



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Jackson Correctional Institution**

In

**Malone, Florida**

on

**January 8-10, 2019**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1846	Male	Close	4

## Institutional Potential/Actual Workload

Main Unit Capacity	1346	Current Main Unit Census	1298
Satellite Unit(s) Capacity	573	Current Satellite(s) Census	548
Total Capacity	1919	Census	1846

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	836	335	156	1	5	119
<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	
	1249	84	N/A	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>
	134	0	0	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	1
RN	6	1
LPN	8	1
Dentist	1	0
Dental Assistant	2	1
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

Jackson Correctional Institution (JACCI) houses male 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 and 2. JACCI consists of a Main Unit and two work camps.

The overall scope of services provided at JACCI 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 JACCI on January 8-10, 2019. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

## **Exit Conference and Final Report**

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training. A copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

# **PHYSICAL HEALTH FINDINGS**

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

- 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.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

There were no findings in the general chronic illness clinic review. There were findings in five of the chronic illness clinics. The items to be addressed are indicated in the tables below.

### **EPISODIC CARE REVIEW**

There were no findings in the review of sick call or infirmary services. There was a finding in the review of emergency care. The item to be addressed is indicated in the table below.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of medication administration, periodic screenings, or medical inmate requests. There were findings in the review of consultations and intra-system transfers. 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 care. There were findings requiring corrective action in the review of dental systems. The items to be addressed are indicated in the table below.

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **INSTITUTIONAL TOUR**

There were findings requiring corrective action as a result of the institutional tour. The items to be addressed are indicated in the table below.

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 3 of 14 applicable records (16 reviewed), there was no evidence of fundoscopic examination.</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>

## Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 8 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 2 records, the diagnosis was not appropriate for inclusion in the miscellaneous clinic (see discussion).</b></p> <p><b>PH-3: In 3 records, there was no evidence that the medications were evaluated and prescribed at each visit (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-2:** In the first record, an inmate with a history of lower left extremity thrombus was taking Coumadin prior to transfer to JACCI on 11/14/18 and was due to be seen 12/04/18 per OBIS. There is no documentation by the clinician that this visit took place. He continued to take the Coumadin until 12/13/18 at which time he refused. In the second record, the inmate had a history of rhabdomyolysis, and was having difficulty with blood pressure regulation. He was prescribed lisinopril, but it was unclear if he was receiving it as staff were unable to locate medication administration records (MAR) for December 2018 and January 2019. Blood pressure recorded 11/13/18 was 192/130. Both inmates would be more appropriately managed in the cardiovascular clinic.

**Discussion PH-3:** In the first record, an inmate was taking Coumadin and was due to be seen 12/04/18, but there was no indication this visit took place. He began refusing doses on 12/13/18 and was not seen by the clinician until 1/03/19. In the second record, an inmate with glaucoma was prescribed three types of eye drops on 8/31/18 for one year. MARs were missing for August through October 2018 and there were multiple blanks on MARs for November and

December 2018. In the last record, an inmate with high blood pressure had medications ordered that were not listed on the MARs found in the chart. Documentation indicated these medications were being adjusted; however, since they were not listed on the MAR, surveyors were unable to determine if the medication had been received.

<b>Neurology Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-4: In 3 of 11 records reviewed, there was no evidence that the medications were evaluated and prescribed at each visit (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-4:** In all three records, there were multiple blanks on MARs or MARs were missing for September through December 2018.

<b>Oncology Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 1 record, there was no evidence of an appropriate examination for the diagnosis (see discussion).</b></p> <p><b>PH-6: In 1 record, marker studies and/or radiological studies were not performed as required.</b></p> <p><b>PH-7: In 1 record, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-5:** An inmate with a history of cancer was enrolled in the oncology clinic. The file did not contain previous treatment records, physical examination, labs, or MRI/CT making it impossible to determine his current status.

