

---

# HARDEE CORRECTIONAL INSTITUTION

---



**February 7-9, 2023**

**Report Distributed: March 13, 2023**  
**Corrective Action Plan Due: April 12, 2023**

## **CMA STAFF**

Kathy McLaughlin, BS

Monica Dodrill, RN

Grace Carter

## **CLINICAL SURVEYORS**

Duane Herring, MD

Timothy Garvey, DMD

Sue Porterfield, APRN

Gina Siggia, APRN

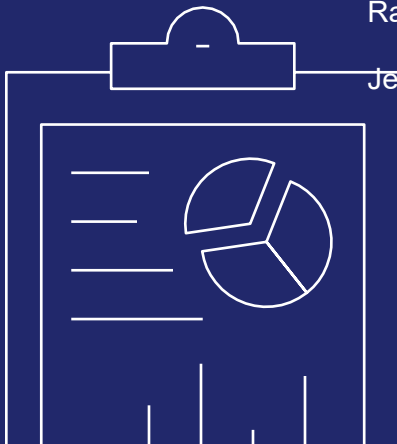
Patricia Meeker, RN

Sue Brown, RN

Dynitia Brimm, LCSW

Rachelle Cliché, LCSW

Jeanette Grice, BSN



## BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys 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 whether:

- Inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- Inmates receive adequate and appropriate mental health screening, evaluation, and classification.
- Inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- Inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices.
- Inmates have access to timely and appropriate referral and consultation services.
- Psychotropic medication practices are safe and effective.
- Inmates are free from the inappropriate use of restrictive control procedures.
- There is sufficient documentation to provide a clear picture of the inmate's care and treatment.
- There are enough qualified staff to provide adequate treatment.

## METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Hardee Correctional Institutional (HARCI) 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 and 2. HARCI consists of a Main Unit and Work Camp.<sup>1</sup>

### Institutional Potential and Actual Workload

|                                   |      |                                    |      |
|-----------------------------------|------|------------------------------------|------|
| <b>Main Unit Capacity</b>         | 1438 | <b>Current Main Unit Census</b>    | 1429 |
| <b>Satellite Unit(s) Capacity</b> | 308  | <b>Current Satellite(s) Census</b> | 298  |
| <b>Total Capacity</b>             | 1746 | <b>Total Current Census</b>        | 1727 |

### Inmates Assigned to Medical and Mental Health Grades

|  |                                 |          |          |                                |          |                 |
|--|---------------------------------|----------|----------|--------------------------------|----------|-----------------|
| <b>Medical Grade<br/>(M-Grade)</b>       | <b>1</b>                        | <b>2</b> | <b>3</b> | <b>4</b>                       | <b>5</b> | <b>Impaired</b> |
|  | 1044                            | 670      | 54       | 0                              | 1        | 317             |
| <b>Mental Health Grade<br/>(S-Grade)</b> | <b>Mental Health Outpatient</b> |          |          | <b>Mental Health Inpatient</b> |          |                 |
|  | <b>1</b>                        | <b>2</b> | <b>3</b> | <b>4</b>                       | <b>5</b> | <b>Impaired</b> |
|  | 1673                            | 96       | 0        | N/A                            | N/A      | 0               |

### Inmates Assigned to Special Housing Status

|  |           |           |           |            |            |            |
|--|-----------|-----------|-----------|------------|------------|------------|
| <b>Confinement/<br/>Close Management</b> | <b>DC</b> | <b>AC</b> | <b>PM</b> | <b>CM3</b> | <b>CM2</b> | <b>CM1</b> |
|  | 92        | 43        | N/A       | 83         | 122        | 55         |

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

## Medical Unit Staffing

| Position                 | Number of Positions | Number of Vacancies |
|--------------------------|---------------------|---------------------|
| Physician                | 1                   | 0                   |
| Clinical Associate       | 2                   | 0                   |
| Registered Nurse         | 7                   | 5                   |
| Licensed Practical Nurse | 12.8                | 10                  |
| DON/Nurse Manager        | 1                   | 0                   |
| Dentist                  | 2                   | 0                   |
| Dental Assistant         | 3                   | 0                   |
| Dental Hygienist         | 1                   | 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 | N/A                 | N/A                 |
| Psychologist                    | 1                   | 0                   |
| Mental Health Professional      | 6.8                 | 1.8                 |
| Aftercare Coordinator           | N/A                 | N/A                 |
| Activity Technician             | N/A                 | N/A                 |
| Mental Health RN                | N/A                 | N/A                 |
| Mental Health LPN               | N/A                 | N/A                 |

## HARDEE CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at HRCI on February 7-9, 2023. 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.

Detailed below are results from the institutional survey of Hardee Correctional. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

| <b>Survey Findings Summary</b>         |           |                                      |          |
|--|-----------|--------------------------------------|----------|
| <b>Physical Health Survey Findings</b> | <b>26</b> | <b>Mental Health Survey Findings</b> | <b>6</b> |

# Physical Health Survey Findings

## Chronic Illness Clinics

### Cardiovascular Chronic Illness Clinic

|   | SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|--|--------------------------|-----|----|-----|-----------------------|
|   |  | Total Applicable Records | YES | NO | N/A |                       |
| 1 | The diagnosis is appropriate for inclusion in the cardiovascular clinic                                  | 18                       | 18  | 0  | 0   | 100%                  |
| 2 | There is evidence of an appropriate physical examination   | 18                       | 16  | 2  | 0   | 89%                   |
| 3 | At each visit there is an evaluation of the control of the disease and the status of the patient         | 18                       | 17  | 1  | 0   | 94%                   |
| 4 | Annual laboratory work is completed as required  | 18                       | 17  | 1  | 0   | 94%                   |
| 5 | Abnormal labs are reviewed and addressed in a timely manner  | 15                       | 15  | 0  | 3   | 100%                  |
| 6 | There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated | 13                       | 11  | 2  | 5   | 85%                   |
| 7 | Medications appropriate for the diagnosis are prescribed   | 18                       | 18  | 0  | 0   | 100%                  |
| 8 | Patients are referred to a specialist for more in-depth treatment as indicated                           | 0                        | 0   | 0  | 18  | N/A                   |

**Endocrine Clinic Chronic Illness Clinic**

| SCREEN QUESTION |   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|-----------------|---|--------------------------|-----|----|-----|-----------------------|
|                 |   | Total Applicable Records | YES | NO | N/A |                       |
| 1               | The diagnosis is appropriate for inclusion in the endocrine clinic  | 16                       | 16  | 0  | 0   | 100%                  |
| 2               | There is evidence of an appropriate physical examination  | 16                       | 13  | 3  | 0   | 81%                   |
| 3               | At each visit there is an evaluation of the control of the disease and the status of the patient                | 15                       | 15  | 0  | 1   | 100%                  |
| 4               | Annual laboratory work is completed as required   | 16                       | 16  | 0  | 0   | 100%                  |
| 5               | Abnormal labs are reviewed and addressed in a timely manner   | 15                       | 15  | 0  | 1   | 100%                  |
| 6               | A dilated fundoscopic examination is completed yearly for diabetic inmates                                      | 12                       | 9   | 3  | 4   | 75%                   |
| 7               | Inmates with HgbA1c over 8% are seen at least every 90 days   | 5                        | 3   | 2  | 11  | 60%                   |
| 8               | Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin                       | 10                       | 9   | 1  | 6   | 90%                   |
| 9               | Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy | 13                       | 13  | 0  | 3   | 100%                  |
| 10              | Medications appropriate for the diagnosis are prescribed  | 15                       | 15  | 0  | 1   | 100%                  |
| 11              | Patients are receiving insulin as prescribed  | 8                        | 8   | 0  | 8   | 100%                  |
| 12              | Patients are referred to a specialist for more in-depth treatment as indicated                                  | 1                        | 1   | 0  | 15  | 100%                  |



