



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Lake Correctional Institution**

in

**Clermont, Florida**

on

**August 13-14, 2014**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1105	Male	Close	4

### Institutional Potential/Actual Workload

Main Unit Capacity	1252	Current Main Unit Census	1105
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1252	Total Current Census	1105

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		548	347	205	3	2
<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	
	461	57	466	39	34	49

### 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>
		77	43	0	2	8

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	0	0
RN	6	0
LPN	10.4	0
CMT-C	1.4	0
Dentist	1	0
Dental Assistant	0	0
Dental Hygienists	1	1

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	1
Psychological Services Director	1	0
Sr. Mental Health Clinician	3	0
Behavioral Specialist	12	0
Human Services Counselor	1	0
MH RN	3.8	0
MH LPN	8	0

## OVERVIEW

Lake Correctional Institution (LAKCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1 through 6. LAKCI consists of a Main Unit only.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at LAKCI on August 13-14, 2014. 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**

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

- 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.
- M5 - Inmate requires long-term care (greater than 30 days) inpatient, infirmary, or designated housing

## **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 or sick call services. There were findings requiring corrective action in the review of infirmary care; the items to be addressed are indicated in the table below.

### **DENTAL REVIEW**

There was a finding requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers or medication administration. There were findings requiring corrective action in the review of consultations and periodic screenings; 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, pharmacy services, or the administration of the pill line.

### **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.

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 4 of 17 records reviewed, the baseline information was incomplete or missing (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 cardiovascular 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-1:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current DC4-770 "Chronic Illness Clinic Flowsheet." Per Department standards, 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: In 3 of 15 records reviewed, the baseline information 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 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>PH-3: In 2 of 7 records reviewed, there was no evidence of influenza vaccine or refusal (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-3:** While patients in the Miscellaneous Clinic are not automatically considered top priority for offering influenza vaccinations, both of these inmates had additional diagnoses that met the Department's definition of high-risk. The first inmate had received a renal transplant and the second inmate had cardiovascular disease. Per Health Services Bulletin (HSB) 15.03.30 inmates with immunosuppressed conditions, certain chronic diseases such as COPD, diabetes mellitus, hepatic disease, renal or marrow dysfunction, and cardiovascular disease, as well as those aged 65 or older should receive the influenza vaccine.*

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-4: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-5: In 2 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal (see discussion).</b></p> <p><b>PH-6: In 3 of 10 applicable records, there was no evidence of influenza vaccine or refusal (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-5 & 6:** Patients in the Neurology Clinic alone are not automatically considered top priority for offering pneumococcal or influenza vaccinations but the inmate records reviewed revealed additional diagnoses which indicated that immunization was needed according to HSB 15.03.30. The two inmates in need of the pneumococcal vaccine had a history of asthma. The three inmates in need of the influenza vaccine had cardiovascular disease.*

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: In 1 of 3 records reviewed, there was no evidence of influenza 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 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>

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-8: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-9: In 4 records, 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 records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</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>A comprehensive review of 6 inmate records revealed the following deficiencies:</b></p> <p><b>PH-10: In 2 records, the diagnosis was not reflected on the problem list.</b></p> <p><b>PH-11: In 2 of 2 applicable records, there was no evidence that the correct number of doses of Isoniazid (INH) medication was given (see discussion).</b></p> <p><b>PH-12: In 1 of 1 applicable record, there was no evidence that the inmate was seen by the clinician at the completion of therapy (see discussion).</b></p> <p><b>PH-13: In 1 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-14: In 1 of 2 applicable records, there was no evidence of influenza 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 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-11:** Per HSB 15.03.18, a total of 52 biweekly doses of INH are to be given in six months for non high-risk inmates. All records reviewed were of non high-risk inmates. One inmate received 46 biweekly doses, and one inmate received 48 biweekly doses of INH.

