



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Gadsden Correctional Facility

in

Quincy, Florida

on

August 1-3, 2017

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1544	Female	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	1544	Current Main Unit Census	1529
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1544	Total Current Census	1529

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		708	801	20	N/A	N/A
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1202	107	220	N/A	N/A	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		14	14	0	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	5	2
LPN	7.5	0
Dentist	1	0
Dental Assistant	1	1
Dental Hygienist	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatrist ARNP/PA	0	N/A
Psychological Services Director	0	N/A
Psychologist	1	0
Mental Health Professional	2	0
Human Services Counselor	0	N/A
Activity Technician	0	N/A
Mental Health RN	0	N/A
Mental Health LPN	0	N/A

OVERVIEW

Gadsden Correctional Facility (GCF) houses female inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3 and psychology (S) grades 1, 2, and 3. GCF consists of a Main Unit only.

The overall scope of services provided at GCF includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at GCF on August 1-3, 2017. 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

Gadsden Correctional Facility (GCF) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at GCF:

- 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 requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in four 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, sick call, or infirmary services.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care. The items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of the pill line, infection control, or pharmacy services.

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: In 1 of 2 applicable records (17 reviewed), there was no evidence of a referral to a specialist when indicated (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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: *This inmate was diagnosed with hyperlipidemia and a thyroid disorder and was enrolled in both the cardiovascular and endocrine clinics. Per policy, the chronic illness clinic visits shall be combined for patients who have multiple diagnoses. While evaluating the record for cardiovascular clinic it was discovered that this inmate has had abnormally high thyroid stimulating hormone lab results since 2015 ranging from 11.38 to 24.42 (normal is 0.4 - 4.0). CMA surveyors expressed concern that this inmate may need care outside of the scope of the current treatment plan and would benefit from consultation services with a specialist.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 1 of 5 applicable records (16 reviewed), there was no evidence of ACE or ARB therapy for diabetic inmates who were hypertensive.</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>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 6 of 13 applicable records (14 reviewed), there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-4: In 5 of 15 applicable records, reactive airway disease was not classified as mild, moderate, or severe.</p> <p>PH-5: In 6 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit (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 respiratory 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-5: *In one record, the current medications list on the “Chronic Illness Clinic” (DC4-701F) form was blank, but in the plan section of the form the clinician wrote “continue current meds” and in the medication section “above meds”. Nine of the ten medications from the previous clinic visit were ordered, however there was no order found to continue or discontinue Alvesco. In another record, Albuterol was not on the current medications list but the clinician note stated the inmate was to continue usage. The order was not found for this medication either. In the remaining four records, Alvesco was prescribed BID even though the inmate’s status was documented as “good”. CMA surveyors were concerned about the possibility of side effects with continued usage and thought the inmates may benefit from lower dosages or a change from BID to PRN since asthma stability had been achieved.*

**Medication Administration Record
Review**

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-6: In 4 records, there was no evidence of a corresponding note in the medical record by the provider (see discussion).</p> <p>PH-7: In 4 records, the allergies listed on the order and the medication administration record (MAR) did not match.</p> <p>PH-8: In 1 of 2 applicable records, there was no evidence that the inmate was provided counseling for missed doses (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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-6:** Per Health Services Bulletin 15.14.02, prescribers shall re-evaluate a prescription order prior to renewal and document the rationale for continuing the medication. Without a clinician's note, actions may appear to be a result of the nursing encounter and indicate that nursing staff are working beyond their scope of practice.*

***Discussion PH-8:** Per the MAR, there was no sliding scale insulin given on 6/17, 6/19, 6/22, 6/24, or 7/5-7/10. Those dates do not appear on the MAR at all so it is unclear whether the inmate was a no show or refused medication on those days.*

Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 5 of 13 records reviewed, there was no evidence that all diagnostic tests were completed as required (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 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-9: In two records, the urinalysis was not completed. In two records, there was no evidence that stool hemocult cards had been given. In the last record, the lipid profile and EKG were missing.

Dental Systems Review	
Finding(s)	Suggested Corrective Action(s)
PH-10: There was no evidence that necessary equipment was available and in working order (see discussion).	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: The air compressor being used in the clinic was not a dental air compressor and was sending water into the air line damaging the equipment and compromising restorative work. Also, the chair/instrumentation in operatory unit #4 was malfunctioning.