## Gastrointestinal Chronic Illness Clinic

| SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|--|--------------------------|-----|----|-----|-----------------------|
|  | Total Applicable Records | YES | NO | N/A |                       |
| 1 The diagnosis is appropriate for inclusion in the gastrointestinal clinic  | 16                       | 16  | 0  | 0   | 100%                  |
| 2 There is evidence of an appropriate physical examination   | 16                       | 16  | 0  | 0   | 100%                  |
| 3 At each visit there is an evaluation of the control of the disease and the status of the patient                     | 16                       | 16  | 0  | 0   | 100%                  |
| 4 Annual laboratory work is completed as required  | 16                       | 16  | 0  | 0   | 100%                  |
| 5 Abnormal labs are reviewed and addressed in a timely manner  | 15                       | 15  | 0  | 1   | 100%                  |
| 6 Medications appropriate for the diagnosis are prescribed   | 13                       | 13  | 0  | 3   | 100%                  |
| 7 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection | 14                       | 12  | 2  | 2   | 86%                   |
| 8 Abdominal ultrasounds are completed at the required intervals  | 13                       | 13  | 0  | 3   | 100%                  |
| 9 Inmates with chronic hepatitis will have liver function tests at the required intervals                              | 13                       | 13  | 0  | 3   | 100%                  |
| 10 Patients are referred to a specialist for more in-depth treatment as indicated                                      | 0                        | 0   | 0  | 16  | N/A                   |
| 11 Inmates are evaluated and staged appropriately to determine treatment needs   | 13                       | 13  | 0  | 3   | 100%                  |
| 12 Hepatitis C treatment is started within the appropriate time frame  | 13                       | 13  | 0  | 3   | 100%                  |
| 13 Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals                | 7                        | 7   | 0  | 9   | 100%                  |
| 14 Inmates undergoing hepatitis C treatment receive medications as prescribed  | 1                        | 1   | 0  | 15  | 100%                  |
| 15 Labs are completed at 12 weeks following the completion of treatment to assess treatment failure                    | 1                        | 1   | 0  | 15  | 100%                  |

### General Chronic Illness Clinic

| SCREEN QUESTION   | COMPLIANCE SCORE        |     |    |     | Compliance Percentage |
|---|-------------------------|-----|----|-----|-----------------------|
|   | Total Applicable Record | YES | NO | N/A |                       |
| 1 The inmate is enrolled in all clinics appropriate for their diagnosis                                 | 15                      | 15  | 0  | 0   | 100%                  |
| 2 Appropriate patient education is provided   | 15                      | 15  | 0  | 0   | 100%                  |
| 3 The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician | 15                      | 7   | 8  | 0   | 47%                   |
| 4 There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician | 15                      | 13  | 2  | 0   | 87%                   |

#### General Chronic Illness Clinic Discussion:

Screen 3: In seven records, M-3 inmates were scheduled at intervals greater than 90 days, with most being seen approximately every six months. In one record, an M-3 inmate had not been seen for a clinic visit since 2/13/21.

### Miscellaneous Chronic Illness Clinic

| SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|--|--------------------------|-----|----|-----|-----------------------|
|  | Total Applicable Records | YES | NO | N/A |                       |
| 1 The diagnosis is appropriate for inclusion in the miscellaneous clinic                           | 15                       | 15  | 0  | 0   | 100%                  |
| 2 There is evidence of an appropriate physical examination   | 15                       | 15  | 0  | 0   | 100%                  |
| 3 Medications appropriate for the diagnosis are prescribed   | 14                       | 14  | 0  | 1   | 100%                  |
| 4 At each visit there is an evaluation of the control of the disease and the status of the patient | 15                       | 15  | 0  | 0   | 100%                  |
| 5 Abnormal labs are reviewed and addressed in a timely manner                                      | 2                        | 2   | 0  | 13  | 100%                  |
| 6 Patients are referred to a specialist for more in-depth treatment as indicated                   | 0                        | 0   | 0  | 15  | N/A                   |

**Neurology Chronic Illness Clinic**

| SCREEN QUESTION |  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|-----------------|--|--------------------------|-----|----|-----|-----------------------|
|                 |  | Total Applicable Records | YES | NO | N/A |                       |
| 1               | The diagnosis is appropriate for inclusion in the neurology clinic                               | 9                        | 9   | 0  | 0   | 100%                  |
| 2               | There is evidence of an appropriate physical examination   | 9                        | 9   | 0  | 0   | 100%                  |
| 3               | Annual laboratory work is completed as required  | 9                        | 9   | 0  | 0   | 100%                  |
| 4               | Abnormal labs are reviewed and addressed in a timely manner                                      | 9                        | 9   | 0  | 0   | 100%                  |
| 5               | At each visit there is an evaluation of the control of the disease and the status of the patient | 9                        | 9   | 0  | 0   | 100%                  |
| 6               | Medications appropriate for the diagnosis are prescribed   | 9                        | 9   | 0  | 0   | 100%                  |
| 7               | Patients are referred to a specialist for more in-depth treatment as indicated                   | 0                        | 0   | 0  | 9   | N/A                   |

## Oncology Chronic Illness Clinic

| SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|--|--------------------------|-----|----|-----|-----------------------|
|  | Total Applicable Records | YES | NO | N/A |                       |
| 1 The diagnosis is appropriate for inclusion in the oncology clinic                                | 2                        | 2   | 0  | 0   | 100%                  |
| 2 There is evidence of an appropriate physical examination   | 2                        | 1   | 1  | 0   | 50%                   |
| 3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate         | 2                        | 2   | 0  | 0   | 100%                  |
| 4 Annual laboratory work is completed as required  | 2                        | 2   | 0  | 0   | 100%                  |
| 5 Abnormal labs are reviewed and addressed in a timely manner                                      | 2                        | 2   | 0  | 0   | 100%                  |
| 6 At each visit there is an evaluation of the control of the disease and the status of the patient | 2                        | 2   | 0  | 0   | 100%                  |
| 7 Medications appropriate for the diagnosis are prescribed   | 2                        | 1   | 1  | 0   | 50%                   |
| 8 Oncological treatments are received as prescribed  | 0                        | 0   | 0  | 2   | N/A                   |
| 9 Patients are referred to a specialist for more in-depth treatment as indicated                   | 1                        | 1   | 0  | 1   | 100%                  |

### Oncology Chronic Illness Clinic Discussion:

Screen 2: In one record, the physical examination indicated that the inmate had “full range of motion without weakness,” although he wore a back brace and ambulated with a cane.

