Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY
FRANKLIN CORRECTIONAL INSTITUTION

DECEMBER 10-12, 2019

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Franklin Correctional Institution (FRACI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, and 2. FRACI consists of a Main Unit and a work camp. [1] [2]

Institutional Potential and Actual Workload

Main Unit Capacity	**1346**	**Current Main Unit Census**	**1231**
Annex Capacity	**N/A**	**Current Annex Census**	**N/A**
Satellite Unit(s) Capacity	**432**	**Current Satellite(s) Census**	**279**
Total Capacity	**1778**	**Total Current Census**	**1510**

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	830	**372**	**46**	**0**	**6**	**3**
Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**MH Inpatient**		
	1	**2**	**3**	**4**	**5**	**Impaired**
	1214	**46**	**0**	**N/A**	**N/A**	**0**

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

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

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

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
Confinement/ Close Management	81	49	21	0	0	13

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0.2	0
Clinical Associate	1	0
Registered Nurse	5.2	1.7
Licensed Practical Nurse	7.2	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	0.5	0.1

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatric APRN/PA	N/A	N/A
Psychological Services Director	0	0
Psychologist	0.2	0.2
Behavioral Specialist	0	0
Mental Health Professional	1	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

FRANKLIN CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Franklin Correctional Institution (FRACI) on December 10-12, 2019. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

The overall scope of services provided at FRACI 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/infirmary care, as required.

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

Physical Health Clinical Records Review

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	14	0
Cardiovascular Clinic	18	1
Endocrine Clinic	15	0
Gastrointestinal Clinic	16	0
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	10	2
Neurology Clinic	9	3
Oncology Clinic	3	0
Respiratory Clinic	15	0
Tuberculosis Clinic	12	0

Episodic Care Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	18	0
Infirmary Care	13	0
Sick Call	18	0

Other Medical Records Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	14	1
Inmate Request	18	0
Intra-System Transfers	18	0
Medication Administration	12	0
Periodic Screenings	15	0

Dental Care and Systems Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	18	2
Dental Systems	N/A	0

Administrative Processes Review

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

Institutional Tour Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	2

PHYSICAL HEALTH SURVEY FINDINGS

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

Cardiovascular Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
PH-1: In 6 of 18 records reviewed, there was no evidence of pneumococcal vaccination or refusal.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Miscellaneous Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 10 records revealed the following deficiencies: **PH-2: In 3 records, there was no evidence the examination was appropriate for the diagnosis (see discussion).** **PH-3: In 3 records, there was no evidence of the control of the disease and/or the status of the inmate.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-2: *In one record, there was no current prostate-specific antigen (PSA) lab completed. In a second record, the skin was not addressed. In the third record, there was no exam documented.*

Neurology Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 9 records revealed the following deficiencies: **PH-4: In 2 records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, gran mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.** **PH-5: In 3 records, there was no evidence of an appropriate examination (see discussion).** **PH-6: In 2 records, there was no evidence annual labs were completed as required or refused.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-5: *In 3 records, there were no neurological exams performed.*

Dental Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 18 records revealed the following deficiencies: **PH-7: In 5 of 16 applicable records, there was no evidence of complete and accurate charting.** **PH-8: In 1 of 1 applicable record, there was no evidence the consultation was completed in a timely manner.**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Consultation Clinic Record Review	
Finding(s)	**Suggested Corrective Action**
PH-9: In 4 of 14 applicable records reviewed, the diagnosis was not recorded on the problem list.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. 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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Institutional Tour	
Finding(s)	**Suggested Corrective Action**
A tour of the facility revealed the following deficiencies: **PH-10: There was no evidence of ensuring privacy at the nurse's station during sick call evaluation (see discussion).** **PH-11: There was no evidence that over the counter (OTC) medication logs were current and/or reconciled.**	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. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-10: *There were no screens or partitions available for use between desks at the nurse's station. CMA surveyors expressed concern that inmate privacy and HIPPA violations may occur with the current process.*

PHYSICAL HEALTH SURVEY CONCLUSION

Reportable findings requiring corrective action are outlined in the tables above. In several of the records, there were missing vaccinations, annual labs and incomplete documentation. Surveyors also noted appropriate examinations in some clinics were not performed.

The staff at Franklin Correctional Institution was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Patient records were well organized. Interviews conducted by surveyors indicated inmates were familiar with how to obtain medical and emergency services.

Although, there were relatively few findings identified in the report, Franklin Correctional Institution staff indicated they were appreciative of the review and would use the CMA corrective action process to improve health care services.

