. There were many refusals indicated on his group log and many corresponding refusal forms (DC4-711A) for group. All of the refusal forms contained documentation that the inmate refused to sign the DC4-711A. However the record contained signed refusal forms for other activities such as individual counseling and case management. In addition, the refusal forms for individual counseling and case management signed by the inmate were creased in the middle indicating that the forms had been folded in half (presumably to fit through the slot in the cell door). There was no such crease in any of the group refusal forms. In response, our surveyors checked every record in the room (over 30) and were unable to find one refusal form for group signed by the inmate or containing a crease in the middle of the paper. All of the refusal forms indicated "Inmate refused to sign" on the line available for the inmate's signature. This information was brought to the attention of the Senior Mental Health Clinician who investigated and determined there was a break down in the procedure for obtaining inmate signatures on refusal forms for groups. She reported intent to address the issue by observing the process and developing a plan. Since the conclusion of the survey, she has contacted CMA staff with updates regarding the plan. CMA staff spoke with the Warden about the information gathered from the inmate interviews. He was receptive to the issues and indicated that a correction of the refusal process will provide additional oversight if any security issues regarding inmate refusal of group treatment are present.

Although the refusal issue is explained above in great detail, it should not take away from the overall survey. There were relatively few mental health findings as a result of the survey process. In addition, surveyors noted that the medical record consistently reflected quality treatment. Treatment plans were goal directed and individualized and the course of treatment was easy to follow from the documentation. On many occasions, staff was seeing inmates more

frequently than required. Inmates prescribed psychiatric medications were seen regularly by psychiatric staff. There was documentation indicating a cohesive relationship between case managers, supervisors, and prescribing clinicians. Staff interviews revealed competency with policy and current treatment standards as well as familiarity with assigned caseloads. Lastly, although the inmate interviews revealed many complaints and frustration with the CM process, the inmates expressed satisfaction with the mental health staff and services provided to them. It is clear after the survey that the mental health staff at FSP is providing quality mental health care.

WEST UNIT

FSP-West provides outpatient mental health services that include case management and individual and group counseling, are provided to over 16 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.

A thorough review of mental health records revealed no concerns regarding access to mental health services. The responses to psychological emergencies and inmate requests were quick and appropriate. There were no instances in which the necessary clinical follow-up was not initiated as planned. For example, when there was an identified psychosocial stressor and/or deterioration of emotional functioning in inmates not on the mental health case load, staff would evaluate patients and begin a time-limited course of brief therapy. By intervening early and appropriately, mental health staff may be able to avoid an inmate needing a higher level of care.

Inmates on the mental health case load were receiving the services outlined on their treatment plans and were frequently seen more often than required. Individual counseling and case management notes demonstrated clinically appropriate interventions.

The mental health staff was cooperative and helpful during the survey process and responsive to the few findings noted. Overall, it appears the mental health staff was providing quality mental health care.

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.