



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Graceville Correctional Facility**

In

**Graceville, FL**

on

**July 16-18, 2019**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1864	Male	Close	3

### Institutional Potential/Actual Workload

Main Unit Capacity	1884	Current Main Unit Census	1864
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1884	Census	1864

### Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	5	Impaired
	1047	640	202	N/A	N/A	67
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	1310	112	467	N/A	N/A	0

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	33	17	24	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	9	0
LPN	9	0
Dentist	1	0
Dental Assistant	1	1
Dental Hygienists	.5	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1.5	0
Psychiatric APRN/PA	0	0
Psychological Services Director	1	0
Psychologist	1	0
Mental Health Professional	4	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

## OVERVIEW

Graceville Correctional Facility (GRACF) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. GRACF consists of a Main Unit.

The overall scope of services provided at GRACF include 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 GRACF on July 16-18, 2019. 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**

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

- 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 seven 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 services or infirmary care. There was a finding in the review of sick call 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 or medical inmate requests. There were findings requiring corrective action in the review of periodic screenings, consultations, and medication administration. 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 were findings requiring corrective action in the review of dental care. The items to be addressed are indicated in the table 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 were no findings requiring corrective action as a result of the institutional tour.

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 4 records, there was no evidence of an appropriate examination for the diagnosis (see discussion).</b></p> <p><b>PH-2: In 3 of 15 applicable records, laboratory tests were not completed as required (see discussion).</b></p> <p><b>PH-3: In 2 of 9 applicable records, there was no evidence of an annual fundoscopic examination.</b></p> <p><b>PH-4: In 2 of 9 applicable records, there was no evidence that inmates with HgbA1c over 8% were seen at least every three months.</b></p> <p><b>PH-5: In 2 of 9 applicable records, inmates with diabetes and hypertension were not prescribed an angiotensin converting enzyme (ACE) or angiotensin receptor blocker (ARB) when indicated.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-1:** In all four records, the foot examinations required for diabetic patients were missing.

**Discussion PH-2:** In three records, microalbuminuria tests were not completed when indicated.

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 3 of 15 applicable records (16 reviewed), there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p>

### Gastrointestinal Clinic Record Review

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

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-7: In 7 of 14 records reviewed, CD4 and HIV viral load were not completed as required (see discussion).</b>	<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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-7:** In six records, medical grade 3 (M3) inmates were seen every five months. In the remaining record, an inmate with poor control was being seen every three and a half months instead of every 90 days as indicated.

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 2 records, there was no evidence of the control of the disease and/or status of the patient.</b></p> <p><b>PH-9: In 1 of 4 applicable records, there was no evidence abnormal labs were addressed in a timely manner.</b></p> <p><b>PH-10: In 2 of 9 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-11: In 4 of 13 applicable records (15 reviewed), there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 8 records revealed the following deficiencies:</b></p> <p><b>PH-12: In 2 records, there was no evidence of the control of the disease and/or status of the patient.</b></p> <p><b>PH-13: In 2 records, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-14: In 1 of 3 applicable records, an inmate with moderate to severe reactive airway disease was not started on an anti-inflammatory medication.</b></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>



## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-15: In 5 records, there was no evidence of influenza vaccination or refusal.</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

## Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-16: In 2 of 8 applicable records (18 reviewed), there was no evidence of timely follow-up by the clinician (see discussion).</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-16:** In one record, an inmate was seen for a severe gout flare-up and was referred by nursing to the clinician. The clinician ordered medication for the inmate the same day, but there was no evidence that the inmate was seen. In the remaining record, the inmate reported migraine with left arm numbness. The protocol for upper respiratory infection was used which did not address neurological checks or the complaint of numbness in the arm. Although the inmate received a new prescription, there was no documentation of evaluation by the physician.

## Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<b>PH-17: In 11 of 16 records reviewed, the periodic screening was incomplete (see discussion).</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p>

### Periodic Screenings

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

**Discussion PH-17:** In all eleven records, there was no comparison between current weight and vital signs, and previously documented information.

### Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-18:</b> In 6 of 17 records reviewed, the diagnosis was not recorded on the problem list.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-19:</b> In 1 of 3 applicable records (18 reviewed), there was no documentation of nursing education (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 single-dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-19:** According to the Department's nursing manual, education should be provided to an inmate who refuses two consecutive doses of medication or five doses over the course of a month. In this record, there was no indication that patient education took place.

## Dental Care Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-20: In 5 records, the diagnosis was not based on a complete dental examination (see discussion).</b></p> <p><b>PH-21: In 4 records, there was no evidence of radiographs to aid in diagnosis (see discussion).</b></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 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-20:** In all five records, existing restoration was not documented within the dental exam.