**Discussion PH-12:** Per HSB 15.03.05 Appendix #5, the nurse will refer the inmate to the clinician at the completion of therapy for a final chronic illness clinic visit. The completion date for this inmate was 2/21/14 but there was not a clinic visit as of the date of this survey.

## Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>PH-15: In 2 of 6 applicable records, there was no evidence that the inmate was discharged after 23 hours or admitted to the infirmary (see discussion).</b></p> <p><b>PH-16: In 1 of 5 applicable records, there was no evidence of a completed discharge summary by the discharge nurse for an inmate in observation status (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 inmates receiving infirmary 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-15:** Per HSB 15.03.26, the length of stay for a patient in observation status is not to exceed 23 hours. If further evaluation and care is required after 23 hours, the patient must be discharged from outpatient observation status and admitted to inpatient acute illness status. In one record, the inmate was admitted for observation of conjunctivitis. The inmate remained in the infirmary from 3/11/14 to 3/13/14 without being discharged and readmitted as an inpatient. In the other record, an inmate was placed in the infirmary for observation due to hyperthyroidism on 6/27/14 and remained there for seven days. The infirmary outpatient log states "housed in infirmary" however there was no record of discharge and readmission. The type of admission indicated for both inmates on the infirmary log is "1- Observation."

**Discussion PH-16:** Per HSB 15.03.26 for 23 hour observation patients, the discharge nurse is to write a discharge note that includes patient condition upon discharge, patient's disposition, discharge instructions, and education on the back page of the DC4-732B "23 Hour Observation Nursing Notes."

## Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-17: There was no evidence that all equipment was in working order (see discussion).</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, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-17:** Two of the four dental chairs were in need of service; one was non-functional and one was partly functional.

## Dental Care Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 inmate records revealed the following deficiencies:</b></p> <p><b>PH-18: In 4 records, there was no evidence of complete and accurate charting (see discussion).</b></p> <p><b>PH-19: In 1 of 1 applicable record, there was no evidence that consultation or specialty services were requested in a reasonable timeframe (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 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-18:** In one record, two teeth (#17 & #32) were impacted but the record indicated extracted. In another record, an impacted tooth was not noted. In the third record, five teeth (#1, #2, #3, #14, & #32) were charted incorrectly, and in the last record, a necrotic tooth was not noted.*

***Discussion PH-19:** Prior to transferring to this institution, this inmate was seen on 6/19/14 for pain in the upper left first molar. It was noted that the inmate had previously received a partial root canal. Upon arrival at this institution, the inmate was still experiencing pain however there was nothing in the chart documenting a treatment plan or that treatment options were discussed with the inmate. The dental surveyor expressed concern that this inmate may need further endodontic treatment.*

## Consultations

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-20: In 5 of 16 records reviewed, the new diagnosis was not reflected 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 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>

## Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-21: In 4 of 15 applicable records, the periodic screening was incomplete (see discussion).</b></p> <p><b>PH-22: In 5 of 15 applicable records, all required diagnostic tests were not completed prior to the periodic screening encounter (see discussion).</b></p> <p><b>PH-23: In 4 of 15 applicable records, there was no evidence that health education was provided.</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 inmates receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-21:** Health Services Bulletin 15.03.04 states that the periodic screening encounter will include the following: vital signs measured and compared to the previous screening, weight measured and compared to the previous screening, review of the lab results, review of electrocardiogram (EKG) and mammogram results if applicable, identification of any inmate health concerns, confirmation that tuberculin skin test is current, screening for tuberculosis symptoms, collecting and testing of stool hemocult cards if applicable, and the review of sick call access procedures. In two records, there was no review of sick call access provided. In one record, there was no weight, height, or confirmation of tuberculin skin test documented. In the last record, there was no temperature, respirations, weight comparison, or review of lab results documented.

**Discussion PH-22:** Per HSB 15.03.04, the following diagnostic tests should be performed 7-14 days prior to the periodic screening encounter: CBC, dipstick UA, PSA if indicated, baseline lipid profile at age 40, random blood glucose by finger stick if indicated, EKG if clinically indicated, and stool hemocult for those age 50 and over. In one record, the labs were not completed in the required time frame of 7-14 days prior to the screening. In three records, there was not a dipstick urinalysis completed. In the last record, an inmate over 50 years old was not given a hemocult card.