Screen 7: In this record, an inmate with a history of bladder cancer, abdominal aortic aneurysm, and hypertension was prescribed Afrin for four months. CMA surveyors expressed concern that the medication may be contraindicated, as it is not recommended to be used more than three days and increased blood pressure is a reported side effect.

**Respiratory Chronic Illness Clinic**

|   | SCREEN QUESTION   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|---|--------------------------|-----|----|-----|-----------------------|
|   |   | Total Applicable Records | YES | NO | N/A |                       |
| 1 | The diagnosis is appropriate for inclusion in the respiratory clinic                                | 15                       | 15  | 0  | 0   | 100%                  |
| 2 | Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication | 8                        | 8   | 0  | 7   | 100%                  |
| 3 | Medications appropriate for the diagnosis are prescribed  | 14                       | 13  | 1  | 1   | 93%                   |
| 4 | A peak flow reading is recorded at each visit   | 15                       | 13  | 2  | 0   | 87%                   |
| 5 | There is evidence of an appropriate physical examination  | 15                       | 12  | 3  | 0   | 80%                   |
| 6 | At each visit there is an evaluation of the control of the disease and the status of the patient    | 15                       | 14  | 1  | 0   | 93%                   |
| 7 | Patients are referred to a specialist for more in-depth treatment as indicated                      | 0                        | 0   | 0  | 15  | N/A                   |

**Tuberculosis Chronic Illness Clinic**

|                 |  | COMPLIANCE SCORE               |     |    |     |                          |
|-----------------|--|--------------------------------|-----|----|-----|--------------------------|
| SCREEN QUESTION |  | Total<br>Applicable<br>Records | YES | NO | N/A | Compliance<br>Percentage |
| 1               | The inmate has a diagnosis of tuberculosis or latent tuberculosis infection  | 4                              | 4   | 0  | 0   | 100%                     |
| 2               | There was no evidence a chest X-ray was completed  | 4                              | 3   | 1  | 0   | 75%                      |
| 3               | There is evidence of initial and ongoing education   | 4                              | 2   | 2  | 0   | 50%                      |
| 4               | There is evidence of monthly nursing follow-up   | 4                              | 1   | 3  | 0   | 25%                      |
| 5               | Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner | 3                              | 3   | 0  | 1   | 100%                     |
| 6               | AST and ALT testing are repeated as ordered by the clinician   | 4                              | 4   | 0  | 0   | 100%                     |
| 7               | CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant                             | 0                              | 0   | 0  | 4   | N/A                      |
| 8               | Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued         | 0                              | 0   | 0  | 4   | N/A                      |
| 9               | The appropriate medication regimen is prescribed   | 4                              | 4   | 0  | 0   | 100%                     |
| 10              | The inmate receives TB medications as prescribed   | 4                              | 4   | 0  | 0   | 100%                     |
| 11              | The Inmate is seen by the clinician at the completion of therapy   | 0                              | 0   | 0  | 4   | N/A                      |
| 12              | Documentation of the CIC visit includes an appropriate physical examination  | 4                              | 3   | 1  | 0   | 75%                      |
| 13              | Patients are referred to a specialist for more in-depth treatment as indicated                                       | 0                              | 0   | 0  | 4   | N/A                      |

**Tuberculosis Chronic Illness Clinic Discussion:**

Screen 4: Nurses are to follow patients in the tuberculosis clinic on a monthly basis to document treatment compliance and medication side effects. Prompt attention is required for those with elevated AST/ALT levels, visual symptoms, or other adverse reactions to the medication regimen. In two records, monthly follow-up had not been completed since September 2022. In one record, the inmate had not been evaluated since October 2022. CMA surveyors expressed concern that delays in the detection of adverse reactions could negatively impact inmate health outcomes.

## Episodic Care

### Emergency Services

| SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|--|--------------------------|-----|----|-----|-----------------------|
|  | Total Applicable Records | YES | NO | N/A |                       |
| 1 Potentially life-threatening conditions are responded to immediately   | 17                       | 17  | 0  | 1   | 100%                  |
| 2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety | 18                       | 18  | 0  | 0   | 100%                  |
| 3 Vital signs including weight are documented  | 18                       | 18  | 0  | 0   | 100%                  |
| 4 There is evidence of appropriate and applicable patient education  | 17                       | 17  | 0  | 1   | 100%                  |
| 5 Findings requiring clinician notification are made in accordance with protocols                              | 14                       | 14  | 0  | 4   | 100%                  |
| 6 Follow-up visits are completed timely  | 9                        | 9   | 0  | 9   | 100%                  |
| 7 Clinician's orders from the follow-up visit are completed as required  | 14                       | 14  | 0  | 4   | 100%                  |
| 8 Appropriate documentation is completed for patient's requiring transport to a local emergency room           | 5                        | 5   | 0  | 13  | 100%                  |
| 9 Inmates returning from an outside hospital are evaluated by the clinician within one business day            | 5                        | 5   | 0  | 13  | 100%                  |

## Outpatient Infirmary Care

|   | SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|--|--------------------------|-----|----|-----|-----------------------|
|   |  | Total Applicable Records | YES | NO | N/A |                       |
| 1 | Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition | 10                       | 10  | 0  | 0   | 100%                  |
| 2 | All orders are received and implemented  | 10                       | 10  | 0  | 0   | 100%                  |
| 3 | The inmate is evaluated within one hour of being placed on observation status  | 10                       | 10  | 0  | 0   | 100%                  |
| 4 | Patient evaluations are documented at least once every eight hours   | 10                       | 8   | 2  | 0   | 80%                   |
| 5 | Weekend and holiday clinician phone rounds are completed and documented as required  | 2                        | 2   | 0  | 8   | 100%                  |
| 6 | The inmate is discharged within 23 hours or admitted to the infirmary for continued care   | 10                       | 10  | 0  | 0   | 100%                  |
| 7 | A discharge note containing all of the required information is completed as required   | 10                       | 2   | 8  | 0   | 20%                   |



***Inpatient Infirmary Care***

| SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|--|--------------------------|-----|----|-----|-----------------------|
|  | Total Applicable Records | YES | NO | N/A |                       |
| 1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition | 7                        | 7   | 0  | 0   | 100%                  |
| 2 All orders are received and implemented  | 7                        | 1   | 6  | 0   | 14%                   |
| 3 A thorough nursing assessment is completed within two hours of admission   | 7                        | 7   | 0  | 0   | 100%                  |
| 4 A Morse Fall Scale is completed at the required intervals  | 7                        | 7   | 0  | 0   | 100%                  |
| 5 Nursing assessments are completed at the required intervals  | 7                        | 7   | 0  | 0   | 100%                  |
| 6 Clinician rounds are completed and documented as required  | 7                        | 6   | 1  | 0   | 86%                   |
| 7 Weekend and holiday clinician phone rounds are completed and documented as required  | 6                        | 2   | 4  | 1   | 33%                   |
| 8 A discharge note containing all of the required information is completed as required   | 6                        | 0   | 6  | 1   | 0%                    |
| 9 A discharge summary is completed by the clinician within 72 hours of discharge   | 6                        | 6   | 0  | 1   | 100%                  |

***Inpatient Infirmary Care Discussion:***

Screen 2: In three records, vital signs were not recorded at the required intervals. In one record, there was no evidence that medication was administered as ordered. In one record, neuro checks were not completed as ordered and in the last record, an IV flush was not documented.