Dental Clinic Review	
Finding(s)	Suggested Corrective Action(s)
PH-11: In 4 of 18 records reviewed, there was not an adequate number of appropriately mounted and identified radiographs (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 receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: In two records, the X-rays were incorrectly dated. In one record, the X-ray was never labeled by the dentist. In another record, the area of a tooth extraction was not visible on the X-ray. Additionally, in a fifth record not included in the findings, panoramic X-rays taken at the reception center were not diagnosed either at the reception center or upon the inmate's arrival at this institution until pointed out by the CMA surveyor. This may be a systems issue that warrants further investigation.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-12: There were expired supplies in the medical unit (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-12:** KOH solution expired three months prior to the survey but had not been removed from the shelves. Additionally, silver nitrate sticks that expired in September 2016 were still being used.*

CONCLUSION

The physical health staff at GCF serves a population that includes inmates with medical and psychiatric 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.

Medical charts were well organized and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates were complementary of their experiences at the medical clinic. A review of the inmate housing areas revealed no negative findings and all observed areas on the compound were clean and neat.

Clinical concerns, documentation issues, and deficiencies in the dental clinic identified in the review of the medical records are outlined in the tables above. Of significant concern to CMA surveyors was in the medications area. Medications did not appear to be re-evaluated and adjusted appropriately either upon the improvement of the patient or lack thereof. This was noted in the cardiovascular, endocrine and the respiratory clinics although it only rose to the level of a finding in the respiratory clinic. Allergies were not consistently documented on the MARs and clinician's orders, and there were a few instances of inmates receiving medications without evidence of a clinician's order. As discussed above, when inmates were seen by nursing staff in sick call or in the process of answering an inmate request, a medication order would be written and sent to the clinician to sign but the clinician was not documenting the need for the continued medication. CMA surveyors expressed concern that without the clinician's note, it may appear that nurses are working beyond their scope of practice.

The CMA corrective action plan (CAP) process will be beneficial to GCF staff as they strive to meet the health care needs of the inmate population and improve upon deficiencies.

MENTAL HEALTH FINDINGS

Gadsden Correctional Facility (GCF) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at GCF:

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEM REVIEW

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.

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-1: In 3 records, admission orders did not specify the frequency of observations.</p> <p>MH-2: In 2 records, the “Infirmatory/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of admission (see discussion).</p> <p>MH-3: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-4: In 2 records, daily rounds were not conducted by the attending clinician.</p> <p>MH-5: In 2 records, daily counseling by mental health staff did not occur.</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>

Discussion MH-2: In both records, there was no evidence that this assessment was completed.

Discussion MH-3: In both records, multiple blanks were found on “Observation Checklist” (DC4-650), indicating that the inmate was not observed at the frequency required.

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 2 of 5 applicable records (14 reviewed), follow-up after an emergency did not occur as intended (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 psychological emergency episodes to evaluate the effectiveness of corrections.</p>

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-6: In one record, the inmate declared a psychological emergency on 5/22/17 and referrals were made to the psychologist and the psychiatrist. The inmate was seen by the psychologist on 5/25/17, however as of the time of the survey, she had not been seen by psychiatry. In the second record, an inmate was referred to psychiatry on 4/14/17. There was no indication that she had been seen.

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
MH-7: In 3 of 12 applicable records (13 reviewed), the interview or referral did not occur as intended after an inmate request (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 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 MH-7: In one record, the response indicated that the inmate should report to mental health on 5/05/17, however she was in confinement and there was no indication that an interview was attempted. In the next record, the inmate requested to see the psychiatrist after being started on a new psychotropic medication, complaining that she felt unstable. Per policy, she should have been seen on 2/24/17, two weeks after the initiation of the medication. She was not seen until 4/11/17. In the last record, the inmate requested to meet with psychiatry on 1/04/17. However, at the time of the survey, this had not yet been completed.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient mental health records revealed the following deficiencies:</p> <p>MH-8: In 2 of 10 applicable records, the Individualized Service Plan (ISP) was not reviewed or revised within 30 days of receiving S2 or S3 grade.</p> <p>MH-9: In 4 of 17 applicable records, ISP interventions were not specific to frequency and staff responsibility (see discussion).</p> <p>MH-10: In 4 of 17 applicable records, the ISP was not signed by all relevant parties (see discussion).</p> <p>MH-11: In 2 of 10 applicable records, the ISP was not reviewed or revised at least every 180 days (see discussion).</p> <p>MH-12: In 4 records, identified mental health problems were not 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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-9: *In all four records, the frequency of psychiatric services is listed "Per protocol".*