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<b>PH-24: There was no evidence of a current and complete refrigerator log for all medical refrigerators (see discussion).</b>	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.  Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

*Discussion PH-25: The log on the refrigerator in the medical unit was incomplete and missing dates.*

## CONCLUSION

The physical health staff at LAKCI serves a difficult population that includes inmates with multiple medical and psychiatric 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. The physical health team reviewed 227 records and found deficiencies in 79 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 readily available to the surveyors. Overall, documents appeared to be filed in a timely manner and charts were generally organized in accordance with Department policy (*HSB 15.12.03*); however, a record thinning issue was noted. Instead of the oldest documents being thinned from the record, in several instances a section of notes after the most recent thirty days was removed from the records making it difficult to determine the chronology of care. In one record, for example, an inmate who had been incarcerated since 1999 arrived at the institution in February 2013. Notes prior to November 2012 were in the chart but notes from mid-November 2012 until May 2014 had been thinned.

The institutional tour revealed that all observed areas on the compound were clean and neat. Interviews conducted by surveyors indicated inmates and correctional officers were familiar with how to obtain routine medical and emergency services.

Two trends were revealed when analyzing the chronic illness clinic survey data. Baseline diagnostic and historical information, as well as evidence of pneumococcal and influenza vaccinations was lacking in many patient charts. In the seven chronic illness clinics that had findings requiring corrective action, four clinics had findings regarding missing or incomplete baseline documentation and four clinics had findings regarding missing pneumococcal and/or influenza vaccinations or documentation of refusals. The tuberculosis clinic had additional findings regarding the diagnosis not documented on the problem list, the inmate not being seen by the clinician for the final clinic visit, and inmates not receiving the correct number of doses of INH for treatment completion.

There were also some trends identified in nursing services. Periodic screenings were often incomplete and patient education was not consistently provided or was not always documented in the patient record. These issues were also found in the review of emergency care and sick call records although they did not rise to the level of a finding requiring corrective action. Surveyors noted that clinical documentation was more thorough when Department forms were utilized, in comparison to SOAP notes. While nursing staff is responsible for ensuring that inmates sign for keep-on-person medication, there was often no documentation in the medical record to indicate that an ordered medication was a keep-on-person medication. Surveyors expressed concern that there was no mechanism to address compliance or receipt of these medications until the inmate was seen at his next chronic clinic visit which could be three to six months later.

Additionally, CMA surveyors noted several administrative deficiencies. Two inmates were enrolled in clinics that did not relate to their diagnosis. In one record, an inmate who had a cardiovascular problem was enrolled in the miscellaneous clinic and not the cardiovascular clinic. Another inmate with dyslipidemia was enrolled in the neurology clinic but not the cardiovascular clinic. He did not have a neurological diagnosis. While this issue does not require corrective action, the surveyors expressed concern as inmates who are not placed in the proper

clinic may not be seen at appropriate intervals for their diagnosis, making it difficult for abnormalities or complications to be addressed in a timely manner. Two other inmates had no identifying information on their DC4-770 "Chronic Illness Flowsheet" and one inmate had yearly data on his DC4-770 for a future date of September 17, 2014. Additionally, a form that had been rescinded in 2012 was being used to request consultation services rather than the DC4-702 "Consultation Request/Consultant's Report." The rescinded form was not filed in the medical record making it difficult to follow the consultation process. Surveyors expressed concern that these issues could lead to medical errors as inmate identification or services could not easily be verified.

Survey findings indicated that these deficiencies, coupled with the clinical services issues discussed and outlined in the tables above, could lead to medical errors and may make it difficult to maintain continuity of care in an already complex and difficult to manage population. Notwithstanding these concerns, LAKCI appears to be providing adequate physical health care that falls within Department standards.