Mental Health Clinical Records Review

Self-Injury and Suicide Prevention Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	4	5

Use of Force Review

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

Access to Mental Health Services Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	7	0
Inmate Requests	13	1
Special Housing	4	1

Outpatient Mental Health Services Review

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	10	0
Outpatient Psychotropic Medication Practices	N/A	N/A

Mental Health Systems Review

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

MENTAL HEALTH SURVEY FINDINGS

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

Self-Injury and Suicide Prevention (SHOS)	
Finding(s)	**Suggested Corrective Action**
A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies: **MH-1: In 2 records, admission orders were not signed/co-signed the next working day.** **MH-2: In 3 records, the inmate was not observed at the frequency ordered by the clinician (see discussion).** **MH-3: In 1 of 4 applicable records, there was no evidence of daily rounds by the attending clinician.** **MH-4: In 4 records, there was no evidence that the attending clinician conducted a face-to-face evaluation prior to discharge (see discussion).** **MH-5: In 2 records, there was no evidence of adequate post-discharge follow-up by mental health staff within 7 days of discharge (see discussion).**	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records with SHOS episodes to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-2: *Physician's orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In one record, staff signature/initials were incomplete making it difficult to determine if the rounds were completed. In one record, one observation was left blank and staff signature/initials were incomplete. In the remaining record, there was no evidence of safety observations during the SHOS admission.*

Discussion MH-4: *In all four records, the SHOS discharge occurred on a business day. However, there was no indication that the inmate was seen prior to discharge, or that the discharge was appropriate.*

Discussion MH-5: *In one record, an S-1 inmate was admitted to SHOS after an attempted hanging. The inmate was seen timely for follow-up, but the suicide attempt was not addressed and there was no indication that he was evaluated for a higher level of care. In the remaining record an inmate was admitted for suicidal thoughts with a plan, command hallucinations telling him to take his own life, paranoid delusions, and was on a hunger strike in which he refused more than nine consecutive meals. The*

assessment after discharge was incomplete, and there was no evidence that a higher level of care was considered for this S-1 inmate.

Inmate Requests	
Finding(s)	**Suggested Corrective Action**
MH-6: In 3 of 9 applicable records (13 reviewed), an interview or referral did not occur as intended in response to an inmate request (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten records with inmate requests to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-6: *In one record, the inmate reported auditory hallucinations and received a response three days later stating, "watch for call-out". When the inmate was seen, the assessment was incomplete and did not address reported symptoms. According to Health Services Bulletin 15.05.18, if a request deemed urgent or emergent in nature, the inmate should be seen on the same day as the request is received. In one record, the response was stamped "watch for call-out", but there was no indication that the inmate was seen by mental health staff. In the remaining record, the inmate requested therapy services. When he was seen by the clinician, individual therapy was not addressed.*

Special Housing	
Finding(s)	**Suggested Corrective Action**
MH-7: In 2 of 2 applicable records (4 reviewed), problems in adjustment were identified without evidence of appropriate response (see discussion).	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Create a monitoring tool and conduct biweekly monitoring of no less than ten special housing records to evaluate the effectiveness of corrections. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-7: *In both records, the clinician's evaluation determined that the inmates' adjustment to the confinement setting was "unsatisfactory". However, there was no indication that a plan was made to address these problems. Additionally, it does not appear that a higher level of care was considered for either inmate.*

MENTAL HEALTH SURVEY CONCLUSION

Franklin Correctional Institution has one full-time mental health professional and there was a vacant part-time position for a psychologist. At the time of the survey, approximately 45 inmates were receiving mental health services. In addition to providing services to these inmates, staff answers inmate requests, responds to psychological emergencies and provides counseling to inmates on SHOS. Staff also performs sex offender screenings when needed and makes rounds in confinement.

Most of the findings noted above are related to SHOS for inmates experiencing an acute mental health crisis. Admission orders were not signed timely, safety observations were incomplete, and daily rounds were not consistently conducted by the attending clinician. Additionally, none of the inmates who had SHOS admissions were seen for a face-to-face evaluation prior to discharge. It was unclear when reviewing the inpatient admission record if all the staff members involved agreed with the plan of care. Documentation by nursing and the mental health clinician was often inconsistent and mental health follow-up after the admissions was inadequate.

When reviewing mental health records, the course and progress of treatment was clear. The interview with the mental health professional revealed a familiarity with the mental health caseload and a strong desire to provide quality services.

Staff indicated they were appreciative of the CMA survey and would use the corrective action process to improve services in the areas found to be deficient.

Survey Process

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. A deficiency rate of 20% or higher requires in-service training, monitoring and corrective action by institutional staff.