



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY LAKE CITY CORRECTIONAL FACILITY

OCTOBER 12-14, 2021

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Lake City Correctional Facility (LCCF) houses male youthful offenders of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. LCCF consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Unit Capacity	894	Current Main Unit Census	891
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	894	Total Current Census	891

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	783	99	9	N/A	N/A	60
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	722	78	91	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	39	21	0	0	0	0

¹ Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
Registered Nurse	5	2
Licensed Practical Nurse	8	1
CMT-C	0	0
Dentist	0.4	0
Dental Assistant	1	0
Dental Hygienist	0.2	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0.2	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologists	0.4	0
Behavioral Specialist	2	1
Mental Health Professional	0	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

LAKE CITY CORRECTIONAL FACILITY SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical and mental health systems at Lake City Correctional Facility October 12-14, 2021. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

The overall scope of services provided at LCCF includes comprehensive medical, mental health, and pharmaceutical services. Specific services include health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health.

A summary of physical and mental health survey findings is outlined in the tables below.

Physical Health Clinical Records Review

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	15	0
Cardiovascular Clinic	14	0
Endocrine Clinic	6	1
Gastrointestinal Clinic	1	0
Immunity Clinic	2	0
Miscellaneous Clinic	1	0
Neurology Clinic	8	0
Oncology Clinic	N/A	N/A
Respiratory Clinic	12	0
Tuberculosis Clinic	3	0

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	13	0
Infirmary Care	N/A	N/A
Sick Call	17	0

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	16	1
Inmate Request	16	0
Intra-System Transfers	16	0
Medication Administration	12	0
Periodic Screenings	6	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	18	0
Dental Systems	16	0

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	0

PHYSICAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 2 of 6 records reviewed, there was no evidence of an annual fundoscopic examination.</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
<p>PH-2: In 10 of 16 records reviewed, the diagnosis was not recorded on the problem list.</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 consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at LCCF serves youthful offender inmates. Current physical health care services provided are chronic illness, general wellness, sick call, and emergency care services. Dental and optometry services are provided on-site. 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.

The staff at LCCF was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Patient records were well organized. Interviews indicated that inmates were familiar with how to obtain routine medical and emergency services. Overall, inmates expressed satisfaction with access to health care services and were complementary of their experiences at the clinic.

A review of medical records indicated that inmates enrolled in chronic illness clinics were seen at the required intervals. CMA surveyors found that follow-up with providers resulting from specialty services, sick call, and emergency clinics occurred timely. Overall, clinical documentation was thorough and individualized. While there were only two findings identified in the report, LCCF staff indicated they would use the CMA corrective action plan process to improve health care services.

Mental Health Clinical Records Review

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	2	1

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	5	1

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	0	0
Inmate Requests	14	0
Special Housing	0	0

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	16	1
Outpatient Psychotropic Medication Practices	17	4

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	7	0

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	1

MENTAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Self-Injury and Suicide Prevention (SHOS)	
Finding(s)	Suggested Corrective Action
MH-1: In 1 of 1 applicable record (2 reviewed), the length of stay for inmates placed in an observation cell exceeded 72 hours (see discussion).	<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: Per Policy and Procedure 404.001, inmates on SHOS will be housed in an isolation management room (IMR). If an IMR is not immediately available on-site, the inmate may be housed in an observation cell. If neither an IMR or observation cell is immediately available, the inmate will be placed in the institutional infirmary or other health care (non-confinement) area. In the deficient record, the inmate was held in an observation cell from 8/19/21 at 1845 to 8/23/21 at 0835.

Use of Force	
Finding(s)	Suggested Corrective Action
<p>MH-2: In 1 of 4 applicable records (5 reviewed), mental health staff did not interview the inmate by the next working day to evaluate the level of mental health care needed after a use of force incident.</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>

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action
<p>MH-3: In 6 of 16 records reviewed, the Individualized Service Plan (ISP) was not signed by all members of the treatment team and there was no documentation of refusal (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 records with outpatient mental health services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3: Without the signatures of the applicable mental health staff and the inmate, CMA surveyors were unable to determine if all parties were in agreement with the treatment plan.

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 17 records revealed the following deficiencies.</p> <p>MH-4: In 7 of 9 applicable records, the psychiatric evaluation was not completed prior to prescribing medications (see discussion).</p> <p>MH-5: In 1 of 1 applicable record, the inmate did not sign a refusal after 3 consecutive or 5 medication refusals in one month (see discussion).</p> <p>MH-6: In 7 records, follow-up sessions were not completed at the required intervals.</p> <p>MH-7: In 13 records, the follow-up sessions did not include all the required components (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 records with outpatient psychotropic medication practices to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-4: Five records contained incomplete psychiatric evaluations. In the remaining two records, the inmates were started on psychotropic medications without a documented psychiatric evaluation.

Discussion MH-5: In this record, there were multiple refusals noted for the months of July and August 2021 and no evidence that Departmental protocols were followed, which should have included counseling by nursing staff and the forwarding of the medical record to the prescribing clinician. Additionally, there was no evidence of a signed refusal.

Discussion MH-7: The majority of psychiatric encounter notes were difficult to read and lacked pertinent clinical information. In many cases, notes did not contain an adequate description of psychological symptoms and responses to medications. This made it difficult, even for experienced clinical surveyors, to follow the course of treatment.

Mental Health Systems Review

Finding(s)	Suggested Corrective Action
MH-8: Outpatient therapeutic groups were not provided to meet the needs of the inmate population (see discussion).	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of attendance records or other clinical documentation.

Discussion MH-8: According to Health Services Bulletin (HSB) 15.05.18, each permanent institution will offer group interventions, as clinically indicated, that are designed to meet the needs of the inmates who are eligible for ongoing outpatient services. At the time of the survey, no therapeutic groups were being offered at LCCF.

MENTAL HEALTH SURVEY CONCLUSION

The staff at LCCF serve youthful offender inmates. They provide mental health outpatient services, including psychotropic medication management, case management, and individual counseling to approximately 169 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, provide aftercare planning for eligible inmates, and daily counseling for inmates on Self-Harm Observation Status (SHOS). Reportable findings requiring corrective action are outlined in the tables above.

Concerns were noted the review of psychotropic medication practices. Documentation of psychiatric encounters did not consistently contain basic information such as current symptomology and medication response. In some cases, the clinical rationale for prescribing a medication was not apparent. Inadequate documentation made it difficult to follow the course of treatment. CMA surveyors were concerned that poor documentation could interfere with continuity of care.

A review of case management and counseling services demonstrated good clinical management. Treatment plans were individualized, and inmates appeared to receive these services at the required intervals. There were no deficiencies found in several areas of review, including inmate requests, psychological emergencies, special housing, and discharge planning.

During interviews, inmates reported they routinely received adequate mental health care and had access to psychiatric medications. Staff interviewed were knowledgeable of mental health policies and presented genuine concern for the inmates on their caseload. Overall, LCCF staff were receptive to feedback and indicated they would use the CMA corrective action plan process to improve 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 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.