**Sick Call Services**

| SCREEN QUESTION |  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|-----------------|--|--------------------------|-----|----|-----|-----------------------|
|                 |  | Total Applicable Records | YES | NO | N/A |                       |
| 1               | The sick call request is appropriately triaged based on the complaint or condition | 18                       | 18  | 0  | 0   | 100%                  |
| 2               | The inmate is assessed in the appropriate time frame                               | 18                       | 16  | 2  | 0   | 89%                   |
| 3               | The nursing assessment is completed in its entirety                                | 18                       | 18  | 0  | 0   | 100%                  |
| 4               | Complete vital signs including weight are documented                               | 18                       | 17  | 1  | 0   | 94%                   |
| 5               | There is evidence of applicable patient education                                  | 18                       | 18  | 0  | 0   | 100%                  |
| 6               | Referrals to a higher level of care are made in accordance with protocols          | 6                        | 6   | 0  | 12  | 100%                  |
| 7               | Follow-up visits are completed in a timely manner                                  | 6                        | 6   | 0  | 12  | 100%                  |
| 8               | Clinician orders from the follow-up visit are completed as required                | 6                        | 6   | 0  | 12  | 100%                  |

## Other Medical Records Review

### Confinement Medical Review

|   | SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|--|--------------------------|-----|----|-----|-----------------------|
|   |  | Total Applicable Records | YES | NO | N/A |                       |
| 1 | The Special Housing Health Appraisal is complete and accurate  | 15                       | 15  | 0  | 3   | 100%                  |
| 2 | All medications are continued as prescribed while in the inmate is held in special housing               | 6                        | 6   | 0  | 12  | 100%                  |
| 3 | The inmate is seen in chronic illness clinic as regularly scheduled                                      | 4                        | 4   | 0  | 14  | 100%                  |
| 4 | All emergencies are responded to within the required time frame  | 1                        | 1   | 0  | 17  | 100%                  |
| 5 | The response to the emergency is appropriate   | 1                        | 1   | 0  | 17  | 100%                  |
| 6 | All sick call appointments are triaged and responded to within the required time frame                   | 13                       | 13  | 0  | 5   | 100%                  |
| 7 | New or pending consultations progress as clinically required   | 1                        | 1   | 0  | 17  | 100%                  |
| 8 | All mental health and/or physical health inmate requests are responded to within the required time frame | 15                       | 15  | 0  | 3   | 100%                  |

### Consultations

| SCREEN QUESTION   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|--------------------------|-----|----|-----|-----------------------|
|   | Total Applicable Records | YES | NO | N/A |                       |
| 1 Documentation of clinical information is sufficient to obtain the needed consultation                                       | 16                       | 16  | 0  | 0   | 100%                  |
| 2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate | 16                       | 16  | 0  | 0   | 100%                  |
| 3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate                            | 16                       | 13  | 3  | 0   | 81%                   |
| 4 The consultation report is reviewed by the clinician in a timely manner   | 14                       | 14  | 0  | 2   | 100%                  |
| 5 The consultant's treatment recommendations are incorporated into the treatment plan   | 14                       | 14  | 0  | 2   | 100%                  |
| 6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations      | 14                       | 14  | 0  | 2   | 100%                  |
| 7 The diagnosis is recorded on the problem list   | 16                       | 16  | 0  | 0   | 100%                  |
| 8 The "alternative treatment plan" (ATP) is documented in the medical record  | 1                        | 1   | 0  | 15  | 100%                  |
| 9 There is evidence that the ATP is implemented   | 1                        | 1   | 0  | 15  | 100%                  |

### Medical Inmate Requests

| SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|--|--------------------------|-----|----|-----|-----------------------|
|  | Total Applicable Records | YES | NO | N/A |                       |
| 1 A copy of the inmate request form is present in the electronic health record                   | 17                       | 17  | 0  | 0   | 100%                  |
| 2 The request is responded to within the appropriate time frame                                  | 17                       | 17  | 0  | 0   | 100%                  |
| 3 The response to the request is direct, addresses the stated need and is clinically appropriate | 17                       | 17  | 0  | 0   | 100%                  |
| 4 The follow-up to the request occurs as intended  | 17                       | 12  | 5  | 0   | 71%                   |

### Medical Inmate Requests Discussion:

Screen 4: In three records, there was no evidence that the follow-up was completed as indicated in the response. In the remaining two records, the required follow-up was not completed in a timely manner.

**Medication And Vaccination Administration**

| SCREEN QUESTION  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|--|--------------------------|-----|----|-----|-----------------------|
|  | Total Applicable Records | YES | NO | N/A |                       |
| 1 The inmate receives medications as prescribed  | 10                       | 10  | 0  | 1   | 100%                  |
| 2 The Medication Administration Record (MAR) contains accurate allergy information   | 11                       | 11  | 0  | 0   | 100%                  |
| 3 Allergy information is complete and accurate for inmates on keep-on-person (KOP) medications   | 1                        | 1   | 0  | 10  | 100%                  |
| 4 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance | 3                        | 3   | 0  | 8   | 100%                  |
| 5 There is evidence of pneumococcal vaccination or refusal   | 10                       | 10  | 0  | 1   | 100%                  |
| 6 There is evidence of influenza vaccination or refusal  | 11                       | 4   | 7  | 0   | 36%                   |
| 7 There is evidence of COVID-19 vaccination or refusal   | 11                       | 10  | 1  | 0   | 91%                   |

**Intra-System Transfers**

| SCREEN QUESTION   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|--------------------------|-----|----|-----|-----------------------|
|   | Total Applicable Records | YES | NO | N/A |                       |
| 1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)       | 17                       | 16  | 1  | 0   | 94%                   |
| 2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken                   | 16                       | 16  | 0  | 1   | 100%                  |
| 3 The inmate's medications reflect continuity of care   | 9                        | 9   | 0  | 8   | 100%                  |
| 4 The medical record reflects continuity of care for inmate's pending consultations                   | 0                        | 0   | 0  | 17  | N/A                   |
| 5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled | 8                        | 8   | 0  | 9   | 100%                  |
| 6 Special passes/therapeutic diets are reviewed and continued   | 5                        | 4   | 1  | 12  | 80%                   |
| 7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival                 | 16                       | 7   | 9  | 1   | 44%                   |

**Periodic Screenings**

| SCREEN QUESTION |  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|-----------------|--|--------------------------|-----|----|-----|-----------------------|
|                 |  | Total Applicable Records | YES | NO | N/A |                       |
| 1               | The periodic screening encounter is completed within one month of the due date | 11                       | 7   | 4  | 0   | 64%                   |
| 2               | All components of the screening are completed and documented as required       | 11                       | 3   | 8  | 0   | 27%                   |
| 3               | All diagnostic tests are completed prior to the periodic screening encounter   | 11                       | 7   | 4  | 0   | 64%                   |
| 4               | Referral to a clinician occurs if indicated                                    | 4                        | 4   | 0  | 7   | 100%                  |
| 5               | All applicable health education is provided                                    | 11                       | 11  | 0  | 0   | 100%                  |

**Periodic Screenings Discussion:**

Screen 2: In eight records, current weight was not compared to previous weight.

