



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Holmes Correctional Institution

In

Bonifay, Florida

on

December 11-13, 2018

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1545	Male	Medium	5

Institutional Potential/Actual Workload

Main Unit Capacity	1185	Current Main Unit Census	1229
Satellite Unit(s) Capacity	328	Current Satellite(s) Census	316
Total Capacity	1513	Census	1545

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		997	511	37	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1505	40	0	N/A	N/A	

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	136	63	0	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
RN	5.2	0
LPN	5.4	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

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

OVERVIEW

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

The overall scope of services provided at HOLCI 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 HOLCI on December 11-13, 2018. 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

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

- 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.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There was a finding requiring corrective action in one of the chronic illness clinics. The item to be addressed is indicated in the table below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care, sick call, or infirmary services.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of consultations, medication administration, periodic screenings, intra-system transfers, or inmate requests.

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 8 of 13 applicable records (17 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-2: Over-the-counter medications were not accounted for properly. The logs were not completed daily, therefore the counts and logs did not match.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – PHYSICAL HEALTH

The physical health staff at HOLCI serves a population of 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.

CMA clinical surveyors noted several examples where clinical care met the established standards set forth in the Health Services Bulletins, including the timeliness of chronic clinic appointments, dental, sick call and emergency visits, as well as subsequent follow-up appointments. There were only two deficiencies that required corrective action.

Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services. The majority of inmates interviewed expressed satisfaction with health services. CMA surveyors concluded that patient medical records were well organized and institutional staff demonstrated adequate clinical management.

The staff at HOLCI indicated they would use the corrective action plan (CAP) process to improve areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Holmes Correctional Institution (HOLCI) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at HOLCI:

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS). The item to be addressed is indicated in the table below. There were no episodes of restraints at HOLCI.

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.

MENTAL HEALTH SYSTEMS REVIEW

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

Self-Harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 2 of 2 records reviewed, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-1:** The Subjective Section under Physical Assessment in form DC4-673B listed times only. No subjective information was included.*

Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: The institution does not offer a variety of therapeutic groups to meet the needs of the population.</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 records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – MENTAL HEALTH

There is one full-time Mental Health Professional assigned to HOLCI who provides outpatient mental health services to approximately 40 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 and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

A review of outpatient mental health services revealed no findings requiring corrective action. Inmates interviewed in confinement indicated they would like to see someone from mental health more frequently; however, the Mental Health Professional was meeting required timeframes in the cases reviewed. Inmates knew the process for seeking mental health services. Overall, treatment plans were goal-directed and individualized and the course of treatment was easy to follow.

There was one finding identified with documentation relative to Self-Harm Observation Status (SHOS) that will require corrective action. Another finding pertained to the provision of therapeutic groups. According to Department's Health Services Bulletin, each permanent institution will offer group interventions, as clinically indicated, that are designed to meet the needs of inmates who are eligible for ongoing outpatient services.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority's corrective action plan (CAP) process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

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

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

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.