# **MENTAL HEALTH FINDINGS**

Lake Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at LAKCI:

- 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).
- S4 - Inmates are assigned to a Transitional Care Unit (TCU).
- S5 - Inmates are assigned to a Crisis Stabilization Unit (CSU).
- S6 - Inmates are assigned to a corrections mental health treatment facility (MHTF).

## **CLINICAL RECORDS REVIEW**

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

There were findings requiring corrective action in the review of mental health restraints and Self-harm Observation Status (SHOS); the items to be addressed are indicated in the tables below.

### **USE OF FORCE REVIEW**

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

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

There were findings requiring corrective action in the review of psychological emergencies, inmate requests, and special housing; the items to be addressed are indicated in the tables below.

### **INPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of inpatient psychotropic medication practices and inpatient mental health services; the items to be addressed are indicated in the tables below.

### **OUTPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of outpatient psychotropic medication practices and outpatient mental health services; the items to be addressed are indicated in the tables below.

### **AFTERCARE PLANNING REVIEW**

There were findings requiring corrective action in the aftercare planning review; the items to be addressed are indicated in the table below.

### **MENTAL HEALTH SYSTEM 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.



## Mental Health Restraints

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 3 psychiatric restraint episodes revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 record, the physician’s order did not contain the maximum duration of the order or behavioral criteria for release.</b></p> <p><b>MH-2: In 1 record, the inmate’s behavior was not consistently documented every 15 minutes on the “Restraint Observation Checklist” (see discussion).</b></p> <p><b>MH-3: In 2 of 2 applicable records, there was no documentation that the inmate’s limbs were exercised every two hours when 4 point restraints were used (see discussion).</b></p> <p><b>MH-4: In 1 of 1 applicable records, a new physician’s order was not obtained every 4 hours while the inmate was in restraints (see discussion).</b></p> <p><b>MH-5: In 2 of 2 applicable records, restraints were not removed after 30 minutes of calm behavior (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 psychiatric restraint 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:** *In one record there was a 45 minute gap noted on the DC4-650A “Restraint Observation Checklist”*

**Discussion MH-3:** *In one record the inmate was in restraints from 18:45 until 10:45 the following day. There was no documentation of limb exercise from 00:45 to his release at 10:45. In the second record, there was no documentation of limb exercise noted for the entire restraint episode.*

**Discussion MH-4:** *The order written at 06:45 states only “self-harm behavior.”*

**Discussion MH-5:** *In one record, incidental notes as well as documentation on the “Restraint Observation Checklist” indicated the inmate was calm from 06:45 until his release at 10:45. In the second record, documentation on the “Restraint Observation Checklist” indicated “resting quietly” from 24:00 until his release at 01:30.*

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 4 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-6: In 2 records, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</b></p> <p><b>MH-7: In 1 record, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-8: In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</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-7:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 “Observation Checklist.” In one record, the checklist was blank on 6/24/14 at 15:00 and 15:15 indicating the inmate was not observed as required.*

## Psychological Emergency

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-9: In 2 of 9 records, the psychological emergency was not responded to within 1 hour.</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 psychological emergency episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inmate Request

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-10: In 2 of 9 applicable records (15 reviewed), the inmate was not seen by mental health as indicated in the response to the request.</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 psychological emergency episodes 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>

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>MH-11: In 5 records, the “Special Housing Health Appraisal” (DC4-769) was not present or completed in its entirety.</b></p> <p><b>MH-12: In 2 of 6 applicable records, psychotropic medications ordered were not continued as directed while the patient was held in special housing (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 monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-12:** HSB 15.05.08 indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In one record, the medication administration record (MAR) was blank on 7/25/14 and 7/26/14. In another record, the MAR was blank on 7/26/14 and indicates “see new order” but there is no additional order or MAR for new medication.

## Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-13: In 3 of 9 applicable records, the physician’s admission note was not completed within 24 hours of admission.</b></p> <p><b>MH-14: In 4 of 14 applicable records, there was no evidence that initial lab tests were conducted.</b></p> <p><b>MH-15: In 8 records, physician’s orders were not dated, timed, and/or stamped.</b></p> <p><b>MH-16: In 7 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-17: In 4 of 4 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days (see discussion).</b></p> <p><b>MH-18: In 4 of 4 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive or 5 medication refusals in one month (see discussion).</b></p> <p><b>MH-19: In 4 of 15 applicable records, informed consents were not present or appropriate for the medication prescribed (see discussion).</b></p> <p><b>MH-20: In 8 of 15 applicable records, a physical examination was not completed within 3 working days of admission to the CSU, TCU, or MHTF.</b></p> <p><b>MH-21: In 3 of 12 applicable records, follow-up lab tests were not completed as required.</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 inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-22:</b> In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-23:</b> In 3 of 15 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p> <p><b>MH-24:</b> In 4 of 5 applicable records, the rationale for an emergency treatment order (ETO) of medication was not documented and/or not clinically appropriate (see discussion).</p> <p><b>MH-25:</b> In 5 of 6 applicable records, the ETO was not accompanied by a physician's order specifying the medication as an ETO or a verbal ETO was not signed by the physician within 24 hours.</p> <p><b>MH-26:</b> In 2 of 5 applicable records, an additional ETO was not written for each ETO medication administration.</p> <p><b>MH-27:</b> In 3 of 6 applicable records, the ETO medication was not administered in the least restrictive manner (see discussion)</p>	

**Discussion MH-17:** According to HSB 15.05.19, nursing staff will meet with an inmate who has refused a prescribed psychotropic medication within the previous 2 consecutive days to assess the situation, counsel the inmate, and refer the inmate to the psychiatrist if warranted. In 4 records, there was no indication that this meeting occurred after 2 consecutive days of refusing psychotropic medication.

**Discussion MH-18:** According to HSB 15.05.19, after 3 consecutive medication refusals or 5 medication refusals in a month, the inmate will sign a "Refusal of Health Care Services" (DC4-711A) and the medication will not be offered by nursing personnel based on the completion of the refusal. In 4 records, there was no DC4-711A present after either 3 consecutive medication refusals or 5 medication refusals in a month.

**Discussion MH-19:** In one record, the consent form for one medication was used for another (i.e. the name of medication scratched out and the new name written in) instead of a required generic form. In three additional records, there was no informed consent present for a prescribed medication.

**Discussion MH-24:** In two records, the documentation indicated that the inmate was requesting or consenting to the medication. Emergency treatment orders are restricted to emergency situations in which the patient presents an immediate danger of causing serious bodily harm to self or others. In another two records, the inmate's behavior was documented by nursing staff and did not indicate behavior that warranted an ETO.

**Discussion MH-27:** In three records, there was no documentation that the inmate was offered medication by mouth and was given the medication via injection.

**Inpatient Mental Health Services**

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-28:</b> In 15 of 16 applicable records, vital signs were not taken daily for 5 days for new admissions.</p> <p><b>MH-29:</b> In 13 records, a risk assessment for violence was not completed in the required time frame (see discussion).</p> <p><b>MH-30:</b> In 9 records, Individualized Service Plans (ISP) were not initiated or reviewed within the appropriate time frame and/or signed by the inmate (see discussion).</p> <p><b>MH-31:</b> In 10 records, the required hours of planned structured therapeutic services were not provided (see discussion).</p> <p><b>MH-32:</b> In 4 records, documentation of the inmate's progress towards treatment goals was missing or not completed within the required time frame.</p> <p><b>MH-33:</b> In 10 records, the "Inpatient Daily Nursing Evaluation" was not completed as required.</p> <p><b>MH-34:</b> In 16 records, vital signs were not recorded as required.</p> <p><b>MH-35:</b> In 17 records, weight was not recorded weekly as required.</p> <p><b>MH-36:</b> In 10 records, behavioral level assessments were missing or not reviewed within required the time frame (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable inpatient 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-29:** The initial risk assessment was present in the majority of records; however follow-up assessments were not completed.