Screen 3: In two records, there was no evidence that the required diagnostic testing was completed. In the remaining two records, diagnostic testing was completed after the periodic screening encounter.

**PREA**

|                 |  | COMPLIANCE SCORE               |     |    |     |                          |
|-----------------|--|--------------------------------|-----|----|-----|--------------------------|
| SCREEN QUESTION |  | Total<br>Applicable<br>Records | YES | NO | N/A | Compliance<br>Percentage |
| 1               | The Alleged Sexual Battery Protocol is completed in its entirety   | 6                              | 6   | 0  | 0   | 100%                     |
| 2               | If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing | 0                              | 0   | 0  | 6   | N/A                      |
| 3               | There is documentation that the alleged victim was provided education on STIs  | 4                              | 2   | 2  | 2   | 50%                      |
| 4               | Prophylactic treatment and follow-up care for STIs are given as indicated  | 1                              | 0   | 1  | 5   | 0%                       |
| 5               | Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant   | 0                              | 0   | 0  | 6   | N/A                      |
| 6               | Repeat STI testing is completed as required  | 3                              | 0   | 3  | 3   | 0%                       |
| 7               | A mental health referral is submitted following the completion of the medical screening  | 6                              | 4   | 2  | 0   | 67%                      |
| 8               | The inmate is evaluated by mental health by the next working day   | 6                              | 3   | 3  | 0   | 50%                      |
| 9               | The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated                | 1                              | 0   | 1  | 5   | 0%                       |

## Dental Review

### Dental Care

|    |   | COMPLIANCE SCORE         |     |    |     |                       |
|----|---|--------------------------|-----|----|-----|-----------------------|
|    | SCREEN QUESTION   | Total Applicable Records | YES | NO | N/A | Compliance Percentage |
| 1  | The dental record contains a Dental Health Questionnaire, which is complete, current, and signed by the dentist   | 16                       | 15  | 1  | 0   | 94%                   |
| 2  | Allergies are documented and correspond to the information in the current Dental Health Questionnaire             | 16                       | 15  | 1  | 0   | 94%                   |
| 3  | There is evidence of a regional head and neck examination completed at required intervals                         | 16                       | 16  | 0  | 0   | 100%                  |
| 4  | Dental appointments are completed in a timely manner  | 14                       | 9   | 5  | 2   | 64%                   |
| 5  | Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment                 | 14                       | 14  | 0  | 2   | 100%                  |
| 6  | There is evidence of accurate diagnosis based on a complete dental examination                                    | 16                       | 15  | 1  | 0   | 94%                   |
| 7  | The treatment plan is appropriate for the diagnosis   | 16                       | 16  | 0  | 0   | 100%                  |
| 8  | There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record | 13                       | 12  | 1  | 3   | 92%                   |
| 9  | Dental findings are accurately documented   | 16                       | 16  | 0  | 0   | 100%                  |
| 10 | Sick call appointments are completed timely   | 6                        | 5   | 1  | 10  | 83%                   |
| 11 | Follow-up appointments for sick call or other routine care are completed timely                                   | 0                        | 0   | 0  | 16  | N/A                   |
| 12 | Consultations or specialty services are completed timely  | 0                        | 0   | 0  | 16  | N/A                   |
| 13 | Consultant's treatment recommendations are incorporated into the treatment plan                                   | 0                        | 0   | 0  | 16  | N/A                   |
| 14 | There is evidence of informed consent or refusal for extractions and/or endodontic care                           | 9                        | 9   | 0  | 7   | 100%                  |
| 15 | The use of dental materials including anesthetic agent are accurately documented                                  | 16                       | 16  | 0  | 0   | 100%                  |
| 16 | Applicable patient education for dental services is provided  | 14                       | 14  | 0  | 2   | 100%                  |



**Dental Systems**

|    | SCREEN QUESTION   | COMPLIANCE SCORE |    |     | Compliance Percentage |
|----|---|------------------|----|-----|-----------------------|
|    |   | YES              | NO | N/A |                       |
| 1  | The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice | 1                | 0  | 0   | 100%                  |
| 2  | Appropriate personal protective equipment is available to staff and worn during treatment   | 1                | 0  | 0   | 100%                  |
| 3  | The autoclave is tested appropriately and an autoclave log is maintained and up to date.  | 1                | 0  | 0   | 100%                  |
| 4  | Sharps containers are available and properly utilized   | 1                | 0  | 0   | 100%                  |
| 5  | Biohazardous waste is properly disposed   | 1                | 0  | 0   | 100%                  |
| 6  | X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed   | 1                | 0  | 0   | 100%                  |
| 7  | Dental instruments and equipment are properly sterilized  | 1                | 0  | 0   | 100%                  |
| 8  | Prosthetic devices are appropriately disinfected between patients   | 1                | 0  | 0   | 100%                  |
| 9  | A perpetual medications log is available, current, complete, and verified quarterly   | 1                | 0  | 0   | 100%                  |
| 10 | The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis  | 1                | 0  | 0   | 100%                  |
| 11 | Dental assistants work within the guidelines established by the Board of Dentistry  | 1                | 0  | 0   | 100%                  |
| 12 | Dental request logs are effectively maintained  | 1                | 0  | 0   | 100%                  |
| 13 | Necessary equipment is available, adequate and in working order   | 1                | 0  | 0   | 100%                  |
| 14 | The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy   | 1                | 0  | 0   | 100%                  |

## Mental Health Survey Findings

### Self-Injury and Suicide Prevention

#### *Self-Injury and Suicide Prevention*

|    | SCREEN QUESTION   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|----|---|--------------------------|-----|----|-----|-----------------------|
|    |   | Total Applicable Records | YES | NO | N/A |                       |
| 1  | A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS) | 12                       | 12  | 0  | 0   | 100%                  |
| 2  | The nursing evaluation is completed within 2 hours of admission                                       | 12                       | 12  | 0  | 0   | 100%                  |
| 3  | Guidelines for SHOS management are observed   | 3                        | 3   | 0  | 9   | 100%                  |
| 4  | The inmate is observed at the frequency ordered by the clinician                                      | 12                       | 1   | 11 | 0   | 8%                    |
| 5  | Nursing evaluations are completed once per shift  | 11                       | 11  | 0  | 1   | 100%                  |
| 6  | There is evidence of daily rounds by the attending clinician  | 11                       | 11  | 0  | 1   | 100%                  |
| 7  | There is evidence of daily counseling provided by mental health staff                                 | 10                       | 10  | 0  | 2   | 100%                  |
| 8  | There is evidence of a face-to-face evaluation by the clinician prior to discharge                    | 11                       | 11  | 0  | 1   | 100%                  |
| 9  | There is evidence of adequate post-discharge follow-up by mental health staff                         | 11                       | 11  | 0  | 1   | 100%                  |
| 10 | The Individualized Services Plan (ISP) is revised within 14 days of discharge                         | 8                        | 8   | 0  | 4   | 100%                  |

#### ***Self-Injury and Suicide Prevention Discussion:***

Screen 4: In seven records, safety observation checklists were not located for the entirety of the SHOS admission. In the remaining records, safety observation checklists were unable to be located for at least one day of the admission. Additionally, there were blanks on the checklists indicating that safety checks may not have been completed during those time periods.

