



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Homestead Correctional Institution**

in

**Florida City, Florida**

on

**December 11 – 12, 2013**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
890	Female	Close	4

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	<b>759</b>	<b>Current Main Unit Census</b>	<b>738</b>
<b>Annex Capacity</b>	<b>NA</b>	<b>Current Annex Census</b>	<b>NA</b>
<b>Satellite Unit(s) Capacity</b>	<b>201</b>	<b>Current Satellite(s) Census</b>	<b>152</b>
<b>Total Capacity</b>	<b>960</b>	<b>Total Current Census</b>	<b>890</b>

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		275	337	126	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	255	148	335	0	0	0

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		21	21	0	0	0

## DEMOGRAPHICS

### Medical Staffing:

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	1	0
RN	6.2	0
LPN	7	0
CMT-C	1	0

### Mental Health Staffing:

	Number of Positions	Number of Vacancies
Psychiatric Clinical Associate	1	0
Psychological Services Director	1	0
Behavioral Health Specialist	4	0

## OVERVIEW

Homestead Correctional Institution (HOMCI) houses female inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, and 3.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at HOMCI on December 11-12, 2013. 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 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 monthly 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 complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

## **PHYSICAL HEALTH FINDINGS**

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

- 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 does not require CIC care more often than six 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.

### **CLINICAL RECORDS REVIEW**

#### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in seven of the chronic illness clinics; the items to be addressed are indicated in the tables below.

#### **EPISODIC CARE REVIEW**

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

#### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers or preventive care. There were findings requiring corrective action in the review of consultations and the medication administration record review; the items to be addressed are indicated in the tables below.

#### **DENTAL REVIEW**

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

#### **ADMINISTRATIVE PROCESSES REVIEW**

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

#### **INSTITUTIONAL TOUR**

There were no findings requiring corrective action as a result of the institutional tour.

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: A comprehensive review of 15 inmate records revealed the following deficiencies (see discussion):</b></p> <p><b>(a) In 7 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In all records, the baseline physical examination was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** Baseline history and physical examination data was frequently missing from the current Chronic Illness Clinic Flowsheets (DC4-770). Per policy (Health Services Bulletins 15.12.03 and 15.03.05), the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In all records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 3 of 7 applicable records, there was no evidence of ACE or ARB therapy or contraindication (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>(d) In 3 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	

*Discussion PH-2(c): Per Health Services Bulletin 15.03.05, diabetic inmates who are hypertensive or show evidence of albuminuria or microalbuminuria should be placed on Angiotensin Convertin Enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy unless contraindicated. All three records indicated hypertension, the inmates were enrolled in the both the Cardiovascular and Endocrine clinics, and there was no contraindication documented in the medical record.*

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 4 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 6 of 13 applicable records, hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 14 records, the baseline physical examination was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: In 3 of 6 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 7 of 15 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: In 3 of 4 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 of 13 applicable records, there was no evidence the Chief Health Officer or designee approved the consultation request by signing the Consultation Request/Consultant's Report, DC4-702 (see discussion).</b></p> <p><b>(b) In 7 of 7 applicable records, the new diagnosis was not reflected on the problem list.</b></p> <p><b>(c) In 3 records, the Consultation Appointment Log did not accurately reflect the completion of the consultation (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8(a & c):** The Consultation Request/Consultant's Report form (DC4-702) and the Consultation Appointment Log were consistently incomplete and missing key information. Health Services Bulletin 15.09.04 states that the DC4-702 must be signed by the chief health officer or designee to approve the consultation request and that this form be completed so that the information is sufficient to obtain the needed consult. Surveyors were concerned that the lack of approval signatures and incomplete or inadequate information could cause unnecessary delays or denials in obtaining consultations. Subsequently, surveyors stated that incomplete consultation logs could impede the ability to assess the inmate's continuum of care and may lead to consultations being missed or delayed to the detriment of the patient. For example, in two cases reviewed the dates of appointment set and consult returned were blank as were whether or not the appointment was kept and if follow-up was requested. In the third case, the original appointment date had another date written over it and the form indicated that a procedure had been done when in fact it was denied and eventually completed on site.*

**Medication Administration Record  
Review**

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 4 of 12 records reviewed, the medication administration record (MAR) did not accurately reflect allergies (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of applicable corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-9:** In one record, “no known drug allergy” was stamped on the MAR although the medical records indicated the patient was allergic to Morphine. In the second record, there were two MARs for August 2013 and one listed “NKA” while the other indicated allergies to Celexa, Vistaril, Prozac, Codeine, and Latex. In the third record, a previous MAR indicated an allergy to Acetomenophin but the current MAR did not. In the fourth record, some MARs indicated allergies to Codeine, Penicillin and Iodine while others did not. In this record, the allergy to Codeine was also not indicated on the prescription order.*