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 3 of 11 records reviewed, labs were not completed as required (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8:** In three records, aspartate aminotransferase (AST) and alanine aminotransferase (ALT) were not ordered or completed as required.*

## Emergency Services Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 4 of 18 records reviewed, there was no evidence of patient education when the inmate was seen for emergency services.</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 emergency services 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-10: In 5 of 13 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</p>



## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
	<p>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>

## Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-11: In 4 records, the Health Information Transfer/Arrival Summary (DC4-760A) was incomplete.</b></p> <p><b>PH-12: In 7 records, there was no evidence the clinician reviewed the health record within 7 days of arrival.</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 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-13: There was no evidence that all necessary equipment was in working order (see discussion).</b></p> <p><b>PH-14: Pretreatment rinses and chlorhexidine or equivalent were not available for use prior to dental treatments.</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>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-13:** *The x-ray machine and dental chairs need to be repaired or replaced.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-15: Over-the-counter (OTC) medications were not logged correctly in all dorms (see discussion).</b></p> <p><b>PH-16: Procedure to access medical and dental sick call were not posted in the dorms.</b></p> <p><b>PH-17: First-aid kits were not in compliance with policy (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, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-15:** In three dorms surveyed, OTC medication logs were not being used correctly as evidenced by inaccurate count and blanks on the log and medications were not available.*

***Discussion PH-17:** In one dorm the first-aid kit was not sealed and there was no inspection log present. In another dorm, there were three unsealed kits without inspection logs.*

## CONCLUSION – PHYSICAL HEALTH

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

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to accessing sick call and emergency services. Inmates expressed satisfaction with the access to health care services, but expressed concern about getting medications consistently, both prescription and over-the-counter. The staff at JACCI was helpful throughout the survey process. Medical records were well organized and readily accessible. The exception to this was medication administration records that were not found in the medical record and could not be located by staff.

Several concerns were identified in the provision of clinical services. Records were frequently missing labs, contained incomplete assessments, and medication adjustments appeared to be made without thorough evaluation.

A tour of the facility revealed a lack of access to care signage in the dorms and first-aid kits not in compliance with regulations. The chairs in the dental area were in a state of disrepair, and needed equipment and supplies were lacking. However, there were no findings in the review of dental care and no deficiencies were noted in review of infirmary care.

Based on the findings of this survey and discussions above, it is clear that the CMA corrective action process will be beneficial to JACCI as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

## **MENTAL HEALTH FINDINGS**

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

- 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 were findings requiring corrective action in the review of Self-Harm Observation Status (SHOS). The items to be addressed are indicated in the table below. There were no episodes of psychiatric restraints at JACCI.

#### **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.

#### **MENTAL HEALTH SYSTEMS REVIEW**

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

### Self-Harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>MH-1: In 3 records, inmates were not observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-2: In 7 records, the daily mental health nursing assessment was incomplete (see discussion).</b></p> <p><b>MH-3: In 2 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** According to staff, many of the forms were still with security staff and had not been filed in the medical record. Staff were able to locate some of the Observation Checklists (DC4-650); however, others could not be found.*

***Discussion MH-2:** The subjective area of the form was incomplete.*

### Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 8 records revealed the following deficiencies:</b></p> <p><b>MH-4: In 6 records, a written referral to mental health by physical health staff was not present.</b></p> <p><b>MH-5: In 6 records, inmates were not seen by mental health staff the next working day to determine if a higher level of care was needed.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: The institution does not offer a variety of therapeutic groups to meet the needs of the population as required.</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>

## Mental Health Systems Review

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

## CONCLUSION – MENTAL HEALTH

There is one full-time Mental Health Professional (MHP) assigned to JACCI who provides outpatient mental health services to approximately 83 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. The MHP was meeting and often exceeding required timeframes in the cases reviewed and inmates knew the process for seeking mental health services. Of the fifteen outpatient records reviewed, five of the inmates had arrived as S-1 and had been upgraded to S-2 while at JACCI.

According to the Use of Force log, there were 16 attempts by inmates to hang themselves from June through November, 2018, and all attempts were met with chemical uses of force. Nine of these attempts took place in confinement cells. In six of the eight use of force episodes reviewed, physical health staff did not complete a referral to mental health, as required, when chemical use of force was used with inmates on the mental health caseload; therefore, inmates were not seen by mental health staff the next working day to determine if a higher level of care was indicated.

Half of the findings noted were in the review of Self-Harm Observation Status (SHOS). Observation checklists were not consistently filed in the medical record. According to staff, the checklists were still with security and were unable to be located. Attending clinicians did not conduct face-to-face evaluations when considering discharge from SHOS and, in some cases, would instead defer to mental health staff. This issue had recently improved, since one clinician has been assigned to provide these assessments. The clinician should collaborate with mental health staff; however, the clinician is responsible for the final disposition. Nurses were routinely completing nursing evaluations on each shift but were not completing the subjective section of the form.

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 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.