## Access To Mental Health Services

### Psychological Emergency

| SCREEN QUESTION   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|--------------------------|-----|----|-----|-----------------------|
|   | Total Applicable Records | YES | NO | N/A |                       |
| 1 There is documentation in the medical record indicating the inmate has declared a mental health emergency                       | 18                       | 18  | 0  | 0   | 100%                  |
| 2 The emergency is responded to within one hour   | 18                       | 18  | 0  | 0   | 100%                  |
| 3 Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts | 17                       | 17  | 0  | 1   | 100%                  |
| 4 Documentation indicates the clinician fully assessed suicide risk   | 17                       | 17  | 0  | 1   | 100%                  |
| 5 A thorough mental status examination is completed   | 17                       | 17  | 0  | 1   | 100%                  |
| 6 Appropriate interventions are made  | 17                       | 17  | 0  | 1   | 100%                  |
| 7 The disposition is clinically appropriate   | 17                       | 17  | 0  | 1   | 100%                  |
| 8 There is appropriate follow-up as indicated in response to the emergency  | 8                        | 8   | 0  | 10  | 100%                  |

### Mental Health Inmate Requests

| SCREEN QUESTION   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|--------------------------|-----|----|-----|-----------------------|
|   | Total Applicable Records | YES | NO | N/A |                       |
| 1 A copy of the inmate request form is present in the electronic health record                    | 12                       | 12  | 0  | 0   | 100%                  |
| 2 The request is responded to within the appropriate time frame                                   | 12                       | 9   | 3  | 0   | 75%                   |
| 3 The response to the request is direct, addresses the stated need, and is clinically appropriate | 12                       | 10  | 2  | 0   | 83%                   |
| 4 The follow-up to the request occurs as intended   | 9                        | 7   | 2  | 3   | 78%                   |
| 5 Consent for treatment is obtained prior to conducting an interview                              | 7                        | 5   | 2  | 5   | 71%                   |

***Mental Health Inmate Requests Discussion:***

Screen 2: In two records, the response was not dated making it impossible to determine if it was responded to within the required time frame. In the remaining record, the response was not provided timely.

Screen 4: In one record, the inmate was not seen for over one month. In the second record, there was no evidence that the inmate was evaluated by the time of the survey.

Screen 5: In these records, the inmate was seen timely by mental health as requested. However, there was no consent for mental health treatment on file at the time of the interview.

***Special Housing***

| SCREEN QUESTION |   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|-----------------|---|--------------------------|-----|----|-----|-----------------------|
|                 |   | Total Applicable Records | YES | NO | N/A |                       |
| 1               | The pre-confinement examination is completed prior to placement in special housing                    | 13                       | 13  | 0  | 3   | 100%                  |
| 2               | Psychotropic medications continue as ordered while inmates are held in special housing                | 0                        | 0   | 0  | 16  | N/A                   |
| 3               | A mental status examination (MSE) is completed in the required time frame                             | 14                       | 13  | 1  | 2   | 93%                   |
| 4               | Follow-up MSEs are completed in the required time frame   | 14                       | 14  | 0  | 2   | 100%                  |
| 5               | MSEs are sufficient to identify problems in adjustment  | 13                       | 13  | 0  | 3   | 100%                  |
| 6               | Mental health staff responds to identified problems in adjustment                                     | 9                        | 9   | 0  | 7   | 100%                  |
| 7               | Outpatient mental health treatment continues as indicated while the inmate is held in special housing | 13                       | 13  | 0  | 3   | 100%                  |

**Use of Force**

|   | SCREEN QUESTION   | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|---|---|--------------------------|-----|----|-----|-----------------------|
|   |   | Total Applicable Records | YES | NO | N/A |                       |
| 1 | A post use-of-force physical examination is present in the record   | 4                        | 4   | 0  | 0   | 100%                  |
| 2 | The post use-of-force physical examination is completed in its entirety   | 4                        | 4   | 0  | 0   | 100%                  |
| 3 | There is evidence physical health staff completed a referral to mental health staff   | 2                        | 2   | 0  | 2   | 100%                  |
| 4 | Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed | 4                        | 4   | 0  | 0   | 100%                  |
| 5 | Recent changes in the inmate's condition are addressed  | 4                        | 4   | 0  | 0   | 100%                  |
| 6 | There is evidence of appropriate follow-up care for identified mental health problems   | 4                        | 4   | 0  | 0   | 100%                  |
| 7 | A physician's order is documented if force is used to provide medical treatment   | 0                        | 0   | 0  | 4   | N/A                   |

## Access To Mental Health Services

### Outpatient Mental Health Services

| SCREEN QUESTION |  | COMPLIANCE SCORE         |     |    |     | Compliance Percentage |
|-----------------|--|--------------------------|-----|----|-----|-----------------------|
|                 |  | Total Applicable Records | YES | NO | N/A |                       |
| 1               | A consent for treatment is signed prior to treatment and/or renewed annually   | 18                       | 17  | 1  | 0   | 94%                   |
| 2               | The inmate is interviewed by mental health staff within 14 days of arrival   | 14                       | 12  | 2  | 4   | 86%                   |
| 3               | Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update | 13                       | 13  | 0  | 5   | 100%                  |
| 4               | A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.                                  | 1                        | 1   | 0  | 17  | 100%                  |
| 5               | Consent is obtained prior to initiating sex offender treatment   | 0                        | 0   | 0  | 18  | N/A                   |
| 6               | A clinically appropriate conclusion is reached following the sex offender screening  | 1                        | 1   | 0  | 17  | 100%                  |
| 7               | A refusal form is completed if the inmate refuses recommended sex offender treatment   | 0                        | 0   | 0  | 18  | N/A                   |
| 8               | A monthly progress note is completed for inmates undergoing sex offender treatment   | 0                        | 0   | 0  | 18  | N/A                   |
| 9               | The Bio-psychosocial (BPSA) is present in the record   | 18                       | 15  | 3  | 0   | 83%                   |
| 10              | The BPSA is approved by the treatment team within 30 days of initiation of mental health services  | 3                        | 3   | 0  | 15  | 100%                  |
| 11              | If mental health services are initiated at this institution, the initial ISP is completed within 30 days                                     | 4                        | 4   | 0  | 14  | 100%                  |
| 12              | The ISP is individualized and addresses all required components  | 18                       | 18  | 0  | 0   | 100%                  |
| 13              | ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations                | 18                       | 18  | 0  | 0   | 100%                  |
| 14              | ISP goals are time limited and written in objective, measurable behavioral terms   | 18                       | 18  | 0  | 0   | 100%                  |
| 15              | The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services                        | 18                       | 18  | 0  | 0   | 100%                  |