**Pharmacy Review**

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: A tour of the pharmacy revealed the following:</b></p> <p><b>(a) There was no documentation that the discarded stock medication was witnessed by the HSA or pharmacy staff at the time of discard.</b></p> <p><b>(b) There were space and storage issues in the pharmacy that necessitated keeping medications in boxes on the floor.</b></p>	<p>Provide evidence in the closure file that the issue described has 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 HOMCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 208 records and found deficiencies in 88 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available and ready for the surveyors. Overall, medical charts were well organized and documents were filed in a timely manner. Most charts, however, were overfull causing documents to come loose when flipping through the charts. Surveyors expressed concern that documents could easily be lost or misplaced if records were not thinned. When surveyors were unable to locate documents, institutional staff were able to find and retrieve most of those documents. Interviews conducted by CMA indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Inmates expressed general satisfaction with the health care services they received.

A couple of significant trends were revealed when analyzing the data. Baseline diagnostic and historical information was lacking in many patient charts. Of the 14 findings in the chronic illness clinics, eight were regarding missing or incomplete baseline documentation. As mentioned in the discussion above, Departmental policy (Health Services Bulletins 15.12.03 and 15.03.05) states the DC4-770 series must be completed in its entirety with a minimum of four to remain in the current record.

Additionally, four of the findings in the chronic illness clinic review dealt with missing hepatitis or pneumococcal vaccinations. Health Services Bulletin 15.03.30 states that inmates over age 65, those with chronic pulmonary, cardiovascular diseases, diabetes, certain immunocompromised conditions, and those 19-64 years of age who smoke cigarettes or have a history of asthma should receive the pneumococcal vaccine. The Health Services Bulletin also indicates that inmates with liver disease should receive the hepatitis A vaccination and inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection should receive the hepatitis B vaccinations.

Survey findings indicated the overall medical care provided at HOMCI fell within Department standards. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates. Physical health staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient.

## **MENTAL HEALTH FINDINGS**

HOMCI provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at HOMCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group, and/or individual counseling, as well as psychiatric care).

### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were no episodes of restraint at HOMCI. There were no findings requiring corrective action in the review of Self-Harm Observation Status (SHOS).

### **USE OF FORCE REVIEW**

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

### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were no findings requiring corrective action in the review of special housing and inmate requests. There was a finding requiring corrective action in the review of psychological emergencies; the item to be addressed is indicated in the table below.

### **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient psychotropic medications. There was a finding requiring corrective action in the review of outpatient mental health services; the item to be addressed is indicated in the table below.

### **AFTERCARE PLANNING REVIEW**

There were no findings requiring corrective action in the aftercare planning review.

### **MENTAL HEALTH SYSTEMS REVIEW**

There were no findings requiring corrective action in the review of mental health systems.

## Psychological Emergency

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 5 of 13 records reviewed, the psychological emergency was not responded to within 1 hour (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** It was unclear if five of the emergencies were responded to within one hour after the psychological emergency was declared. This is due to discrepancies between the time the log indicated that the emergency was responded to and when the actual note was written. Two of the records had notes with dates/times that indicated the response occurred prior to the psychological emergency.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: In 5 of 15 records reviewed, the Health Information Arrival/Transfer Summary lacked the required information or was not completed within 24 hours of arrival (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** In four records, many of the prompted questions were not answered on the back of the Health Information Arrival/Transfer Summary. Instead, there was a note in four records with "see DC4-701" written on the blank section. The corresponding DC4-701 note did not answer all of the required prompts from the summary. Specifically, these four corresponding notes did not specify which mental health medications the inmate was taking when she was received by the institution. In another record, the corresponding note was not written until six days after admission.*

## **CONCLUSION – MENTAL HEALTH**

HOMCI provides outpatient mental health services. Mental health staff at HOMCI serve a complex population. Outpatient services, including case management and individual and group counseling, are provided to over 483 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 aftercare planning for eligible inmates.

After reviewing all requested records, documentation, and conducting an institutional tour, there were two items with deficiencies that require a corrective action plan. The two items were discovered in the record review and were related to documentation (see above charts) and not a direct reflection of treatment (e.g., inmates not being seen as required). Surveyors noted that the medical record consistently reflected quality treatment. Treatment plans were goal directed and individualized and the course of treatment was easy to follow from the documentation. On many occasions, staff was seeing inmates more frequently than required in an effort to problem solve or provide crisis intervention. It was also clear that those inmates being prescribed psychiatric medications were seen regularly. There was documentation indicating a cohesive relationship between case managers, supervisors, and prescribing clinicians. Staff interviews revealed competency with policy and current treatment standards as well as familiarity with assigned caseloads. Lastly, the inmates on the mental health caseload expressed satisfaction with the mental health services provided to them. It is clear after the survey that the mental health staff at HOMCI is providing quality mental health care.

## 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 also reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.