**Discussion MH-30:** If the inmate does not sign his ISP or a there is no documented refusal in the record, there is no indication he participated in the planning of his treatment.

**Discussion MH-31:** Documentation on the DC4-664 "Mental Health Attendance Record" indicated that planned structured therapeutic services were not consistently provided and activities offered often did not meet the criteria for therapeutic services. The policy requires that a maximum of five to six of the hours can be used in non-clinical activities and those activities must be therapeutic and directly tied to a problem on the ISP. Surveyors noted that hours counted as therapeutic were often "refused recreation" and exceeded the allowable number of hours for this activity.

**Discussion MH-36:** Behavioral levels are reviewed by the Multi-disciplinary Service Team (MDST) to ensure the inmate has access to privileges and activities and is progressing through the level system. In some of the records reviewed documentation indicated that the MDST did not meet at the required intervals. In some notes the level was not documented, making it difficult to determine if the inmate was given the opportunity to advance through the level system.

<b>Outpatient Psychotropic Medication Practices</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-37: In 3 of 14 applicable records, physician's orders were not dated, timed, and/or stamped.</b></p> <p><b>MH-38: In 11 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</b></p> <p><b>MH-39: In 1 of 3 applicable records, there was no Refusal of Health Care Services (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-40: In 4 of 14 applicable records, informed consents were not present or did not reflect information relevant to the medication prescribed (see discussion).</b></p> <p><b>MH-41: In 2 of 9 applicable records, follow-up lab tests were not completed as required.</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>

**Outpatient Psychotropic Medication  
Practices**

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-42: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-43: In 3 of 7 applicable records, AIMS were not administered within the appropriate time frame.</b></p>	

***Discussion MH-40:** In one record, there were missing side effects on generic informed consent forms for two medications. In three additional records, there was no informed consent present for a prescribed medication.*

**Outpatient Mental Health Services**

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-44: In 1 of 1 applicable record (18 reviewed), the sex offender screening (DC4-647) was not completed within 60 days of the inmate's 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 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>



## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-45: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days EOS.</b></p> <p><b>MH-46: In 2 of 5 applicable records, the “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</b></p> <p><b>MH-47: In 2 of 6 applicable records, assistance with social security benefits was not provided at 90 days EOS for applicable inmates.</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 of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## MENTAL HEALTH SYSTEMS REVIEW

### Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-48: Medical records were disorganized, with pages often misfiled or missing altogether (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 corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-48:** *There were inconsistencies and general disorganization within the medical records. In addition, there appeared to be intermittent thinning of the record. For example, on more than one occasion a month would be thinned but the preceding and following month were in the current record.*

## **CONCLUSION**

The mental health staff at LAKCI serves a complex and difficult population. Inpatient services are provided in a 74 bed Transitional Care Unit (TCU), a 25 bed Crisis Stabilization Unit (CSU) and a 55 bed Mental Health Treatment Facility (MHTF). Many of the Department's most severely mentally ill male inmates are served in the inpatient units at LAKCI. Inmates who present a danger to themselves or others and cannot be managed in a lesser restrictive setting are court-ordered to the MHTF. Frequently these inmates refuse treatment necessitating a court-order for involuntary medication. Outpatient services, including case management and individual and group counseling, are provided to over 500 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 performs sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

It is standard practice in both community and correctional settings for psychiatric restraints to be utilized only as a last resort. It should be noted that LAKCI had relatively few episodes of psychiatric restraint especially considering the population served, including those inmates housed in the MHTF. The staff should be commended for exercising less restrictive interventions. Due to the seriousness and potential risk associated with psychiatric restraints, specific monitoring tasks are required by the Department. The findings related to psychiatric restraints indicate that some of these monitoring tasks were not completed, including the removal of restraints when the inmate's behavior no longer warrants such restriction.