| SCREEN QUESTION | COMPLIANCE SCORE   |     |    |     | Compliance Percentage |      |
|-----------------|--|-----|----|-----|-----------------------|------|
|                 | Total Applicable Records   | YES | NO | N/A |                       |      |
| 16              | The ISP is signed by the inmate and all members of the treatment team  | 18  | 13 | 5   | 0                     | 72%  |
| 17              | The ISP is reviewed and revised at least every 180 days  | 15  | 15 | 0   | 3                     | 100% |
| 18              | Identified problems are recorded on the problem list   | 18  | 18 | 0   | 0                     | 100% |
| 19              | The diagnosis is clinically appropriate  | 18  | 18 | 0   | 0                     | 100% |
| 20              | There is evidence the inmate received the mental health services described in the ISP  | 18  | 18 | 0   | 0                     | 100% |
| 21              | Counseling is offered at least once every 60 days  | 18  | 18 | 0   | 0                     | 100% |
| 22              | Case management is provided every 30 days to S3 inmates with psychotic disorders   | 0   | 0  | 0   | 18                    | N/A  |
| 23              | Case management is provided at least every 60 days for inmates without psychotic disorders                                   | 18  | 18 | 0   | 0                     | 100% |
| 24              | The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status | 11  | 7  | 4   | 7                     | 64%  |
| 25              | The BRA is accurate and signed by all members of the treatment team  | 9   | 9  | 0   | 9                     | 100% |
| 26              | The ISP is updated within 14 days of CM placement  | 10  | 10 | 0   | 8                     | 100% |
| 27              | Inmates in CM are receiving 1 hour of group or individual counseling each week   | 11  | 11 | 0   | 7                     | 100% |
| 28              | Mental health staff complete the CM referral assessment within five working days   | 5   | 4  | 1   | 13                    | 80%  |
| 29              | Progress notes are of sufficient detail to follow the course of treatment  | 18  | 18 | 0   | 0                     | 100% |
| 30              | The frequency of clinical contacts is sufficient   | 18  | 18 | 0   | 0                     | 100% |

***Outpatient Mental Health Services Discussion:***

Screen 16: In these records, the Individualized Service Plan (ISP) was not signed by the inmate and members of the treatment team.

Screen 24: In these records, the Behavioral Risk Assessment (BRA) was not completed within the required time frame.

## Institutional Systems Tour

### Medical Area

|    | SCREEN QUESTION  | COMPLIANCE SCORE |    |     | Compliance Percentage |
|----|--|------------------|----|-----|-----------------------|
|    |  | YES              | NO | N/A |                       |
| 1  | All triage, examination, and treatment rooms are adequately sized, clean, and organized                          | 1                | 0  | 0   | 100%                  |
| 2  | Hand washing facilities are available  | 1                | 0  | 0   | 100%                  |
| 3  | Personal protective equipment for universal precautions is available   | 1                | 0  | 0   | 100%                  |
| 4  | Appropriate emergency medications, equipment and supplies are readily available                                  | 1                | 0  | 0   | 100%                  |
| 5  | Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained | 1                | 0  | 0   | 100%                  |
| 6  | Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations       | 1                | 0  | 0   | 100%                  |
| 7  | Secured storage is utilized for all sharps/needles   | 1                | 0  | 0   | 100%                  |
| 8  | Eye wash stations are strategically placed throughout the medical unit   | 1                | 0  | 0   | 100%                  |
| 9  | Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit              | 1                | 0  | 0   | 100%                  |
| 10 | There is a current and complete log for all medical refrigerators  | 1                | 0  | 0   | 100%                  |



***Infirmary***

|   | SCREEN QUESTION  | COMPLIANCE SCORE |    |     | Compliance Percentage |
|---|--|------------------|----|-----|-----------------------|
|   |  | YES              | NO | N/A |                       |
| 1 | The infirmary is adequately sized, well lit, clean and organized                             | 1                | 0  | 0   | 100%                  |
| 2 | Handwashing facilities are available   | 1                | 0  | 0   | 100%                  |
| 3 | Infirmary beds are within sight or sound of staff  | 1                | 0  | 0   | 100%                  |
| 4 | Restrooms are clean, operational and equipped for handicap use                               | 1                | 0  | 0   | 100%                  |
| 5 | Medical isolation room(s) have negative air pressure relative to other parts of the facility | 1                | 0  | 0   | 100%                  |

***Inmate Housing Areas***

|   | SCREEN QUESTION   | COMPLIANCE SCORE |    |     | Compliance Percentage |
|---|---|------------------|----|-----|-----------------------|
|   |   | YES              | NO | N/A |                       |
| 1 | Living areas, corridors, day rooms and general areas are clean and organized        | 1                | 0  | 0   | 100%                  |
| 2 | Sinks and toilets are clean and operational   | 1                | 0  | 0   | 100%                  |
| 3 | Hot and cold water are available for showering and handwashing                      | 1                | 0  | 0   | 100%                  |
| 4 | Over-the-counter medications are available and logged                               | 1                | 0  | 0   | 100%                  |
| 5 | Procedures to assess medical and dental sick call are posted in a conspicuous place | 1                | 0  | 0   | 100%                  |
| 6 | First-aid kits are present in housing units   | 1                | 0  | 0   | 100%                  |

**Pharmacy**

| SCREEN QUESTION   | COMPLIANCE SCORE |    |     | Compliance Percentage |
|---|------------------|----|-----|-----------------------|
|   | YES              | NO | N/A |                       |
| 1 All narcotics are securely stored and a count is conducted every shift  | 1                | 0  | 0   | 100%                  |
| 2 Out-of-date controlled substances are segregated and labeled  | 1                | 0  | 0   | 100%                  |
| 3 The institution has an established emergency purchasing system to supply out-of-stock or emergency medication                     | 1                | 0  | 0   | 100%                  |
| 4 The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities     | 1                | 0  | 0   | 100%                  |
| 5 Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly           | 1                | 0  | 0   | 100%                  |
| 6 A check of 10 randomly selected drug items in nursing areas reveals no expired medications  | 1                | 0  | 0   | 100%                  |
| 7 There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated | 1                | 0  | 0   | 100%                  |

**Psychiatric Restraint**

| SCREEN QUESTION   | COMPLIANCE SCORE |    |     | Compliance Percentage |
|---|------------------|----|-----|-----------------------|
|   | YES              | NO | N/A |                       |
| 1 All equipment is available and in working order   | 1                | 0  | 0   | 100%                  |
| 2 There is appropriate restraint equipment for the population in all necessary sizes      | 1                | 0  | 0   | 100%                  |
| 3 All interviewed staff are able to provide instructions on the application of restraints | 1                | 0  | 0   | 100%                  |

