



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Homestead Correctional Institution**

In

**Florida City, Florida**

on

**March 20-22, 2018**

### **CMA Staff Members**

Kathy McLaughlin, BS  
Monica Dodrill, RN

### **Clinical Surveyors**

Harold Landa, MD  
Sergio Balcazar, MD  
Mark Heifferman, DDS  
Gretchen Moy, PhD  
George Kallas, PhD  
Sandra Bauman, ARNP  
Fidel Gonzalez, PA  
Jerry Bartlett, PA  
Patricia Meeker, RN  
Laveta Blalock, LCSW

**Distributed on April 13, 2018**

**CAP Due Date: May 13, 2018**

# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
874	Female	Close	5

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	728	<b>Current Main Unit Census</b>	684
<b>Satellite Unit(s) Capacity</b>	201	<b>Current Satellite(s) Census</b>	190
<b>Total Capacity</b>	929	<b>Census</b>	874

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		244	380	58	0	2
<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>
	277	173	234	N/A	N/A	0

## Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		11	20	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	6.2	0
LPN	6.75	1.0
CMT-C	1	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	.2	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatrist ARNP/PA	1	0
Psychological Services Director	1	0
Psychologist	N/A	N/A
Mental Health Professional	4.4	0
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	1	0
Mental Health LPN	N/A	N/A

# 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, 4, and 5, and psychology (S) grades 1, 2, and 3. HOMCI consists of a Main Unit and provides medical services to two work release centers.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at HOMCI on March 20-22, 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**

Homestead Correctional Institution (HOMCI) provides inpatient and outpatient 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 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 30 days) inpatient, infirmary, or designated housing.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in 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 medical inmate requests, intra-system transfers, medication administration, or periodic screenings. There was a finding requiring corrective action in the review of consultation services. The item to be addressed is indicated in the table below.

### **DENTAL REVIEW**

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

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control or pharmacy services. There were findings requiring corrective action in the administration of the pill line. The items to be addressed are indicated in the table below.

### **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.

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 3 of 5 applicable records (17 reviewed), there was no evidence of a yearly fundoscopic examination for inmates with diabetes.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: In 3 of 13 applicable records (14 reviewed), the consultation log was incomplete.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: There was no evidence of medication logs (see discussion).</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

### Dental Systems Review

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

**Discussion PH-3:** Per Health Services Bulletin (HSB) 15.04.15 each dental clinic shall maintain unit-of-use medication prescription logs (e.g. DC4-765B “Amoxicillin Prescription Log”, DC4-765D “Clindamycin Prescription Log”, DC4-765G “Ibuprofen Prescription Log”). Dispensed medications are to be recorded and a daily balance maintained.

### Dental Care Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-4: In 2 of 6 applicable records (18 reviewed), there was no evidence that consultation or specialty services were completed in a timely manner (see discussion).</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-4:** Both inmates have pending referrals to the Reception and Medical Center. One inmate has been waiting for over one month and one inmate since December 2017.

### Administration of the Pill Line

Finding(s)	Suggested Corrective Action(s)
<b>PH-5: Staff administering the medications did not wash their hands prior to beginning the pill line.</b>	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
<b>PH-6: There was no evidence that medical personnel checked the inmate’s identification prior to giving the medication.</b>	Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dosed medications to evaluate the effectiveness of corrections.

### Administration of the Pill Line

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

### Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiency:</b></p> <p><b>PH-7: Procedures to access sick call services and pill line schedules were not posted in the dorms.</b></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 HOMCI 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.

Patient medical records were well organized. All observed areas on the compound were clean and neat. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services. Interviews held with medical staff and correctional officers also indicated they were knowledgeable about how inmates access both routine and emergency medical services. The majority of inmates interviewed stated that the health care they received was adequate.

There were relatively few clinical findings requiring corrective action. There were several administrative findings, however, regarding pill line services and incomplete or missing logs for dental medications and consultations.

Based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.



# **MENTAL HEALTH FINDINGS**

Homestead Correctional Institution (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 or psychiatric ARNP care).

## **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 HOMCI.

### **USE OF FORCE REVIEW**

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

### **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 or psychotropic medication practices.

### **MENTAL HEALTH SYSTEMS REVIEW**

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

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 1 of 3 applicable records (10 reviewed), the guidelines for SHOS management were not observed (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 SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** According to the Department’s Health Services Bulletin (HSB), during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In one record, the length of stay on SHOS was six days and there was no indication this was considered.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 2 records revealed the following deficiencies:</b></p> <p><b>MH-2: In 2 records, the post use of force physical exam was not completed (see discussion).</b></p> <p><b>MH-3: In 2 records, a written referral to mental health by physical health staff was not present (see discussion).</b></p> <p><b>MH-4: In 2 records, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed (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 use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** According to the nursing manual, all forms must be completed in their entirety to be considered compliant. In both records, the exam was present but did not indicate chemical agents were used.*

***Discussion MH-3 & MH-4:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3. In both records, there was no documentation that*

*the referral was made secondary to the use of force episode. One record indicated "routine" and the other "pre-confinement". Although the mental health staff did receive the referral, there was no evidence they were aware of the use of force episode, therefore a follow-up assessment was not conducted the next business day.*

## **CONCLUSION**

The staff at HOMCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There were only a few findings noted in the review of mental health services. The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. Interviews with mental health staff revealed a familiarity with the mental health caseload, a goal-oriented team, and a strong desire to provide quality services. Inmates interviewed reported that they feel mental health services are readily available and provided by staff who show a genuine concern for their well-being.

The staff were aware of the findings listed above and receptive to using the Corrective Action Plan (CAP) process to improve the few deficiencies noted in mental health services.

## 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 because 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.