**Discussion PH-21:** In one record, the X-rays from February 2018 were poor quality. In one record, treatment was completed using an X-ray dated February 2015. In the remaining two records, no panoramic X-rays were completed.

## CONCLUSION – PHYSICAL HEALTH

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

Overall, medical charts were in order and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated inmates, as well as medical and security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The staff at GRACF were helpful throughout the survey process and a tour of the facility revealed that the compound was neat and clean.

There were several areas noted in which the provision of clinical services was deficient. Evaluations were incomplete and examinations did not address necessary components. Labs were not completed or addressed as required. Inmates were not offered influenza or pneumococcal vaccinations in four of the chronic illness clinics. Additionally, two findings were noted in the review of dental care. However, there were several areas of review where no findings were noted.

Physical health 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.

## **MENTAL HEALTH FINDINGS**

Graceville Correctional Facility (GRACF) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at MADCI:

- 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 findings requiring corrective action in the review of Self-Harm Observation Status (SHOS). There were no episodes of psychiatric restraints available for review at GRACF.

#### **USE OF FORCE REVIEW**

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

#### **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 no findings requiring corrective action in the review of outpatient mental health services. There were findings requiring corrective action in the review of psychiatric medication practices. 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 SYSTEMS REVIEW**

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

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 Outpatient Psychotropic Medication Practices records revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 of 2 applicable records, an abnormal lab test was not followed up as required.</b></p> <p><b>MH-2: In 7 records, the inmate did not receive the medications as prescribed and documentation of refusal was not present in the medical record (see discussion).</b></p> <p><b>MH-3: In 4 of 7 applicable records, there was no evidence the inmate was provided education by nursing after refusing two consecutive doses of medication.</b></p> <p><b>MH-4: In 4 of 6 applicable records, there was no documentation that after 3 consecutive or 5 refusals in a month, a refusal was signed and the record was forwarded to the clinician.</b></p> <p><b>MH-5: In 13 records, documentation of follow-up psychiatric contacts did not contain the required information (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-2:** In one record, the MAR indicated the inmate received Abilify from 3/6/19 to 5/30/19; however, an order for this medication could not be located by staff. In another record, the prescription expired 7/1/19. In another record, the dosage of Cogentin was decreased from twice a day to once daily. The inmate continued to receive the medication twice daily for two months. In the remaining records, there were blanks on the MAR indicating the inmate may not have received his medication and a refusal could not be located by staff.

**Discussion MH-5:** In ten records, compliance was not addressed on Form DC4-642A, "Outpatient Psychiatric Follow-up." In one record, the psychiatry note indicated the inmate had been 100% compliant with his medication, when he had several no-shows for doses every month.

## Mental Health Systems

Finding(s)	Suggested Corrective Action(s)
<b>MH-6: Two Isolation Management Rooms had safety concerns (see discussion).</b>	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.

**Discussion MH-6:** Cells 129 and 131 had areas on the base of the sinks that were filled with a soft caulking/putty substance that could be removed and be toxic if ingested.

## CONCLUSION

The staff at GRACF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including psychotropic medication management, case management, and individual counseling are provided to approximately 577 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on Self-Harm Observation Status (SHOS). Reportable findings requiring corrective action are outlined in the tables above.

Staff were helpful in obtaining records, answering questions, and locating documents which assisted with expediting the survey process. There were no deficiencies found in several areas of review, including self-harm observation status, mental health emergencies, inmate requests, special housing, outpatient mental health services, use of force, and discharge planning.

All mental health staff positions were filled including one full-time psychiatrist, one psychological services director, one psychologist, and four mental health professionals (MHPs). A psychiatrist was also available via tele-psych two days per week up to 20 hours.

While the facility was doing well in other areas of review, it was evident that many inmates were not receiving their prescribed medications. Staff indicated that morning and evening pill lines times are at 4:00 a.m. and 4:00 p.m. and that some inmates had difficulty abiding by the morning schedule and often did not show up to take their medications. In most cases reviewed, the nurse had not met with those who were noncompliant, and no refusal forms were found. Additionally, documentation from follow-up psychiatric encounters did not address medication compliance or erroneous information was noted. Staff indicated that they have implemented a process in which nurses are assigned to meet with inmates who are not receiving their medications. Surveyors recommended staff also consider an alternate morning medication administration time to increase compliance and ensure systems implemented are sustainable over time.

Based on the findings of this survey and discussions above, it is clear that the CMA corrective action process will be beneficial to GRACF as they strive to meet the health care needs of the inmate population and improve care in areas that were 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 80% or below requires in-service training, monitoring and corrective action by institutional staff.