**Self-Injury/Suicide Prevention**

|   | SCREEN QUESTION  | COMPLIANCE SCORE |    |     | Compliance Percentage |
|---|--|------------------|----|-----|-----------------------|
|   |  | YES              | NO | N/A |                       |
| 1 | The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe | 1                | 0  | 0   | 100%                  |
| 2 | A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell                              | 1                | 0  | 0   | 100%                  |

**Special Housing**

|   | SCREEN QUESTION   | COMPLIANCE SCORE |    |     | Compliance Percentage |
|---|---|------------------|----|-----|-----------------------|
|   |   | YES              | NO | N/A |                       |
| 1 | Confinement rounds are conducted weekly   | 1                | 0  | 0   | 100%                  |
| 2 | A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself | 1                | 0  | 0   | 100%                  |

**Mental Health Services**

|   | SCREEN QUESTION  | COMPLIANCE SCORE |    |     | Compliance Percentage |
|---|--|------------------|----|-----|-----------------------|
|   |  | YES              | NO | N/A |                       |
| 1 | Adequate space is available for the mental health department                         | 1                | 0  | 0   | 100%                  |
| 2 | The inpatient unit environment is safe and conducive to providing mental health care | 1                | 0  | 0   | 100%                  |
| 3 | Outpatient group therapy is offered  | 1                | 0  | 0   | 100%                  |

## Interview Summaries

### ***INMATE INTERVIEWS***

Eleven of twelve inmates agreed to participate in interviews with CMA surveyors. Overall, inmates reported that medical services were adequate. However, many reported delays in chronic illness clinic visits and felt that they would like to be given more information about their diagnosis and treatment plan. Approximately half of the inmates reported inconsistent availability of over-the-counter (OTC) medications in the dorms as well as delays in receiving keep-on-person (KOP) medications making adherence challenging. Many of the inmate patients indicated education was often provided to them about lab results, medication side effects, and warning signs to look out for, in addition to general health improvement information. Inmates were complimentary of mental health staff. They expressed satisfaction with the timeliness of routine services and prompt response to psychological emergencies. Some inmates reported long wait times for the preventative dental plan but were satisfied with these services once they were initiated.

### ***MEDICAL STAFF INTERVIEWS***

Three members of the nursing team, as well as clerical, clinical, and administrative staff participated in interviews. All interviewees appeared knowledgeable about procedures related to accessing health services. The majority of the interview participants identified staff shortages as one of the biggest challenges they face in providing inmate care. When asked about the treatment provided, staff felt that they excel in handling emergency care and stated that although they have a lot of traumas, they are handled well and in a timely manner.

### ***MENTAL HEALTH STAFF INTERVIEWS***

Interviews were conducted with three members of the mental health staff. All interviewees indicated they were familiar with policy and procedures for prevention of self-harm and expressed a strong desire to serve the inmates in their care. Hardee CI does not provide psychiatric medication management and those inmates who require psychotropic medication receive telehealth services until they are transferred to another institution. Mental health staff endorsed a good working relationship with security personnel, which they felt contributed to the efficient provision of mental health services. However, staff and inmates reported that security staff are occasionally present for emergency evaluations or therapeutic groups which could infringe on the inmate's privacy.

### ***SECURITY STAFF INTERVIEWS***

Three correctional officers were interviewed during the survey of HARCI. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing. The relationship between security and healthcare staff appeared to be collaborative in nature with good communication between the two groups. This is especially important for continuity of care as close management inmates are housed at this institution.

## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

| Chronic Illness Clinics Review        |                      |
|---------------------------------------|----------------------|
| Assessment Area                       | Total Number Finding |
| Cardiovascular Clinic                 | 0                    |
| Endocrine Clinic                      | 2                    |
| Gastrointestinal Clinic               | 0                    |
| General Chronic Illness Clinics       | 1                    |
| Immunity Clinic                       | N/A                  |
| Miscellaneous Clinic                  | 0                    |
| Neurology Clinic                      | 0                    |
| Oncology Clinic                       | 2                    |
| Respiratory Clinic                    | 0                    |
| Tuberculosis Clinic                   | 4                    |
| Episodic Care Review                  |                      |
| Assessment Area                       | Total Number Finding |
| Emergency Care                        | 0                    |
| Outpatient Infirmary Care             | 1                    |
| Inpatient Infirmary Care              | 3                    |
| Sick Call                             | 0                    |
| Other Medical Records Review          |                      |
| Assessment Area                       | Total Number Finding |
| Confinement Medical Review            | 0                    |
| Consultations                         | 0                    |
| Medical Inmate Request                | 1                    |
| Medication and Vaccine Administration | 1                    |
| Intra-System Transfers                | 1                    |
| Periodic Screening                    | 3                    |
| PREA Medical Review                   | 6                    |

| <b>Dental Review</b>      |                             |
|---------------------------|-----------------------------|
| <b>Assessment Area</b>    | <b>Total Number Finding</b> |
| Dental Care               | 1                           |
| Dental System             | 0                           |
| <b>Institutional Tour</b> |                             |
| <b>Assessment Area</b>    | <b>Total Number Finding</b> |
| Institutional Tour        | 0                           |
| <b>Total Findings</b>     |                             |
| <b>Total</b>              | <b>26</b>                   |

### Mental Health Findings Summary

| <b>Self-Injury and Suicide Prevention Review</b> |                             |
|--|-----------------------------|
| <b>Assessment Area</b>                           | <b>Total Number Finding</b> |
| Self-Injury and Suicide Prevention               | 1                           |
| Psychiatric Restraints                           | N/A                         |
| <b>Access to Mental Health Services Review</b>   |                             |
| <b>Assessment Area</b>                           | <b>Total Number Finding</b> |
| Use of Force                                     | 0                           |
| Psychological Emergencies                        | 0                           |
| Mental Health Inmate Request                     | 3                           |
| Special Housing                                  | 0                           |
| <b>Mental Health Services Review</b>             |                             |
| <b>Assessment Area</b>                           | <b>Total Number Finding</b> |
| Inpatient Mental Health Services                 | N/A                         |
| Inpatient Psychotropic Medications               | N/A                         |
| Outpatient Mental Health Services                | 2                           |
| Outpatient Psychotropic Medications              | N/A                         |
| Aftercare Planning                               | N/A                         |
| <b>Total Findings</b>                            |                             |
| <b>Total</b>                                     | <b>6</b>                    |

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

## Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at HARCI, the CMA makes the following recommendations:

- Continue to train and support staff on optimally utilizing the electronic health record.
- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are scheduled at the appropriate intervals.
- Ensure that orders are received and implemented accordingly for infirmary admissions and that discharge notes are thorough and complete.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Establish timeliness in receipt, response, and resulting interview for inmate mental health requests.
- Ensure appropriate and complete documentation of safety observations for inmates on Self-harm Observation Status (SHOS) within the infirmary setting.
- The multi-disciplinary services team, led by a psychologist, meets weekly but the inmates rarely attend. CMA surveyors suggested that prioritizing inmate inclusion within the treatment team could lead to more active participation and improved adherence to the plan of care.