Of specific note was the administration of medication for inmates both in the inpatient and outpatient settings. On many occasions, there were gaps in the medication administration record (MAR) indicating that medication was not administered for that day. In addition, some MARs contained gaps on multiple consecutive days. Surveyors were concerned that inmates on mental health medications (especially those requiring titration) who do not receive those medications as prescribed may experience adverse physical or psychological effects. Surveyors attempted to locate justification for the gaps in the MARs by looking for documentation of refusals and/or incidental notes, however none was located. Although this issue has been noted at other institutions, the overall number of inmate records containing blanks on the MAR was specifically disconcerting. Additionally mental health staff interviewed reported some inmates voiced concern when they were not given their medication. Staff indicated that when they followed up with nursing staff regarding these individual inmate concerns, the situation was rectified and the inmate received his medication. Staff reported there have been nursing staff turnover and shortages that have led to these issues. Additionally there were several other findings related to nursing functions. Administrative staff indicated a plan to address these issues through training.

Interviews also revealed that staff had concerns regarding current workloads and a desire for additional staffing. Although it is common for staff to report a desire or need for additional staffing and programs during the interview process, a staff level comparison between the current survey and the previous survey revealed a difference of ten total mental health positions. Current mental health staff consists of three psychiatrists, one Psychological Services Director, three Sr. Mental Health Clinicians, 12 Behavioral Specialists, and one Human Services Counselor. This was significantly lower than the staffing levels during the last CMA survey (August 2010). At the time of that survey, mental health staff consisted of six psychiatrists, three Sr. Mental Health Clinicians, 17 Mental Health Specialists (now titled Behavioral Specialists), one mental health provider who conducted groups and three Human Services Counselors.

Missing documents were a concern in both inpatient and outpatient records. It appeared as though documents were thinned/removed indiscriminately. For example, one record was missing MARs from March and April, but all months prior to March and after April were present. In many instances missing documents were located by staff, however this record recovery slowed the survey process. Mental health staff indicated that records were thinned due to overall girth. The importance of keeping a consistent record and following Department standards regarding thinning was discussed with staff.

The review of inpatient mental health records revealed some deficiencies. Many records lacked evidence that the MDST met at the required intervals to assess behavioral levels. According to the HSB, the purpose of the behavioral level system is to facilitate adaptive functioning, promote constructive goal-oriented behavior, develop coping skills that reduce the occurrence of aggressive or disruptive behaviors, and provide opportunities that achieve increased access to property and activities. Each level requires a behavioral review timeline that is reviewed by the MDST and documented on an incidental note. Without these scheduled meetings, an inmate may not advance through the behavioral level system and the MDST may miss out on the opportunity to reward appropriate behavior to facilitate change. In addition to the MDST meetings, more than half of the reviewed records indicated that the inmate was not provided the appropriate level of structured therapeutic services. It should be noted that there appeared to be an increase in the amount of therapeutic services provided over the past few months. Staff indicated they have recently implemented a plan in which outpatient mental health staff leads inpatient groups in the afternoon. This was a creative solution to overcome the inpatient workload, but still was not meeting the required structured therapeutic services hours.

Overall, the staff at LAKCI was knowledgeable and helpful throughout the survey process. The mental health staff interviews revealed competency and a strong desire to provide quality treatment. Some of the staff relayed concerns about current caseload levels and a need to limit the time spent with inmates on their caseload in order to complete required tasks (e.g., paperwork, groups, etc.). Administrative staff has shown flexibility in attempting to overcome these concerns including allowing staff to share responsibilities (i.e. therapeutic groups). Taking into account the severity of some of the findings listed above and the sheer number of overall findings, it appears that LAKCI is not providing mental health care that falls within the Department standards. With the attentiveness and creativity exhibited by administrative staff at LAKCI, it is our hope that these findings (especially those discussed in the conclusion) will be improved quickly with the implementation of a corrective action plan.

# 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.