Discussion MH-10: *In two records, the psychiatric provider's signature was missing. In one record, the inmate and mental health professional's signatures were missing. In the last record, the inmate's signature was not present. Without the signatures of the multi-disciplinary services team members and the inmate, it is impossible to determine if everyone is aware of and agreeable to the plan of care.*

Discussion MH-11: *In one record, there was no ISP between 6/29/16 and 7/10/17. In the other record, the ISP lapsed between 10/28/16 and 7/31/17.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 outpatient psychotropic medication records revealed the following deficiencies:</p> <p>MH-13: In 1 of 3 applicable records, a medical health appraisal was not conducted within 2 weeks of initiating psychotropic medications when indicated (see discussion).</p> <p>MH-14: In 5 of 9 applicable records, initial labs were not completed prior to initiating psychotropic medication (see discussion).</p> <p>MH-15: In 5 of 11 applicable records, follow-up labs were not ordered or conducted as required (see discussion).</p> <p>MH-16: In 5 of 12 applicable records, prescribed medication administration times were not clinically appropriate (see discussion).</p> <p>MH-17: In 6 records, follow-up psychiatric contacts were not conducted at appropriate intervals (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 prescribed psychotropic medication to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-13: *In one record, the inmate had an abnormal thyroid test completed on 4/13/16. The inmate was started on an antidepressant, without evidence of any follow-up from this abnormal lab.*

Discussion MH-14: *In three records, a thyroid profile was not completed prior to initiating an antidepressant. In another record, a pregnancy test was not administered prior to starting Lithium. In the last record, an inmate was started on Geodon without an electrocardiogram (EKG).*

Discussion MH-15: *In one record, a fasting blood sugar level was not obtained within the previous year. In the second record, a lipid profile was not completed after three months of medication use. In the third record, a Tegretol level was not ordered after a dose adjustment was made. In the fourth record, an annual thyroid profile was not done for an inmate on Lithium. In the last record, an EKG was not repeated for an inmate on Geodon and Paxil, even though she had a history of palpitations.*

Discussion MH-16: *In two records, Vistaril was being given at 1800; this medication causes sedation. In one record, an inmate was taking Effexor at 1800, which tends to be stimulating. Another inmate was prescribed Wellbutrin in the evening which may interfere with sleep. In the last*

record, an inmate was prescribed Prazosin at 1800, which can cause sedation and is an orthostasis risk.

Discussion MH-17: In two records, an inmate was scheduled to return in thirty days after starting a new psychotropic medication, instead of a two-week follow-up as per policy. In one record, an inmate was approximately one week overdue for this contact at the time of the survey. In the remaining three records, the inmate was greater than five weeks overdue for the contact at the time of the survey and staff were unable to locate refusal forms.

Aftercare Planning	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records of S3 inmates within 180 days of expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-18: In 5 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-19: In 3 of 15 applicable records, consent to release information for continuity of care was missing or incomplete.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of 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>

Mental Health Systems Review	
Finding(s)	Suggested Corrective Action(s)
<p>MH-20: There were safety concerns in the cells used for SHOS (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 via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-20: Isolation Management Room 8-04 had soft caulking that could be removed by the inmate. The overflow cell located in confinement had large areas of peeling paint. Both issues compromise the integrity of the safety mechanisms in place to prevent self-harm.

CONCLUSION – MENTAL HEALTH

Gadsden Correctional Facility provides outpatient mental health services. At the time of the survey, outpatient services, including case management and counseling, were being provided to over 300 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.

In several areas reviewed it was noted that inmates were not seen timely by mental health staff. Inmates were not consistently seen as required by the clinician, mental health professional, or nursing while on SHOS. Although referrals were made after inmate-declared emergencies or requests, appointments with mental health staff were not initiated. Additionally, follow-up contacts with psychiatry were not completed at appropriate intervals and labs were not completed as required.

There were some documentation-related issues noted regarding the completion of Individualized Service Plan (ISPs). Inmate or staff signatures were missing or ISPs were not revised timely. In some cases, interventions and problems were not appropriately documented. However, documentation of case management and individual therapy contacts were reflective of problems listed on the ISP, addressed specific goals, and were complete and informative. The staff interviewed were knowledgeable and presented a genuine concern for the inmates on their caseload.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, Gadsden Correctional Facility will benefit from the Correctional Medical Authority corrective action plan 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 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.